

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Discharge from [Program Name]

Dear [Patient Name],

This letter is to formally notify you that you are being discharged from the [Program Name] effective [Date], due to a lack of engagement in your treatment plan.

Our records indicate the following reasons for this discharge:

- Frequent missed individual or group therapy sessions.
- Failure to complete required program assignments.
- Minimal participation during scheduled clinical interactions.
- Non-compliance with the established treatment contract signed on [Date].

Active participation is a fundamental requirement for successful recovery and continued enrollment in this program. Despite previous discussions and attempts to re-engage you on [Date of last warning], there has been insufficient progress in meeting program expectations.

Please be advised that your final appointment/exit interview is scheduled for [Date/Time]. During this meeting, we can provide you with a list of alternative treatment providers and community resources should you wish to seek help elsewhere.

If you have any questions regarding this decision or wish to discuss the referral process, please contact [Staff Name/Department] at [Phone Number].

We wish you the best in your future recovery efforts.

Sincerely,

[Staff Signature]

[Staff Name and Title]

[Facility Name]