

Healthcare Service Withdrawal Policy Notification

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about our healthcare service withdrawal policy.

Policy Overview

Our organization reserves the right to withdraw or discontinue healthcare services under certain circumstances. This may include but is not limited to:

- Repeated non-compliance with treatment plans
- Failure to attend scheduled appointments
- Disruptive or harmful behavior towards staff or other patients
- Non-payment of services rendered

Notification Process

If we determine that it is necessary to withdraw services, we will provide the following:

1. A written notice outlining the reasons for withdrawal
2. A final opportunity to rectify the situation, if applicable
3. Refer you to alternative care facilities, when necessary

Appeals

You have the right to appeal any decision regarding the withdrawal of services. Please submit your appeal in writing to [Contact Information] within [X days].

We value your health and wellbeing and hope to continue providing you with the best possible care.

Thank you for your understanding.

Sincerely,

[Your Healthcare Organization's Name]

[Your Contact Information]