

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Administrative Discharge

Dear [Patient Name],

This letter serves as formal notification that you are being administratively discharged from substance abuse treatment at [Facility Name], effective [Date].

This decision has been made due to non-compliance with the program's established policies and treatment guidelines. Specifically, the discharge is based on the following:

- [Reason for discharge, e.g., repeated missed appointments]
- [Reason for discharge, e.g., violation of facility code of conduct]
- [Reason for discharge, e.g., failure to participate in required sessions]

As of the date above, you will no longer be eligible for services at this facility. Please be advised that your clinical record will reflect an administrative discharge status.

We remain committed to your recovery and strongly encourage you to continue seeking treatment. To assist in your transition, we have provided the following referrals for alternative care:

- [Referral Agency Name 1] - [Phone Number]
- [Referral Agency Name 2] - [Phone Number]
- [Referral Agency Name 3] - [Phone Number]

If you are experiencing a medical or psychiatric emergency, please call 911 or go to the nearest emergency room immediately.

If you wish to appeal this decision or discuss the discharge process further, you may contact [Contact Person/Department Name] at [Phone Number] within [Number] business days.

Sincerely,

[Signature]

[Name of Program Director/Clinical Supervisor]

[Facility Name]