

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Re: Final Notice Regarding Continued Therapy Services

Dear [Client Name],

This letter is to follow up regarding your recent missed appointments on [Date] and [Date]. Our records indicate that these sessions were missed without prior notification or according to our established cancellation policy.

As we discussed at the start of your treatment, consistent attendance is essential for therapeutic progress. Our policy states that [Number] missed sessions or late cancellations may result in the termination of the therapeutic relationship.

Please contact our office by [Date/Time] if you wish to remain an active client and schedule your next appointment. If we do not hear from you by this date, we will assume you no longer wish to continue treatment, and your case will be formally closed.

If you decide to discontinue services, or if your case is closed due to inactivity, we are happy to provide you with referrals to other providers or community resources to ensure your continued care.

We value your well-being and hope to hear from you soon to discuss how we can best support your goals.

Sincerely,

[Therapist Name, Credentials]

[Practice Name]

[Phone Number]