Patient Dismissal for Non-Compliance - Formal

Subject: Termination of Patient Care Due to Non-Compliance

Dear [Patient Name],

This letter serves as formal notification that I am terminating our physician-patient relationship, effective [Date - 30 days from letter date]. This decision has not been made lightly and follows multiple documented instances of non-compliance with prescribed treatment plans.

Specifically, you have repeatedly failed to follow medical recommendations including: [list specific examples such as "take prescribed medications as directed," "attend scheduled follow-up appointments," "complete recommended diagnostic testing," etc.]. Despite numerous discussions about the importance of adherence to your treatment plan, these patterns have continued.

As a physician, I have an obligation to provide you with the best possible care. However, when treatment recommendations are not followed, it becomes impossible for me to effectively manage your health conditions and ensure positive outcomes.

For the next 30 days, I will remain available to treat you for emergency medical conditions only. I strongly urge you to find a new healthcare provider immediately to ensure there is no gap in your care. I can provide you with names of other physicians in the area who may be accepting new patients.

Your medical records will be transferred to your new physician upon receipt of a written authorization from you.

Should you need to contact our office during this transition period, please call [Phone Number].

Respectfully,

[Physician Name], [Credentials]

[Practice Name]