

SAMPLE LETTER CLOSING A MEDICAL PRACTICE

[Date]

[Patient/Parent Name and Address]

Dear [_____]:

It is with mixed emotions that I am announcing that my medical practice at [address] will close effective [date*].

While I am available to provide your child[ren] with medical care until [date*], you will need to secure a new physician prior to that date to ensure continuous care.

All medical records are confidential and protected by federal privacy and security regulations. With your authorization, a copy of your child[ren]'s medical record(s) can be released to you or transferred to a physician.

You have a few options:

- You may pick up your child[ren]'s medical record(s) at this practice; or
- You may have them mailed to you; or
- You may have them sent to a physician you designate. (*You must provide the name and practice address of that physician.*)

Complete, sign and return the enclosed medical record release form as soon as possible, but no later than [date*]. Be sure to indicate how you would like to obtain the medical record(s) and whether you would prefer them in electronic or paper form.

My staff will need approximately [days**] to retrieve and prepare the records. There may be a fee for record duplication.***

After [date*], you may obtain a copy of your child[ren]'s medical record(s) at [contact information].

Providing your child[ren]'s health care needs has been a privilege. Please know that I have greatly valued our relationship and wish you and your family the best of health.

Sincerely,

[Your Name]

Enclosure: Medical Record Release Form

*Many states require a minimum 30-day notice for terminating the physician patient relationship. A longer period of time may be required depending on state regulations, insurer contracts, medical liability insurance rules, or other applicable factors.

**Should not exceed 30 days per federal requirements.

***Subject to relevant state/federal laws.

This is a sample document. It is provided only as a reference for practices developing their own letter and should be adapted to their needs. This document does not represent official American Academy of Pediatrics (AAP) policy or guidelines. The AAP is not responsible for its use. Consult an attorney who is knowledgeable about all applicable the laws to ensure that your retirement letter meets relevant requirements.