**[Your Full Name or Business Name]** [Your Role/Title]
 [Clinic or Practice Name]
 [Clinic Address]
 [Email Address]
 [Phone Number]

[Date]

**PRIVATE AND CONFIDENTIAL**

**To:** [Name of Individual, if known]
 [Address or “Delivered by Hand” if appropriate]

### **CEASE AND DESIST NOTICE**

Dear [Name / Sir or Madam],

This letter serves as a formal notice to **cease and desist from all further contact** with myself, my business, and my professional colleagues.

Despite previous indications that our professional relationship has ended, you have continued to [describe conduct briefly—e.g., initiate unsolicited contact, attempt communication through colleagues, or approach our place of business]. This behaviour is **unwelcome, disruptive, and must stop immediately**.

I hereby formally request that you:

1. **Cease all forms of communication** with me (including phone, text, email, social media, and in-person visits);
2. **Do not approach or contact any of my colleagues** or professional associates regarding me or my business;
3. **Refrain from visiting** or attempting to enter [clinic/business name and address].

Please be advised that should you fail to comply with this request, further steps will be taken. This may include issuing a **trespass notice** under the **Trespass Act 1980** and lodging a formal complaint with **New Zealand Police**. Additionally, any defamatory, threatening, or harassing behaviour may be subject to legal action.

This notice is issued without prejudice to any other legal rights or remedies available to me or my organisation.

Sincerely,

**[Your Full Name]** [Your Title / Qualification]
 [Business or Practice Name]