

**SAMPLE CONFIRMATION LETTER OF PATIENT DECISION TO TRANSFER OR TERMINATE CARE
USE DEPARTMENT LETTERHEAD**

Date _____

Certified Mail # _____

Patient Address _____

Dear _____:

This letter is to confirm that we will no longer continue as your physicians. You indicated at a previous visit/by telephone (date if available) that you have made a decision to transfer your medical care outside Texas Tech Physicians.

As you know, you have a condition that requires further medical attention. We, therefore, recommend that you contact a physician to provide those services to you without delay. I suggest you consult the local physician referral service, your county medical society, or the yellow pages of your telephone book as soon as possible so that you may find another physician who will assume responsibility for your care.

I will be pleased to assist the physician of your choice by sending him or her a copy of your medical records, including information regarding your case history and the diagnosis and treatments that we have provided you.

Very Truly Yours,

(Physician Signature)
Department of _____

Instructions

1. Retype the letter onto TTUHSC letterhead;
2. Include the telephone numbers of the local physician referral service and county medical society whenever possible.
3. Send this letter to patient by certified mail with return receipt requested and regular mail;
4. File copy of letter and delivery receipt in patient's chart;
5. If unable to reach the patient by mail, or in the alternative, the letter may be hand-delivered at an appointment and documented in the medical record;
6. This is a sample and may be modified - please call Risk Management for assistance.