

Patient Termination Letter for Non Compliance

[Your Practice Name]

[Your Address]

[City, State, ZIP Code]

[Date]

[Patient Name]

[Patient Address]

[City, State, ZIP Code]

Subject: Notice of Termination of Physician-Patient Relationship

Dear [Patient Name],

We regret to inform you that we must terminate our physician-patient relationship effectively [specific date, typically 30 days from the date of this letter]. This decision is based on repeated instances of non-compliance with the medical advice and treatment plans that are necessary for your care.

Your health and well-being are our utmost priorities, and it is essential to follow prescribed treatment plans to achieve the desired outcomes. Unfortunately, despite our repeated discussions, the following non-compliance issues have persisted:

- [Specific non-compliance issue #1]
- [Specific non-compliance issue #2]
- [Specific non-compliance issue #3]

During this transitional period, we will continue to provide emergency care and refill necessary prescriptions to ensure your continuity of care. We strongly encourage you to seek medical care with another provider. Enclosed, you will find a list of local physicians and healthcare resources to assist you.

Please contact our office at [phone number] if you need your medical records transferred. We will provide them upon receiving a signed authorization form.

Thank you for allowing us to be part of your care. We wish you the best in your future healthcare endeavors.

Sincerely,

[Your Name and Title]

[Practice Name]