

[Date]

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

Dear [Patient Name],

This letter is to formally notify you of your discharge from psychiatric treatment at [Facility/Clinic Name], effective [Discharge Date]. This discharge is based on the successful completion of your treatment plan goals.

**Summary of Treatment:**

You were admitted to our care on [Admission Date] for [Reason for Treatment/Diagnosis]. Throughout the course of your treatment, you have actively participated in [Individual Therapy/Group Therapy/Medication Management] and have demonstrated significant progress in [List Key Goals Achieved].

**Discharge Status:**

At this time, it has been determined that you have reached maximum benefit from our current treatment program. Your mental health status is considered stable, and you have acquired the necessary tools to manage your symptoms independently.

**Aftercare and Recommendations:**

To maintain the progress you have made, we recommend the following aftercare plan:

- [Recommendation 1: e.g., Monthly check-in with a primary care physician]
- [Recommendation 2: e.g., Continued use of prescribed medications as directed]
- [Recommendation 3: e.g., Community support groups or outpatient counseling]

**Medication Information:**

Your current medication regimen includes: [List Medications and Dosages]. A final prescription for a [Number]-day supply has been [Provided/Sent to Pharmacy]. Please follow up with [Doctor Name] for future refills.

**Crisis Resources:**

Should you experience a mental health crisis in the future, please utilize the following resources:

- National Suicide and Crisis Lifeline: 988
- Local Emergency Services: 911
- Nearest Emergency Room: [Hospital Name]

It has been a pleasure working with you. We wish you continued health and success in your recovery journey.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Facility Name]