

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Confirmation of Your First Appointment

Dear [Patient Name],

Welcome to [Clinic Name]. This letter confirms your upcoming initial behavioral health appointment.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Provider:** [Provider Name]
- **Location:** [Clinic Address or Virtual Link]

Please arrive [15] minutes early to complete any necessary paperwork. Remember to bring your photo ID and insurance card.

What to Expect:

Your first visit will be a diagnostic evaluation. This session allows you and your provider to discuss your history, current concerns, and goals for treatment. It typically lasts [60] minutes.

Cancellation Policy:

If you need to reschedule or cancel, please notify us at least [24/48] hours in advance to avoid a cancellation fee.

If you have any questions, please call us at [Phone Number]. We look forward to meeting you.

Sincerely,

[Your Name/Department]

[Clinic Name]