

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is terminating the physician-patient relationship with you, effective [Date - typically 30 days from date of letter].

This decision has been made due to your inappropriate conduct on [Date of Incident]. Specifically, [Description of incident/behavior, e.g., use of profanity toward staff, aggressive behavior, or violation of office policies]. Such behavior creates an environment that is inconsistent with our commitment to safety and mutual respect.

Until [Termination Date], we will remain available to provide you with emergency medical care only. We will not be able to schedule any routine appointments or provide non-emergency services during this transition period.

We recommend that you secure the services of a new healthcare provider as soon as possible. You may contact your insurance provider or the local medical society for a list of available physicians in your area.

To ensure continuity of care, we will provide a copy of your medical records to your new physician upon receipt of a signed authorization form. We have enclosed a medical record release form for your convenience.

Sincerely,

[Doctor Name/Administrator Name]

[Practice Name]