

Termination of Mental Health Support Services

Date: [Insert Date]

[Client's Name]

[Client's Address]

[City, State, Zip Code]

Dear [Client's Name],

We are writing to inform you that, effective [Insert Termination Date], your mental health support services with [Your Organization's Name] will be terminated. This decision has been made due to [briefly state reason, e.g., decision to discontinue services, completion of program, etc.].

It has been our privilege to support you. We encourage you to maintain your mental well-being and to seek alternative resources if needed. We recommend [suggest further resources, if applicable].

Please feel free to reach out to us at [Your Contact Information] should you have any questions or require further clarification regarding this decision.

Thank you for allowing us to be part of your journey.

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]

[Your Organization's Contact Information]