SAMPLE PATIENT TERMINATION LETTER

USE APPROPRIATE LETTERHEAD

Date:

Patient Address Certified Mail #_____

(Patient's address)

Dear _____:

This letter is to inform you that I will no longer be your treating physician and will stop providing medical care to you effective 30 days from the date of this letter. I will continue to provide routine and emergency medical care to you for 30 days while you seek another physician.

I suggest you consult the Oklahoma Medical Board website: www.okmedicalboard.org/ as soon as possible so that you may find another physician who will assume responsibility for your care.

I will be pleased to assist the physician of your choice by sending him or her a copy of your medical records.

Sincerely,

_____
(Physician Signature)

Physician's name _____
Department of _____

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Instructions:

1. Retype the letter onto your specific letterhead;

2. A reason for the dismissal may be given <u>but it is not necessary</u>;

3. Include the Oklahoma Medical Board Website: www.okmedicalboard.org for assistance in finding another physician.

4. Send this letter to the patient by certified mail with return receipt requested <u>and</u> regular mail;

5. File copy of letter and delivery receipt <u>in patient's chart</u>;

6. If unable to reach the patient by mail, or in the alternative, the letter may be hand delivered at a scheduled appointment and <u>documented in the medical record</u>. It would not be appropriate to email a sensitive termination. You should not deny an appointment made before the termination has been received by the patient <u>unless</u> the patient has been given specific instructions, i.e., make payment, give drug test, etc. <u>prior</u> to showing up for the appointment. If they show up and do not meet the instructions, you may deny the visit;

7. This letter may be modified, contact the Oklahoma Medical Board 405-962-1400 or your personal lawyer if you have specific questions.