



PROTOTYPE LETTER 1
Termination of Care (Retirement, Sale of Practice, or Death)

This letter is to inform you that [physician's name] will no longer be your attending physician as of [date] due to (reason, e.g., retirement, sale of practice, or death).

The office is referring patients to [name] for future medical care. You might wish to contact your county medical society at [phone number of county medical society] or your insurance carrier for the names of other health care providers in your area.

If you decide to be treated by another physician, please notify this office of the name and address of your new physician, so that your medical records can be forwarded. You may be charged a reasonable fee to cover the cost of the transfer of your medical records.

Your records will be available in this office until [date]. After the date indicated, your records will be located at the office of [name, phone number and address].

Sincerely,

MedChi

The Maryland State Medical Society

If you are retiring and closing your practice, a letter similar to the one below would be appropriate.

Date

Dear

I am writing to let you know that I am planning to retire. The effective date of my retirement will be [date].

It is important that you make arrangements to receive continued quality medical care. I suggest that you contact your local medical society [phone no. of county medical society] or your insurance carrier for a referral.

Once you have a new physician, he or she will need copies of your medical record in order to treat you. I cannot transfer copies of your records unless I have your authorization, so I have enclosed an authorization form for you to sign. Please fill it out and send it to me as soon as you know who your new physician will be.

If you wish to have a copy of your medical record transferred to a new physician, you may be charged a reasonable fee to cover the costs of duplication.

Thank you very much for your cooperation. I extend my best wishes to you for your future.

Yours truly,

[Signature], M.D.

MedChi

The Maryland State Medical Society

If a physician is taking over your practice, the following letter may be appropriate.

Date

Dear

This letter is to inform you that I will be retiring effective [date] at which time I will no longer be able to treat you.

Dr. [name] will be taking over my practice when I retire. Dr. [name]'s background is [fill in information] Your medical record will continue to be on file at my office. If you decide to become a patient of Dr. [name], you will need to sign an authorization the next time you come into the office or you can mail the enclosed authorization form to the office.

If you wish to find another physician, I suggest you contact your local medical society at [phone number] or your insurance carrier for a referral.

If you decide to be treated by another physician other than Dr. [name], I will need your authorization letter before I can transfer copies of your records to a new physician. When you have chosen a new physician, please fill out the enclosed form and send it back to this office as soon as possible. A reasonable charge will be made to cover costs of the transfer.

I wish you all the best for the future.

Sincerely,

[Signature], M.D.