# \_\_\_\_\_\_{{Date}}\_\_\_\_\_\_\_

MEMORANDUM FOR RECORD

# FROM: Head, Behavioral Health Department

# TO: \_{{Patient Name}}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBJECT: DISCONTINUATION OF CARE NOTIFICATION

1. As of {{Date}} you have either missed three consecutive appointments at the {{Clinic Name}}, {{MTF Name}}, {{City, State}}, or have been unavailable when we have attempted to schedule follow-up care. The clinic makes multiple attempts to contact patients who no-show in order to schedule a follow-up. After a reasonable number of calls or emails, if we receive no reply, we assume you are no longer interested in treatment or unable to pursue services at this time.
2. Your case is therefore considered closed and we will not actively pursue scheduling you for a follow-up. If you desire further care from the {{Clinic Name}}, please contact the clinic at {{#}} to re-enter care. Depending on the length of time since your last appointment, you may need to be booked into an intake appointment so that the new provider will have sufficient time to review your history and current symptoms.
3. If you need emergency services, please contact the {{Clinic Name}}, your local emergency room, your chaplain, or your chain of command.
4. If you have any questions or concerns please contact the {{Clinic Name}} at {{#}}.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

{{Clinic Head}}