



Client _____

DOB _____

Service/Program _____

Admission Date _____

Discharge Date _____

www.healthconnectamerica.com

Dear _____,

This letter is to inform you that your patient, _____, has been **discharged** from behavioral health services through Health Connect America. These are intensive, short-term behavioral health services intended to stabilize the client and prevent the need for more intensive services. Service updates are available if requested. Please let us know of any pertinent information or any concerns you may have regarding this client.

Office number: _____

Office fax: _____

E-mail: _____

Sincerely,

Health Connect America Staff