

Appendix A. Sample Termination Letter (Provider Initiated)

<Practice/Organization Name>

<Address 1>

<Address 2>

<City, State ZIP>

<Date>

<Patient Name>

<Address 1>

<Address 2>

<City, State ZIP>

Dear <Patient Name>:

As discussed during your most recent office visit, you require continuing <therapy/treatment/medication> for the treatment of <condition>. Our records indicate that you <indicate potential issue, such as missed/cancelled appointments, nonadherence, etc.>

Therefore, I need to withdraw as your provider effective <time/date>. Prior to that time, I will be available to provide you with emergency care *only*; however, in no case will I be available to treat you after <time/date>.

I recommend that you find a new healthcare provider as soon as possible. You may want to contact your health insurance company for a list of available providers. Or, you may wish to contact the local county medical society at <phone number> or <name of local hospital> provider referral service for help finding a new provider. If you have a medical emergency, please dial 911 or go to the nearest emergency department.

I will send a copy of your health records to your new provider upon receipt of your written consent. Please complete the enclosed records release authorization form and return it to me in the enclosed self-addressed stamped envelope.

Your health and well-being are very important. I encourage you to act quickly to find a new provider and receive follow-up care for your <condition>.

Sincerely,

<Name>

<Title>