

SAMPLE CLOSING LETTERS

Letter for physician discontinuing practice, retirement

[Date]
[Patient address]

Dear Patients:

It is with mixed emotions that I am announcing my retirement from active practice, effective [Date]. It has been a great pleasure providing for your health care needs over the years, and it is not easy for me to give it up.

As of [Date], Dr. [Full name] will be taking over my practice. I am pleased that you have the opportunity to have him as your physician. Dr. [Last name] is a well trained graduate of [Name of medical school]. He served his internship at [Name of hospital] in [City] and completed his residency at [Location]. Of course, you may seek medical care from another doctor if you like. If you choose to do so, I recommend looking for a new physician as soon as possible. [Full name] at the [Name of medical society] can help you begin your search by giving you the names of doctors in the area who are accepting new patients.

Your medical records are confidential, and a copy can be transferred to another doctor or released to you or another person you designate only through your permission. If you plan to continue with this office, you can sign an authorization form to release your files to Dr. [Last name] on your next visit. If you choose to see a different physician, please sign the enclosed authorization form and return it to my office as soon as possible so we may transfer your records to your new doctor. Until then, your records will remain on file at my former office.

Best wishes for your future health.

Sincerely,
[Physician name]

Letter for physician retiring and closing practice

[Date]
[Patient address]

Dear [Mr./Ms.] [Last name],

Please be advised that my medical practice will close on [Date] because I am retiring. I will no longer attend to your medical needs after that time.

You should choose another doctor to be your primary health provider soon. I suggest that you contact the [Local medical society] to assist you in choosing your new doctor, if you have not yet selected a doctor and need help finding one.

Your medical records are confidential. Therefore, I will need you to fill out and return the enclosed authorization form to my office so I can transfer copies of your medical record to your new physician. It is very important that you sign the authorization form; otherwise, your new doctor will not have your medical history.

Thank you for your loyalty. I wish you the best of health in the future.

Sincerely,
[Physician name]

Letter for physician retiring and closing practice

[Date]
[Patient name]
[Patient address]

Dear [Mr./Ms.] [Last name],

Please be advised that as of [Date], I will no longer be a provider with [Name of current group or hospital]. I am joining a new group at the following address:

[Practice name, address, phone, web address]

If you wish to continue having me as your physician, please contact [Name of new group] to schedule an appointment. The new group accepts the following insurance plans. A complete list can be found at [New group website].

- [List plans]

If you wish to transfer care to me, please contact [Current group] to have your medical records sent to the new practice.

You may also continue your care through [Current group] with a different physician. Please contact [Current group] to let them know how you would like to proceed.

Sincerely,
[Physician name]