

PRACTICE CHECKLIST

Continuity-of-care letter (sample)

A sample letter for handing off a patient's care to another clinician, when a practice closes, a clinician leaves, or a patient transfers, so treatment isn't interrupted.

Educational example only. This is not legal, medical, or compliance advice, and it is not a ready-to-use legal document. Requirements vary by state, payer, and setting. Adapt anything like this to your own situation and have it reviewed by qualified legal and compliance counsel licensed in your jurisdiction before using it in a practice. You are responsible for compliance with all applicable federal and state laws, including HIPAA. shrinkiatry publishes professional commentary and education, not legal or medical advice.

Current as of July 29, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.

Who it's for

Clinicians and practice managers arranging a transfer of care.

When to use it

When a clinician is leaving or a practice is closing or relocating, or when a patient is moving to another practice and needs a summary to carry their care forward.

What the letter should cover

- Who the patient is and the effective date of the transfer.
- A brief summary of diagnoses, the current treatment plan, and current medications with doses.
- What's pending, such as labs, refills, prior authorizations, or a taper in progress.
- How records will be transferred and how to reach the sending clinician during the transition.

Sample language to adapt

- Dear [patient name], I'm writing to help your care continue smoothly. As of [date], your psychiatric care will transfer to [receiving clinician or practice].
- Your current treatment includes [diagnoses], and your current medications are [list with doses]. [Pending items, such as labs or refills, and the plan for each.]
- I'll transfer your records to [receiving clinician] once you sign the attached authorization. Until [date], you can reach our office at [contact] for urgent needs. In an emergency, call 988 or 911.
- It's been a privilege to be part of your care. [Clinician name and credentials.]

Before you send it

- Fill in every bracket and remove anything that doesn't apply.
- Attach the records-release authorization.
- Keep a copy in the record and note the date sent.

Important limitations

This is a sample to adapt, not a finished or legally sufficient document. A safe handoff also depends on your abandonment obligations, records-release rules under HIPAA and state law, and any payer or contract requirements. Have counsel review your version, especially for a practice closure.

Sources

American Medical Association, Code of Medical Ethics, Terminating a Patient-Physician Relationship.
<https://code-medical-ethics.ama-assn.org/ethics-opinions/terminating-patient-physician-relationship>

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