[Date]

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

Re: Termination of Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Clinic Name] is formally terminating the physician-patient relationship with you, effective [Date, typically 30 days from letter date].

This decision has been made due to a conflict of interest arising from your status as a shareholder in this clinic. We have determined that your dual role as both a partial owner and a patient creates a professional boundary issue that may compromise the objectivity of your clinical care and the administrative operations of the practice.

Until [Date], we will remain available to provide you with emergency medical care only. This notice period is intended to provide you with sufficient time to establish care with a new physician. We recommend contacting your insurance provider or the local medical society to find a provider outside of this facility.

Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician to ensure continuity of care. You may contact our office at [Phone Number] to coordinate this transfer.

Thank you for your cooperation in this matter.

Sincerely,

[Signature]

[Name of Doctor or Clinic Administrator]
[Title]
[Clinic Name]