

Date: [Date]

Patient Name: [Patient Name]

Patient ID/DOB: [ID or Date of Birth]

RE: Discharge Against Medical Advice (AMA)

Dear [Patient Name],

This letter serves as formal notification that you have chosen to discharge yourself from the substance abuse treatment program at [Facility Name] on [Date], against the specific advice of your clinical and medical treatment team.

Our records indicate that your counselor and/or physician met with you to discuss the risks associated with leaving treatment prematurely. These risks include, but are not limited to:

- Increased risk of relapse.
- Potential for accidental overdose due to lowered tolerance.
- Unmanaged withdrawal symptoms.
- Loss of progress made toward recovery goals.
- Legal or social consequences related to incomplete treatment.

Despite these warnings, you have elected to terminate services at this time. Please be advised that you are being provided with the following at the time of your departure:

- A list of local emergency resources and crisis hotlines.
- Referrals for outpatient services or alternative levels of care.
- Information regarding how to re-apply for admission should you choose to return.

If you experience a medical emergency or severe withdrawal symptoms, please call 911 or proceed to the nearest emergency room immediately.

We remain committed to your recovery and encourage you to reach out if you decide to resume treatment in the future.

Sincerely,

[Staff Name/Title]

[Facility Name]

[Phone Number]

Patient Acknowledgment (if applicable):

I acknowledge that I am leaving treatment against medical advice and understand the risks mentioned above.

Signature: _____ Date: _____