

Confirmation of Therapy Sessions

Date: [Insert Date]

Dear [Client's Name],

We are pleased to confirm your upcoming substance abuse therapy sessions. Below are the details:

Session Schedule:

- Session 1: [Date & Time]
- Session 2: [Date & Time]
- Session 3: [Date & Time]

Location:

[Therapy Center Name]

[Address]

Therapist:

[Therapist's Name]

Please arrive at least 10 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, do not hesitate to contact us at [Contact Information].

Thank you for taking this important step towards recovery. We look forward to supporting you on your journey.

Sincerely,

[Your Name]

[Your Position]

[Therapy Center Name]