

Confirmation of Mental Health Support Services

Date: [Insert Date]

To: [Client's Name]

[Client's Address]

Dear [Client's Name],

We are pleased to confirm your enrollment in our mental health support services. Your well-being is our priority, and we are committed to providing you with the highest quality of care.

Service Details:

- **Service Type:** [Specify Service]
- **Appointment Date:** [Insert Appointment Date]
- **Time:** [Insert Appointment Time]
- **Location:** [Insert Location]

If you have any questions or need to reschedule, please do not hesitate to contact us at [Insert Contact Information].

We look forward to supporting you on your mental health journey.

Sincerely,

[Your Name]

[Your Title]

[Company/Organization Name]

[Contact Information]