

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Congratulations on successfully completing the [Program Name] at [Facility Name]. This letter serves as formal notification of your discharge from the program, effective [Discharge Date].

Summary of Treatment:

During your time with us, you have worked diligently on your treatment goals, including [Goal 1] and [Goal 2]. Your clinical team has noted significant progress in [Specific Achievement or Skill Learned].

Aftercare Plan:

To support your ongoing recovery and mental wellness, the following aftercare plan has been established:

- **Follow-up Appointment:** [Provider Name] on [Date] at [Time].
- **Support Groups:** [Name of Group] meets on [Day/Time].
- **Medication Management:** [Instructions or "Not Applicable"].

Crisis Resources:

If you experience a mental health crisis, please utilize the following resources:

- National Suicide Prevention Lifeline: 988
- Emergency Services: 911
- Local Crisis Clinic: [Phone Number]

We are proud of the progress you have made. Please remember that maintaining your mental health is an ongoing journey, and we encourage you to continue utilizing the tools you acquired during your stay.

Sincerely,

[Staff Name/Signature]
[Title]
[Facility Name]