

Termination Letter (sample form)

Dear **[Patient]**:

[Name of healthcare facility] finds it necessary to inform you that we are withdrawing from further management of your medical care due to **[reason can be very briefly and objectively stated here – some examples follow]**:

- **failure to cooperate in your medical care and comply with treatment recommendations**
- **failure to reach a mutually agreeable payment plan for your outstanding medical bill**
- **breakdown of the physician-patient relationship]**

[Name of healthcare facility] will be available for any necessary emergency treatment for **[enter a period of time here – HSG recommends at least 30 days]**. We recommend that you place yourself under the care of another clinic and physician without delay. You may wish to contact **[enter the name of a physician referral service]** at **[referral service telephone number]** for a list of physicians practicing in the area of your needs.

Upon your written request, a copy of your medical records will be sent to the physician(s) of your choice. A form to authorize us to release your records is enclosed. Please complete this form, sign and date it in ink, and return it to our office.

Sincerely,

[Name of person sending letter]
[Title]
for **[Name of healthcare facility]**

Enclosure