



## Sample Letter Regarding Practice Closure

[Date]

[Client Name]

[Client Contact Information]

Dear [Client]:

This is to advise that I am leaving [Name of Practice] effective [Date]. To ensure continuity of care, I am providing this advance notice as well as sharing the name[s] of another Registered Massage Therapist [s] who you may wish to contact for treatment. You can contact [RMT referral] at [contact number].

Please also be advised that you can access your health records at any time. These records are being maintained [confirm whether at practice or with RMT]. To assist in that regard, I am including a "Client Record Request Form." If you wish to leave the file in its current location, no action is required at this time. Should you wish to have access in the future, you can do so by contacting [either RMT or administrator at previous practice].

It has been a pleasure treating you and with wishes for good health in the future.

Sincerely,

[Signature of RMT]