

Provider-Patient Relationship Termination Sample Letter

Date:

[patient address]

Dear [patient name],

Please be advised that I will no longer be able to treat you as a patient. I find it necessary to terminate our relationship because [specify reason/s].

Your medical condition/s may require continued care; therefore, it is important that you select another provider as soon as possible. If you need assistance locating a new provider, please contact your insurance, local medical society, nearest hospital for referral assistance, or another source.

I will be available to treat you for any emergent medical needs for up to 30 days from the date of this letter. If you have a medical emergency, please dial 911 or go to the nearest emergency department. We ask that you do not neglect any medical care you may require.

Your records will be available to your new provider upon receipt of a written authorization form. A release form is enclosed.

Sincerely,

[provider name]