

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Discharge from Psychiatric Care

Dear [Patient Name],

This letter is to formally notify you that I am terminating our professional treatment relationship, effective [Number, typically 30] days from the date of this letter. After this date, I will no longer be your providing psychiatrist.

This decision has been made due to your continued non-compliance with the established treatment plan, specifically: [List reasons, e.g., missed appointments, failure to follow medication protocols, or non-adherence to safety agreements]. Consistent participation is essential for effective psychiatric care and for ensuring your safety.

During this transition period, I will remain available to provide emergency care and to assist you in refilling current prescriptions until [Date]. I strongly recommend that you seek a new mental health provider immediately to ensure there is no interruption in your care.

You may locate a new provider by:

- Contacting your insurance company for a list of in-network providers.
- Contacting the local medical society or mental health association.
- Visiting the SAMHSA Behavioral Health Treatment Services Locator online.

If you are experiencing a mental health crisis, please call 988 (Suicide & Crisis Lifeline), go to the nearest emergency room, or call 911.

Upon receiving your written authorization, I will transfer a copy of your medical records to your new provider to facilitate the transition.

Sincerely,

[Physician Signature]

[Physician Name, Degree]

[Practice Name]