[Date]

Dear [Patient Name],

I am writing to inform you that I will be retiring from my psychiatric practice effective [Date]. It has been a privilege to assist you with your mental health care.

To ensure your continued care and medication management, I recommend that you transition to a new provider as soon as possible. I have arranged for my patients to be transferred to:

[Provider Name/Clinic Name]
[Address]
[Phone Number]

You are also free to choose any other provider of your preference. If you choose a different provider, please let us know so we can assist with the transition.

Your medical records are confidential. To have your records transferred to your new provider, please sign the enclosed "Authorization to Release Records" form and return it to our office by [Date]. After my retirement, your records will be stored securely at [Location/Storage Facility] for the legally required period.

I will provide refills for your current medications until [Date] to allow you enough time to schedule an appointment with your new provider.

Thank you for trusting me with your care. I wish you the very best in your continued health and wellness.

Sincerely,

[Provider Signature]
[Provider Name, Credentials]