SAMPLE LETTER OF DISMISSAL FROM THE PRACTICE

(Date)	Sent via: Certified mail, return-receipt requested and by U.S. Mai
Dear Patient:	
reason for this dec	s letter is to inform you that I can no longer serve as your physician. The ision is (insert an explanation of the patient's specific actions and d up to the decision to end the physician-patient relationship).
•	discussed this situation in the past, there has been no improvement in (insert an patient's condition, the further services needed and the likely consequences of continuing care).
suited to meet you services until	I feel it would be in your best interest to find another physician who is better r needs. I will continue to serve as your physician and provide needed medical If you need assistance in finding another physician, I suggest unty or state medical society or
your records. For yenclosed. Please a	office as soon as you have found another physician so that we can transfer your convenience, an authorization for release of your medical records is dvise your new physician that I would be happy to talk to him or her, as well hary of your medical needs and the treatments I have provided.
	Sincerely,
	Physician signature and name
Enclosures: Autho	orization for Records Form
(Reprinted with permi Management: Forms,	ssion from: Rozovsky, FA & Conley, JL (2010). Health Care Organizations Risk Checklists & Guidelines, 3 rd Edition. © Aspen Publishers.)



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If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or riskmanagement@psicinsurance.com.

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