

# SAMPLE DOCUMENT: Letter to Current/Active Patients for Nonemergent Situations (such as retirement, relocation, or leaving a group)

*(Place a copy in the patient's chart.)*

[Date]

[Patient's Name and Address]

Dear [Patient],

To begin, I would like to thank you for the trust you have given me over the years as your physician. Taking care of you [and your family] has been an honor for my staff and me. Your continuing wellness and health are priorities for us.

I am writing today to inform you that I will be closing my practice due to [state reason] effective as of [date]. I will be available until that date for your urgent care.

**It is important that you continue with appropriate medical care; therefore, you should establish contact with another physician as soon as possible.**

In order to help you find another doctor, the following information is provided:

**Option I:** You may wish to continue with Dr. [Name] of this office.

**Option II:** Dr. [Name] will be taking over my practice. You may wish to place yourself under [this physician's] care, or you can contact the local medical society at [telephone number] for a referral.

**Option III:** If you are in a managed care situation, you may need to contact your healthcare insurer for a referral within the network.

The enclosed HIPAA-compliant authorization form is necessary to release a copy of your medical records to you or your new physician. Please complete the form and return it as soon as possible. On receipt of this signed form, my office will forward a copy of your medical records to you or to the physician you designate. Please rest assured that our office will remain available during the next [insert time period] to consult with your new provider to promote a smooth transition and continuity of care.

After the close of my practice, signed requests for copies of medical records can be directed to [indicate the name, address, and phone number for access to medical records or the hospital or organization that has agreed *in writing* to assume this responsibility for you].

If you have not selected a new physician by the time my practice closes, you can obtain acute, critical, or emergency care by calling Dr. [Name] or the [local Emergency Department/Hospital].

Sincerely yours,

[Physician's Name]

Enclosure: Authorization for Use or Disclosure of Health Information