Welcome to [Program Name]

Dear [Patient Name],

Welcome to our Outpatient Recovery Program. We are pleased that you have chosen us to support you on your journey toward health and wellness. Our team is committed to providing you with the tools and guidance necessary for a successful recovery.

Program Start Date: [Date]
Primary Counselor: [Name]
Facility Address: [Address]

What to Expect

During your time with us, you will participate in a structured schedule designed to fit into your daily life. This includes:

- Individual counseling sessions
- Group therapy and support meetings
- Educational workshops on recovery and wellness
- Regular progress evaluations

Your First Appointment

Please arrive 15 minutes early for your first session to complete any remaining paperwork. Remember to bring your photo ID and your insurance card.

If you have any questions or need to reschedule your initial appointment, please contact our office at [Phone Number] or [Email Address].

We look forward to working with you and supporting your progress.

Sincerely,

[Your Name]
[Your Title]
[Program Name]