[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Notice of Formal Dismissal from Medical Practice

Dear [Patient Name],

Please be advised that the physician-patient relationship between you and [Clinic/Practice Name] is being formally terminated. This decision follows the incident on [Date] where you engaged in unauthorized recording within our facility.

Our clinic policy strictly prohibits the use of recording devices (audio or video) without prior written consent. This policy exists to protect the privacy and confidentiality of our staff and other patients in compliance with healthcare privacy laws. Your actions have resulted in a breach of trust and a violation of clinic regulations.

Effective [Number, e.g., 30] days from the date of this letter, we will no longer be able to provide you with medical care. During this transition period, we will only be available to treat you for emergency situations or to provide necessary prescriptions to ensure your safety while you seek a new provider.

We recommend that you secure a new physician as soon as possible. You may contact your insurance provider or the local medical society for referrals. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician.

Sincerely,

[Physician Name/Administrator Name]
[Practice Name]