

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Discharge from Treatment

Dear [Patient Name],

This letter serves as formal notification that you are being discharged from [Facility Name] effective [Discharge Date].

This decision has been made due to a violation of our facility's behavioral and safety policies regarding substance abuse. Specifically, the following incident(s) occurred:

[Insert brief description of behavioral violation/incident]

Our program requirements, which were signed upon admission, clearly state that such behaviors are grounds for immediate administrative discharge to maintain the safety and therapeutic integrity of our environment.

Because your recovery remains important, we recommend that you seek immediate placement in an alternative program. Below are several referrals for continued care:

- [Referral 1 Name and Phone Number]
- [Referral 2 Name and Phone Number]
- [Referral 3 Name and Phone Number]

If you are experiencing a medical or psychiatric emergency, please call 911 or go to the nearest emergency room immediately.

Any personal belongings left at the facility must be collected by [Date/Time]. Please contact [Staff Name] at [Phone Number] to coordinate the retrieval of your items.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Facility Name]