Date: [Date]

RE: Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Dates of Service: [Start Date] to [End Date]

Dear [Receiving Provider/Facility Name],

Please accept this letter and the attached clinical summary as a formal transfer of care for the above-named patient, who has completed treatment at [Name of PHP Program].

Admission Diagnosis:
[List primary and secondary diagnoses]

Clinical Summary:
During their stay in our Partial Hospitalization Program, the patient participated in [Number] hours of group and individual therapy daily. Treatment focused on [Brief summary of interventions, e.g., DBT skills, medication management, safety planning].

Current Status and Progress:
The patient is being discharged as [Stable/Improved/Maintenance]. Their current mental status is [Brief description]. Significant progress was noted in [Specific area].

Current Medications:
[List medication names, dosages, and frequencies]

Discharge Recommendations & Aftercare Plan:
To maintain clinical gains, we recommend the following follow-up care:

- **Level of Care:** [e.g., Intensive Outpatient (IOP) or Standard Outpatient]
- **Psychotherapy:** [Frequency and type]
- **Psychiatry:** [Frequency of medication management]
- **Other:** [Support groups, specialty referrals]

Safety Plan:
The patient has a completed safety plan. At the time of discharge, they deny suicidal or homicidal ideation.

Please contact us at [Phone Number] or [Email] if you require additional clinical documentation or have questions regarding this transition.

Sincerely,

[Signature]
[Printed Name and Credentials]

[Title]
[Facility Name]