**Template 1: Closing a medical practice (with physician taking over)**

Dear Patient,

I wish to inform you that I will *[be retiring from the practice of medicine/closing my practice of medicine]* on\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I feel very fortunate in finding Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take over my practice. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ received training at and completed residency in \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

It is very gratifying to have found such a caring and competent doctor to take my place. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ will begin working with me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Your medical records will automatically remain with Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_, unless I receive written authorization (*form enclosed)* from you to transfer them to another physician. I recognize that changing physicians may be stressful. I encourage you to seek continuity of care by contacting Health Care Connect at 1-800-445-1822 or visiting [ontario.ca/healthcareconnect](https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner?_ga=2.13679349.359636389.1650646726-716666285.1646317143) for information on other physicians in the area.

Thank you for the privilege of being your doctor. I wish you all the best and a healthy life.

Sincerely,

*[also add the authorization form for patients to obtain their medical records]*

***\*The next page contains Template 2: Closing a medical practice (with no physician taking over)***

**Template 2: Closing a medical practice (with no physician taking over)**

*(Note: this letter refers to a retiring physician. If you are closing down the practice for other reasons, revise accordingly.)*

Dear Patient,

I wish to inform you that I will (*be retiring from the practice of medicine / closing my practice of medicine*) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I recognize that changing physicians may be stressful. I encourage you to seek continuity of care by contacting Health Care Connect at 1-800-445-1822 or visit [ontario.ca/healthcareconnect](https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner?_ga=2.13679349.359636389.1650646726-716666285.1646317143) for information on other physicians in the area. *(include any additional methods here. For example, if you know of colleagues close by who are accepting patients)*

Since your medical records are confidential, a copy can only be transferred to another doctor or released to you with your written permission through an authorization for the release of medical record form.

I have enclosed an authorization form to transfer your medical records to a physician of your choice. (*If there will be a cost to patients, please indicate here*.)

After [date]\_\_\_\_\_\_\_\_\_\_\_\_\_\_, all my medical records will be transferred and stored at [name of company, address, phone and email contact information]. They can provide a copy of your records for *a fee*.

Thank you for the privilege of being your doctor. I wish you all the best and healthy life.

Sincerely,

*[also add the authorization form for patients to obtain their medical records]*