

Date: [Current Date]

To Whom It May Concern,

This letter is to confirm that **[Client Name]**, date of birth **[DOB]**, is a client at **[Clinic/Practice Name]**.

I am writing to verify that the individual attended a mental health counseling session on the following date(s) and time(s):

- [Date of Session] from [Start Time] to [End Time]

The purpose of this session was for [Routine Counseling / Evaluation / Follow-up].

If you require any further information, please contact my office at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Provider Name, Credentials]

[Title]

[License Number]

[Organization Name]