

# Patient Dismissal Letter

Dear [Patient's Name],

Re: Patient Dismissal

I hope this letter finds you well. I am writing to inform you that, after careful consideration, we have made the difficult decision to dismiss you as a patient from [Medical Practice/Organization Name]. This decision was reached after a thorough review of your medical records, interactions, and overall treatment history.

We understand that this news may come as a surprise, and we would like to take this opportunity to explain the reasons behind our decision. Despite our best efforts, we have encountered significant challenges in providing the level of care necessary to meet your medical needs. These challenges include [provide specific reasons for dismissal, such as non-compliance with treatment plans, missed appointments, inappropriate behavior towards staff, or any other relevant issues].

As healthcare professionals, it is our primary responsibility to ensure the well-being and safety of our patients. In order to maintain a safe and effective environment for all patients, it is essential that we uphold certain standards of behavior and adherence to treatment plans. Unfortunately, we have determined that we are unable to meet your needs within the framework of our practice.

We understand that continuity of care is crucial, and we want to assist you in finding alternative medical providers who may better suit your needs. Therefore, we strongly recommend that you seek healthcare services elsewhere. We would be happy to provide you with a list of healthcare providers in the area who may be better suited to address your medical concerns.

Please note that your medical records will remain confidential and will be transferred to your new healthcare provider upon your written request and authorization.

If you require any prescription refills or ongoing medical support during this transition period, please contact our office within the next [number of days] to make the necessary arrangements.

We genuinely regret any inconvenience this decision may cause you, but we believe it is in the best interest of both parties. We wish you the best of luck in finding a healthcare provider who can meet

your medical needs effectively.

If you have any questions or need further assistance, please do not hesitate to contact our office.

We are here to help guide you through this transition and ensure a smooth transfer of your medical records.

Sincerely,

[Your Name]

[Your Title/Position]

[Medical Practice/Organization Name]