[Date]

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

Re: Termination of Professional Relationship

Dear [Patient Name],

Please be advised that [Practice Name] is terminating its professional relationship with you, effective [Date, typically 30 days from letter date].

This decision has been made following a serious violation of our privacy policies and confidentiality protocols. Specifically, the following incident occurred: [Briefly describe the privacy violation, e.g., unauthorized access to records or disclosure of sensitive information]. Maintaining a secure and private environment is essential to our practice, and such actions constitute a breach of the provider-patient trust.

During this transition period, which ends on [Date], our providers will remain available to you for emergency care only. We recommend that you secure a new healthcare provider as soon as possible to ensure your continued care. You may wish to contact your insurance carrier or the local medical society for a referral.

We will provide a copy of your medical records to your new physician upon receipt of a signed authorization form. A copy of that form is enclosed for your convenience.

Sincerely,

[Provider Name/Administrator Name]
[Practice Name]

Enclosure: Medical Record Release Authorization Form