

**Date:** [Insert Date]

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

**Patient ID:** [Insert ID Number]

Dear [Patient Name],

This letter serves as official notification of your discharge from the [Name of Treatment Program] effective [Date], due to a violation of the program's Relapse Protocol and Substance Use Policy.

**Reason for Discharge:**

The decision for discharge follows the occurrence of [Briefly state incident, e.g., a positive toxicology screen / unauthorized substance possession] on [Date]. Per the signed treatment agreement, maintaining a substance-free status is a requirement for continued participation in this clinical level of care.

**Clinical Recommendations and Aftercare:**

While you are being discharged from this specific program, we strongly encourage you to continue seeking support for your recovery. Our clinical team recommends the following next steps:

- [Recommendation 1: e.g., Enrollment in a Residential Detox Program]
- [Recommendation 2: e.g., Intensive Outpatient Programming (IOP)]
- [Recommendation 3: e.g., Attendance at NA/AA community meetings]

**Referrals:**

To assist in your transition, we have provided the following referrals for immediate support:

- [Referral Name/Agency] - [Phone Number]
- [Referral Name/Agency] - [Phone Number]
- National Helpline (SAMHSA): 1-800-662-HELP (4357)

**Readmission Policy:**

You may be eligible to re-apply for treatment at this facility after [Number of days/weeks] and upon completion of [Specific requirement, e.g., a clinical re-assessment].

We wish you the best in your ongoing recovery journey.

Sincerely,

[Signature]

[Name of Clinical Director/Counselor]

[Facility Name]