November 25, 2024

«FirstName» «LastName»

«Address1»

«Address2»

«City», «State» «ZIP»

Dear «FirstName» «LastName»:

Thank you for choosing **[Insert Clinic Name]** for your care. We understand that you have a choice for your healthcare needs and we are grateful for your trust in UVA Health. I write with an important update about your care team. Beginning **[Insert Date]**, **[Insert Provider Name, Credentials]**, will be leaving our practice/or will be retiring. *(Quickly provide the respective situation and state it clearly.)*

We are working to make transitioning your care to another provider in our clinic or another similar UVA Health clinic as smooth as possible. *(If possible, provide additional information about the new provider to reassure patients they are still in good hands. In addition to the new provider’s name and credentials, consider statements like, “Dr. Xyz has special training in treating xyz condition.”)* If you have an appointment with **[Insert Provider Name]** on or after **[Insert Date]**, we will call you to reschedule. *(Answer anticipated questions, such as what will happen to the patient’s upcoming appointment.)*

If you have questions or concerns about this change or need to make an appointment, please call the clinic at **[XXX.XXX.XXXX]**. *(To reassure and answer anticipated questions, let patients know who to call and how to reach them if they have questions.)* We look forward to continuing to care for you. *(If the provider is retiring and signing the letter, this is an appropriate place to include personal, patient-centered statements like, “It has been an honor to be your doctor. I wish you the best of health in the future.”)*

Sincerely,

Provider leaving/Clinic Manager/Division Admin

**NOTE: All final draft communications must be approved by the UVA Health Office of Strategic Marketing and Communications. Please email to:** [**rbrandonline@uvahealth.org**](mailto:rbrandonline@uvahealth.org)