

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert DOB]

**Date of Admission:** [Insert Admission Date]

**Date of Discharge:** [Insert Discharge Date]

Dear [Patient Name],

This letter serves as formal notification of your discharge from the substance abuse treatment program at [Facility Name], effective [Discharge Date].

Your discharge status is categorized as **Maximum Benefit Achieved**. This indicates that you have successfully met the clinical goals established at the beginning of your treatment and have demonstrated the skills necessary to transition to a lower level of care or independent maintenance.

**Summary of Progress:**

During your time with us, you have completed [Number] days/weeks of intensive treatment. You have shown significant growth in [List key areas, e.g., relapse prevention, coping strategies, and emotional regulation]. Your participation in individual and group therapy sessions has been exemplary.

**Continuing Care Plan:**

To ensure your ongoing success and long-term sobriety, the following aftercare plan has been established:

- **Referral:** [Name of Outpatient Provider/Support Group]
- **Appointment Date:** [Date and Time]
- **Medication Management:** [List medications if applicable, or "N/A"]
- **Support Meetings:** [e.g., AA/NA meetings, 3 times per week]

While you have reached a major milestone, recovery is a lifelong journey. We encourage you to utilize the tools you have acquired and remain connected to your support network.

We wish you continued health and success in your recovery.

Sincerely,

[Signature]

[Name of Primary Counselor/Clinical Director]

[Facility Name]

[Contact Information]