[Date]

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

Dear [Patient Name],

Please be advised that the physician-patient relationship between you and [Clinic Name] is being formally terminated.

This decision has been made following an incident on [Date] involving unauthorized photography or recording within our facility. As stated in our signed patient code of conduct and clinic policies, photography is strictly prohibited to protect the privacy and confidentiality of our patients and staff. This violation represents a breach of our safety protocols.

We will continue to provide you with emergency care only for the next 30 days, until [Date]. This grace period is intended to give you sufficient time to locate a new healthcare provider. After this date, we will no longer provide any medical services to you.

We recommend that you contact your insurance provider or local medical society to find a new physician. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new provider to ensure continuity of care.

Sincerely,

[Physician Name/Clinic Administrator]
[Clinic Name]