

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Notification of Discharge due to Financial Hardship

Dear [Patient Name],

This letter is to formally notify you of your discharge from treatment at [Clinic Name], effective [Date]. This decision has been made following our recent discussions regarding your outstanding balance and current inability to meet the financial obligations required for continued enrollment in our program.

Please be advised that this is a financial discharge and is not a reflection of your progress in recovery. We understand that financial hardship is a significant stressor, and we regret that we are unable to continue services at this time.

To ensure your safety and continuity of care, we have included a list of community resources, low-cost clinics, and state-funded programs that offer substance abuse support on a sliding scale fee basis. We strongly encourage you to contact these providers immediately to maintain your recovery momentum.

Your clinical records will be maintained confidentially. If you wish to transfer your records to a new provider, please sign the enclosed release form and return it to our administrative office.

We wish you the very best in your ongoing journey toward health and sobriety.

Sincerely,

[Signature]

[Name of Clinical Director/Administrator]

[Clinic Name]