

Letter of Understanding of Discharge Conditions

Date: [Insert Date]

To: [Client's Name]

[Client's Address]

[City, State, Zip Code]

Dear [Client's Name],

We are writing to confirm our understanding of the conditions associated with your discharge from [specific program or facility name]. It is crucial that you fully comprehend these terms to ensure a smooth transition and to support your ongoing progress.

Discharge Conditions:

- Attend all scheduled follow-up appointments.
- Adhere to prescribed medications as directed.
- Participate in outpatient support programs.
- Avoid contact with known triggers and harmful environments.
- Maintain open communication with your case manager.

Please review the conditions outlined above and let us know if you have any questions or concerns. Your cooperation and commitment to these terms are paramount for your successful reintegration and continued wellbeing.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]