

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Letter of Successful Completion

Dear [Patient Name],

This letter serves as official notification that you have successfully completed the [Program Name] at [Facility Name]. Your final date of treatment was [Discharge Date].

Throughout your time in this program, you have met all clinical requirements, including [List key requirements, e.g., individual counseling, group therapy sessions, and educational workshops]. You have demonstrated a commitment to your recovery and have gained the necessary tools to maintain long-term sobriety.

Your discharge plan includes the following aftercare recommendations:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

We commend you on this significant achievement. We encourage you to remain connected to your support network and continue utilizing the skills you have developed here.

If you require further assistance or documentation, please contact our office at [Phone Number].

Sincerely,

[Staff Signature]

[Staff Name]

[Title]

[Facility Name]