[Attorney Name/Law Firm Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

[Date]

[Provider Name]
[Medical Facility/Company Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Termination of Representation
Client Name: [Client Full Name]
Date of Birth: [Client DOB]
Date of Incident/Service: [Date]
Your Reference/Account Number: [Account Number]

To Whom It May Concern,

Please be advised that **[Law Firm Name]** no longer represents **[Client Name]** in connection with the above-referenced matter, effective **[Termination Date]**.

Consequently, we are withdrawing any Letters of Protection (LOP) or liens previously issued by this firm regarding this client's account. We will no longer be responsible for the protection or payment of any outstanding medical bills, records requests, or liens associated with this patient.

Please direct all future correspondence, billing statements, and inquiries regarding this account directly to the patient at the following address:

[Client Name]
[Client Mailing Address]
[Client Phone Number]

Thank you for your immediate attention to this update of your records.

Sincerely,

[Attorney Signature]

[Attorney Name]
[Law Firm Name]