

# SAMPLE DOCUMENT: Letter to Current/Active Patients for Emergent Situations (such as death or sudden illness)

*(Place a copy in the patient's chart.)*

[Date]

[Patient's Name and Address]

Dear [Patient],

This is to advise you that [Dr. (Name) passed away on *or* due to a sudden illness, Dr. (Name) is no longer able to provide care as of] [Date].

**It is important that you continue with appropriate medical care; therefore, you should establish contact with another physician as soon as possible.**

In order to help you find another doctor, the following information is provided:

**Option I:** You may wish to continue with Dr. [Name] of this office. If so, please contact the office.

**Option II:** Dr. [Name] will be taking over Dr. [Name's] practice. If you wish to place yourself under this physician's care, please contact the office, or you can contact the local medical society at [telephone number] for a referral.

**Option III:** If you are in a managed care situation, you may need to contact your healthcare insurer for a referral.

The enclosed HIPAA-compliant authorization form is necessary to release a copy of your medical records to you or a new physician. Please complete the form and return it as soon as possible. On receipt of the signed form, this office will forward a copy of your medical records to you or to the physician you designate.

After the close of this practice, signed requests for copies of medical records may be directed to [indicate the name, address, and phone number for access to medical records or the hospital or organization that has agreed *in writing* to assume this responsibility for you].

Sincerely yours,

[The Estate of/On Behalf of] Dr. [Name]

Enclosure: Authorization for Use or Disclosure of Health Information