

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: NOTICE OF PROPOSED DISCHARGE DUE TO MISSED PSYCHIATRIC EVALUATION

Dear [Patient Name],

This letter is to inform you that our records indicate you did not attend your scheduled psychiatric evaluation on [Date of Missed Appointment] and did not provide advanced notice of cancellation.

A psychiatric evaluation is a critical requirement for establishing and maintaining your care plan at [Clinic Name]. Because this evaluation is necessary to ensure your safety and the appropriateness of your treatment, attending this appointment is mandatory.

Please be advised that this serves as a formal warning. Failure to attend your next scheduled appointment or further "no-show" events will result in your discharge from our clinic. If you are discharged, we will no longer provide psychiatric services, medication management, or refills.

If you experienced an emergency that prevented you from attending, or if you wish to remain a patient at this clinic, you must contact us at [Phone Number] by [Date] to reschedule this evaluation.

If you choose to seek care elsewhere, you may contact your insurance provider or [Local Mental Health Resource] for a list of alternative providers.

Sincerely,

[Provider Name/Administrator Name]

[Clinic Name]

[Phone Number]