

# LETTERHEAD

## SAMPLE LETTER TO PATIENT

Dear \_\_\_\_\_:

As you may already have heard, Dr. \_\_\_\_\_ is unable to practice at this time/recently died. Dr. \_\_\_\_\_ prior to her/his/they death/disability he/she/they had designated several colleagues who have agreed to assist in you in ensuring medications are managed currently. He/She/They also have left some directives about finding a new provider which is included below. His/Her/Their contact information is attached to this notice. If you have a clinical emergency prior to finding another physician, please call "911" or go to your nearest emergency room.

Since the records of your case are kept confidential, I will require your written authorization to release your information to your next clinician, or to you. For this reason, I am also enclosing an authorization form. Please complete the form and return to the address on the form.

There will be a charge of \$0.10/page for copying records to cover practice expenses.

If you do not return this authorization form by \_\_\_/\_\_\_/\_\_\_ you should contact \_\_\_\_\_ who will be managing the records long term for further assistance and their rate may vary and are not controlled by Dr \_\_\_\_\_ practice. If you wish to receive information from them, contact them at \_\_\_\_\_. Medical records are retained for \_\_\_\_\_ years as in accordance with the law.

Please note, that after \_\_\_/\_\_\_/\_\_\_ there will no longer be anyone at the office number to assist with your call. If you need assistance after this date, please contact your insurance company or use \_\_\_\_\_ (website) to look up a provider list in your area.

I understand that losing Dr. \_\_\_\_\_ and changing your clinician may be stressful. I encourage you to seek continuity by accessing a replacement clinician as soon as possible.

Sincerely,

Office administrator or Covering Doctor/Provider

Referral name (optional)

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