

Sample Letter for Physicians Closing a Practice

Date
Patient Name
Address

Dear (Patient Name)_____

Please be advised that because I am closing my practice on _____ (date), I shall not be able to attend to you personally. Since your condition(s) may require additional care, I suggest that you arrange to place yourself under the care of another doctor.

Option A (pursing treatment at the same practice with a different provider):

At your request, you will remain with the practice under the care of Dr. _____. To comply with HIPAA please sign the enclosed authorization and your records will be provided to Dr. _____.

Option B (pursing treatment elsewhere with a new provider):

You have opted to seek care at a location other than this practice. You may want to contact your local medical society, hospital physician referral service or your insurance company for recommendations.

I will be happy to provide your new doctor with copies of your medical records. Please sign and return the enclosed authorization along with your instructions about where to send your records.

Best wishes for your future health and happiness.

Yours truly,

Enclosure: Authorization for release of records
Copy to patient's chart