Date: [Insert Date]

To: [Employee Name]
Position: [Employee Job Title]

Subject: FINAL NOTICE OF DISMISSAL - UNAUTHORIZED CLINIC FILMING

Dear [Employee Name],

This letter serves as formal notification that your employment with [Clinic Name] is terminated, effective [Immediate/Date].

On [Date of Incident], it was discovered that you engaged in unauthorized filming within the clinic premises. Specifically, [describe brief details, e.g., filming in a patient treatment area or recording confidential staff interactions].

This action is a direct violation of our company policies regarding:

- Patient Privacy and Confidentiality (HIPAA/Data Protection)
- Internal Security Protocols
- Code of Conduct and Professionalism

Unauthorized filming in a clinical environment poses a severe risk to patient privacy and creates a significant legal liability for the practice. As a result of this serious breach of trust and policy, we have made the decision to move forward with your dismissal.

Regarding your final arrangements:

- Your final paycheck, including any accrued benefits, will be issued on [Date] via [Payment Method].
- Please return all clinic property, including keys, ID badges, and equipment, by [Time/Date].
- Your access to all clinic systems and software has been revoked.

You are reminded of your continuing obligation to maintain the confidentiality of all patient and clinic information you accessed during your tenure.

Sincerely,

[Your Name]
[Your Title]
[Clinic Name]