[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Date]

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

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you effective [30 days from date of letter].

This decision has been made due to a conflict of interest arising from your professional role as a business vendor for this practice. We have determined that our ongoing business dispute/relationship makes it impossible to maintain the necessary objective boundaries required for a therapeutic medical relationship.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Date]. This grace period is intended to give you ample time to locate a new healthcare provider.

We recommend that you contact your insurance carrier or the local medical society to find a new physician. Upon receipt of a signed authorization form, we will forward a copy of your medical records to your new provider to ensure continuity of care.

Thank you for your understanding regarding this professional boundary.

Sincerely,

[Physician Name/Administrator Name]
[Practice Name]