

CONFIDENTIAL COMMUNICATION
FOR RECIPIENT ONLY

[Date]

VIA CERTIFIED MAIL, RRR

[Patient's First Name] [Patient's Last Name]

[Street Address]

[City], [State] [Zip code]

Re: Termination of physician-patient relationship

Dear [Mr./Ms.] [Patient's Last Name]:

Please be advised that our office will not be able to provide you with further patient care services. [If you feel compelled to offer a reason in writing, you may insert the reason here by stating something like: "We must terminate the physician-patient relationship due to your repeated failure to appear for scheduled appointments."] Therefore, we recommend that you immediately begin your search for a new primary care physician.

While it should not take long to find a new primary care physician, we will be available to render primary care services to you in the unlikely event that something of a truly urgent or emergency nature arises during the next thirty (30) days.

Please ask your new primary care physician to contact us and, with your written consent, we will be pleased to provide a copy of your patient file to the new office. You are also welcome to directly request a copy of your file by completing the enclosed HIPAA Request Form and faxing or mailing it to our office.

Very truly yours,

[Name of Physician or Practice Manager]