

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

Dear [Patient Name],

This letter serves as formal notification and documentation regarding your discharge from [Clinic Name], effective [Discharge Date].

This discharge is by mutual agreement between you and the clinical treatment team. We have collectively determined that:

- You have successfully met the primary goals outlined in your initial treatment plan.
- You have demonstrated the necessary stability and skills to transition to a lower level of care.
- Continuing the current program at this intensity is no longer clinically necessary at this time.

**Post-Discharge Referrals and Aftercare Plan:**

[Insert details regarding outpatient counseling, support groups, or physician follow-ups]

**Medication Management (if applicable):**

[Insert instructions for current prescriptions or pharmacy transfers]

We encourage you to follow the agreed-upon aftercare plan to support your long-term recovery. Should you feel the need for additional support or wish to re-engage with our services in the future, please contact us at [Clinic Phone Number].

We wish you continued success in your recovery journey.

Sincerely,

[Staff Signature]  
[Staff Printed Name and Title]  
[Clinic Name]

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**Patient Acknowledgment:**

I concur with the decision for discharge by mutual agreement and have received a copy of my aftercare plan.

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Patient Signature

Date