

Unexpected Departure due to Illness or Death – SAMPLE Letter

This sample letter was developed using plain language principles. The letter is intended to be easy to read, understand, and use.

[Insert Date]

Dear [insert patient's name]:

We are sorry to tell you that Dr. [insert name of doctor] is no longer with our practice due to [insert reason as appropriate, such as unforeseen circumstance or unexpected death] as of [insert date].

You will have to choose a new doctor to make sure your medical care continues.

Scenario #1: Insert this paragraph if the practice is being assumed by ONE new provider.

Dr. [insert name] is taking over the practice. [Consider inserting brief details about the new physician's background, such as number of years in service, board certifications, and hospital affiliations.] You may choose Dr. [insert name] as your new doctor. OR you may choose a different doctor.

Steps to take if you choose Dr. [insert name] as your new doctor.

- Call the office at [insert phone number] to let us know you chose Dr. [Insert Name].

Steps to take if you want to choose a different doctor.

- Decide who your new doctor will be. For help finding a new doctor, call:
 - Your health insurance company.
 - **OR** [insert name and phone number of local medical society].
- Call the office at [insert phone number] to let us know who your new doctor will be.
- Make sure your new doctor gets a copy of your medical record. Complete the enclosed *Permission Form to Send Medical Records*.
 - Mail the completed form to [insert address]. We will send your medical records to your new doctor when we get this form.
 - **OR** call the office at [insert phone number] to set a time for you to drop off the completed form and pick up a copy of your medical records in the office.

Scenario #2: Insert this paragraph if the practice is being assumed by MULTIPLE providers.

There are doctors in our office who can continue to provide your medical care. Their names are:

- [bullet list of provider names]

You may choose one of these doctors as your new doctor. OR you may choose a different doctor.

Steps to take if you choose a doctor in this office.

- Call the office at [insert phone number] to let us know the name of the doctor you chose.

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Steps to take if you want to choose a different doctor.

- Decide who your new doctor will be. For help finding a new doctor, call:
 - Your health insurance company.
 - **OR** *[insert name and phone number of local medical society]*.
- Call the office at *[insert phone number]* to let us know who your new doctor will be.
- Make sure your new doctor gets a copy of your medical record. Complete the enclosed *Permission Form to Send Medical Records*.
 - Mail the completed form to *[insert address]*. We will send your medical records to your new doctor when we get this form.
 - **OR** call the office at *[insert phone number]* to set a time for you to drop off the completed form and pick up a copy of your medical records in the office.

Scenario #3: Insert this paragraph if the practice is being closed.

Steps you need to take to make sure your medical care continues.

- Decide who your new doctor will be. For help finding a new doctor, call:
 - Your health insurance company.
 - **OR** *[insert name and phone number of local medical society]*.
- Call the office at *[insert phone number]* to let us know who your new doctor will be.
- Make sure your new doctor gets a copy of your medical record. Complete the enclosed *Permission Form to Send Medical Records*.
 - Mail the completed form to *[insert address]* **BEFORE** *[insert date]*. We will send your medical records to your new doctor when we get this form.
 - **OR** call the office **BEFORE** *[insert date]* at *[insert phone number]* to set a time for you to drop off the completed form and pick up a copy of your medical records in the office.

Your Medical Records

- You may get a copy of your medical records from the office until *[insert date]*. The office is open between *[insert opening time]* and *[closing time]*, on *[insert days of the week]*.
- After *[insert date]*, you can get a copy of your record by calling *[insert name and contact information of medical records custodian]*.
- *[Insert Medical Records Custodian's Name]* will keep a copy of your record for 10 years.

If you have an emergency before you find a new doctor, call 911 or go to the closest hospital.

Thank you for the trust you placed in *[insert the doctor's name]* to give you medical care.

Sincerely,

[Insert Administrator's signature]

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