

Patient Termination Letter Due to Behavior

[Your Practice Name]

[Your Address]

[City, State, ZIP Code]

[Date]

[Patient Name]

[Patient Address]

[City, State, ZIP Code]

Subject: Termination of Physician-Patient Relationship

Dear [Patient Name],

After careful consideration, we must inform you that our physician-patient relationship will end effectively [specific date]. This decision is based on instances of inappropriate behavior that are inconsistent with the professional and respectful environment we maintain for all our patients and staff.

Specifically, the following incidents have prompted this decision:

- [Behavior incident #1]
- [Behavior incident #2]
- [Behavior incident #3]

Maintaining a safe and respectful environment is crucial for the well-being of everyone involved. While we value the opportunity to provide care, these behaviors make it untenable to continue our professional relationship.

During the transition period, we will provide emergency care and assist with prescription refills. We have also included a list of alternative providers to ensure continuity of care.

Should you require your medical records, please contact our office, and we will facilitate their transfer upon receiving a signed release form.

We wish you the best in your health journey.

Sincerely,

[Your Name and Title]

[Practice Name]