

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Discharge from Psychiatric Medication Management Services

Dear [Patient Name],

This letter serves as formal notification that you are being discharged from psychiatric medication management services at [Clinic/Practice Name], effective [Discharge Date].

This decision has been made due to [Reason for Discharge: e.g., completion of treatment goals, non-compliance with clinic policy, repeated missed appointments, or transfer of care].

Current Medications:

As of your last visit, you were prescribed the following:

[List Medication Names and Dosages]

Prescription Refills:

To ensure your safety and continuity of care, a final [30-day] supply of your current medications has been called into your pharmacy. No further refills will be provided by this office after [Date].

Follow-up Care:

It is vital for your mental health that you continue medication management with a new provider. We recommend you contact your insurance company or primary care physician for a list of local psychiatric providers. You may also contact the following resources:

[Insert Local Referral Resource 1]

[Insert Local Referral Resource 2]

Medical Records:

We will forward a copy of your medical records to your new provider once we receive a signed "Authorization to Release Information" form, which is enclosed/available upon request.

Emergency Information:

If you experience a mental health crisis or a medical emergency, please call 911 immediately, go to the nearest emergency room, or contact the National Suicide and Crisis Lifeline by dialing 988.

We wish you the best in your continued recovery.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Practice Name]