[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is terminating the provider-patient relationship with you, effective [Date, typically 30 days from date of letter].

This decision has been made due to a dual relationship involving you and one of our staff members. Professional ethical guidelines and our internal policies require that we maintain clear boundaries between the personal lives of our employees and our clinical services. When a personal relationship exists outside of the office, it creates a conflict of interest that may compromise the objectivity of your care and the professional environment of our practice.

Until [Date], we will be available to provide you with emergency care only and to assist you in the transition to a new provider. We recommend that you contact your insurance company or use the following resources to find a new healthcare provider:

- [Resource/Referral 1]
- [Resource/Referral 2]
- [Local Medical Society/Hospital Referral Line]

With your written authorization, we will transfer a copy of your medical records to your new provider to ensure continuity of care. Please find an authorization form enclosed with this letter.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Signature]
[Name of Physician/Practice Manager]
[Title]