[Date]

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

Dear [Patient Name],

I am writing to formally notify you that I am terminating the physician-patient relationship with you, effective [Number, typically 30] days from the date of this letter. This decision is based on a conflict regarding professional ethical boundaries that prevents the maintenance of a therapeutic clinical relationship.

Effective [Date of termination], I will no longer be available to provide medical care or consultations for you. Until that date, I will remain available to provide emergency care and essential prescriptions only, to allow you sufficient time to establish care with a new provider.

I recommend that you secure a new physician as soon as possible. You may locate a new provider by:

- Contacting your insurance carrier for a list of in-network providers.
- Contacting the [Local/State] Medical Society.
- Using the "Physician Find" tool on the [Medical Board] website.

Upon receipt of your written authorization, I will transfer a copy of your medical records to your new physician to ensure continuity of care. I have enclosed a medical record release form for your convenience.

Sincerely,

[Physician Name]
[Practice Name]