

CLIENT DISCHARGE LETTER

Date: _____

Client #: _____

Dear _____:

This letter is to inform you that your case has been closed from River Valley Counseling Center(RVCC) for the following reason(s):

- You have completed treatment and met your therapeutic goals
- You have missed appointments and have not contacted me since _____
- Multiple absences and/or cancellations
- You have decided to terminate with our services
- You have decided to transfer to another clinic
- Other: _____

If your case was closed due to no shows, cancellations or interruption in the therapeutic process, you will be eligible to request services after six (6) months. At that time, please contact Central Intake at (413) 540-1234 to reopen your case.

If you are currently receiving medication through RVCC, please know that the prescriber has been consulted about your case closure. You will not receive a refill for your medication from RVCC. You will need to make arrangements with your primary care provider (PCP) or psychiatric services at your new mental health agency. Be sure that your insurance carrier is approved for payment of any new services.

In case of a psychiatric emergency please call Crisis Services at (413) 733-6661. If you have any questions or concerns please contact me at _____

Sincerely,
