[Date]

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

Dear [Patient Name],

This letter is to formally notify you that I am terminating our professional therapeutic relationship. This decision is a result of your habitual missed appointments and "no-shows" on the following dates: [Insert Dates].

Consistency is vital for effective mental health treatment. Because we have been unable to maintain a regular schedule, I can no longer provide you with the care you require. Our professional relationship will officially end 30 days from the date of this letter, on [Insert Date].

During this 30-day transition period, I am available to provide you with emergency mental health services or to help you coordinate a transfer to a new provider. I have included a list of local resources and referral options below to ensure your continuity of care:

- [Referral Option 1/Clinic Name] - [Phone Number]
- [Referral Option 2/Clinic Name] - [Phone Number]
- [Insurance Provider Directory Link/Phone]

In the event of a mental health emergency, please call 988 (Suicide & Crisis Lifeline), call 911, or go to the nearest emergency room immediately.

I will provide a copy of your medical records to your new provider once I receive a signed release of information form, which is enclosed with this letter.

I wish you the best in your continued health and wellness.

Sincerely,

[Provider Signature]
[Provider Name, Credentials]
[Practice Name]

Enclosure: Release of Information Form