

Patient Dismissal for Disruptive Behavior - Serious

Subject: Immediate Termination of Patient-Physician Relationship

Dear [Patient Name],

I am writing to inform you that I am immediately terminating our physician-patient relationship, effective [Date]. This decision follows the incident that occurred on [Specific Date] when you [describe behavior: verbally abused staff members, made threatening statements, created a hostile environment, etc.].

I have a responsibility to maintain a safe and professional environment for my staff and other patients. Your behavior on [Date] was unacceptable and will not be tolerated. Additionally, this was not an isolated incident, as there have been [Number] previous documented occasions where similar concerns were raised about your conduct.

Due to the severity of this situation, I am providing you with [15/30] days to secure alternative medical care. During this limited period, I will be available only for true medical emergencies. I strongly recommend that you establish care with another provider immediately.

Please contact [Name of Medical Records Coordinator] at [Phone Number] to arrange for the transfer of your medical records to your new physician. A signed authorization form will be required.

I sincerely hope that you will approach future medical relationships with respect and professionalism.

[Physician Name]

[Medical License Number]

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