

Appendix A

Sample Notice When Records Will Be Transferred to Another Healthcare Provider

NOTICE OF PRACTICE CLOSURE

Date of Notice:

The Hospital A Practice at 555 USA Drive, USA, will close permanently on ***[Insert Date]***.

If you are a current or past patient of this organization, you may request that a copy or written summary of your health record be transferred to you or another practice of your choice. In order to provide adequate time to transfer your health records, requests should be made by phoning Hospital A at ***[Insert Phone Number]*** or e-mailing us at ***[Insert E-mail Address]***. All requests must be received by ***[Insert Date]***.

Please note that copy fees may apply.

Unless otherwise requested, all health records created by Hospital A will be transferred to:

[Insert Name]

[Insert Address]

[Insert City, State, Zip]

[Insert Contact Person Name]

[Insert Telephone Number]

[Insert Fax Number]

For questions, please contact ***[Insert Name and Number]***.