

**“Unacceptable and Disruptive Behavior”  
(Warning Letter)**

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

In order to provide the best of medical care it is important that our patients and families comply with our policies (Brief description of the disruptive incident)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your reaction was disruptive to our other patients and to our staff.

\_\_\_\_\_ (Clinic) will continue to provide medical care to you at this time, however, continued lack of respect to our staff and other patients cannot be tolerated in the future.

(If managed care member) A copy of this letter has been sent to your health plan in accordance with their requirement that all of our correspondences to you be copied to the health plan.

Sincerely,

Executive Director

Enclosure

**“Unacceptable and Disruptive Behavior”  
(Warning Letter)**

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

In order to provide the best medical care it is important that our patients and families comply with our policies (Brief description of the disruptive incident).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your reaction was disruptive to our other patients and to our staff.

\_\_\_\_\_ (Clinic) will continue to provide medical care to you at this time, however, continued lack of respect to our staff and other patients cannot be tolerated in the future.

(If managed care member) A copy of this letter has been forwarded to your health plan, in accordance with their requirement that they be copied on all of our correspondences to you.

Sincerely,

Executive Director

**“Unacceptable and Disruptive Behavior”  
(Final Letter)**

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This letter is to inform you that \_\_\_\_\_ (Clinic) is no longer willing to provide medical care to your family. Your behavior on \_\_\_\_\_ was unacceptable and your disruptive and verbal abuse towards the staff will no longer be tolerated.

Enclosed is a release of information form with a stamped, self-addressed envelope to the Clinic so you may have your records released to your new provider.

In the event you need emergency care, go to the nearest emergency room.

As of \_\_\_\_\_, we will no longer be your care provider.

Sincerely,

Executive Director

**“Stealing Clinic Supplies”**

Exhibit 6c

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This letter is to inform you that \_\_\_\_\_ (Clinic) is no longer will to provide medical care to you.

It has been brought to our attention that you have been stealing

\_\_\_\_\_  
\_\_\_\_\_

It will be necessary for you to seek your medical care from another provider. Enclosed is a release of information form with a stamped, self-addressed envelope to the Clinic so you may have your records released to your new provider.

Sincerely,

Executive Director

**“Use of Fictitious Names”**

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This letter is to inform you that \_\_\_\_\_ (Clinic) in no longer willing to provide medical care to you.

It has been brought to our attention that you have been receiving medical care and have received numerous controlled substances at the clinic under a fictitious name.

It will be necessary for you to seek your medical care from another provider. Enclosed is a release of information form with a stamped, self-addressed envelope to the Clinic so you may have your records released to your new provider.

Sincerely,

Executive Director

**“Can’t Meet Your Expectations”**

Exhibit 6e

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This letter is to inform you that \_\_\_\_\_ (Clinic) is no longer willing to provide medical care to you.

Despite our best efforts, we find that we are unable to meet your expectations. This breakdown in patient/physician relationship is not in your best interest as we are unable to address your concerns.

Therefore, please seek your medical care from another provider. Enclosed is a release of information form with a stamped, self-addressed envelope to the Clinic so you may have your records released to your new provider.

\_\_\_\_\_ (Clinic) will provide emergency and urgent care for you over the next 30 days while you choose another Primary Care Provider.

Sincerely,

Executive Director