

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. This letter provides an orientation to our mental health services and explains what you can expect during your care with us.

Our Services

We offer a range of services including initial assessments, individual therapy, group counseling, and medication management. Our goal is to work collaboratively with you to support your emotional and psychological well-being.

Your First Appointment

Your initial visit will be an intake evaluation. During this session, a provider will review your history, discuss your current concerns, and help develop a personalized treatment plan. This appointment typically lasts [Number] minutes.

Appointments and Cancellations

To provide the best care for all patients, we require at least [Number] hours' notice for cancellations. Failure to provide notice may result in a late cancellation fee of \$[Amount].

Confidentiality

Your privacy is important to us. All information shared in your sessions is confidential and protected by law. Information will only be released with your written consent, except in specific legal situations such as immediate safety concerns for yourself or others.

Emergency Contact

If you are experiencing a mental health emergency after hours, please call the National Suicide and Crisis Lifeline at 988, go to the nearest emergency room, or call 911.

If you have any questions regarding these policies, please contact our office at [Phone Number]. We look forward to working with you.

Sincerely,

[Clinic Name/Provider Name]
[Phone Number]
[Email Address/Website]