**Template for Placement in the Newspaper:**

**NB: Please ensure you seek further legal advice if you have any concerns.**

***XXXXX Medical Clinic*** *will be closing the practice due to ………..If you wish to access a copy of your medical record please write to: XXXXX Medical Clinic PO Box………… Include a signed authority to transfer your record to the General Practitioner you choose to support your ongoing medical care. Please include the address to send the record. Copies of medical records will not be provided to any other health care professional without your express written direction.  Please provide written instructions regarding your medical records as soon as possible.*