

[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 the date of this letter. This decision follows our recent discussions regarding your refusal to participate in the required adjunctive therapies necessary for your treatment plan.

Adherence to these supplemental therapies is essential for the safety and effectiveness of your care. Because we are unable to provide treatment that meets our clinical standards without your cooperation in these areas, we can no longer continue as your healthcare provider.

We will continue to provide care for emergency situations only until [Date 30 days from letter], to allow you sufficient time to establish care with another provider. We recommend that you contact your insurance carrier or local medical society to find a new physician as soon as possible.

Upon receipt of your written authorization, we will transfer a copy of your medical records to your new provider to ensure continuity of care.

Sincerely,

[Doctor Name]

[Practice Name]