**NB: always run these past MAS or the like before sending to the patient.
Always include the date of incident and a policy if applicable that has been breached- Or terms and conditions.**

DATE

Insert name here

Dear ,

Unfortunately, following “ insert incident here “ Regretfully, we now have to ask that you seek your primary care from another provider. Please “call us and or/email “ to let us know to which practice you would like your medical records transferred, or so that we can ask your new provider to send us a request for transfer of your records.

The local PHO can also assist in finding a new provider, please contact them if you would like their help “insert PHO contacts here”

“insert policy breached info here” E.G Zero tolerance for abuse, threats.

\*\* if balance remains\* Your account balance remains outstanding at $. If this is not paid by “ insert date” this will be lodged with our debt collection agency, please note that recovery costs will be added to the amount owing.

Yours sincerely,