Date: [Date]

To: [Patient Name]
Address: [Patient Address]
Patient ID: [ID Number]

Subject: Notice of Formal Discharge from [Practice/Clinic Name]

Dear [Patient Name],

This letter serves as formal notification that you are being discharged as a patient from [Practice/Clinic Name], effective [Date].

This decision has been made following a documented breach of our facility's Photography and Privacy Policy. On [Date of Incident], it was observed that you were [taking photos/recording video] within the clinic premises without authorization. This action constitutes a violation of the privacy rights of our staff and other patients.

As a result of this breach, the provider-patient relationship has been irreparably compromised. We will continue to provide emergency medical care for a period of [30] days from the date of this letter to allow you sufficient time to secure a new healthcare provider.

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.

Sincerely,

[Your Name/Administrator Name]
[Title]
[Practice/Clinic Name]