



From:
(Address)

To:
(Address)

Date:

Dear _____:

This letter is to inform you of a change in the provider of your services at Orange County Adult Mental Health/ Children and Youth Services /Alcohol and Drug Abuse Services/ and Intervention. In informing you of this change, we hope that you can transition to a new provider, with the least disruption in their treatment. We realize that it is often difficult to say good-bye to someone with whom a person has developed a good therapeutic relationship. Please be assured that our clinic staff will do our best to help you with this transition.

Please call the clinic at _____ and speak with _____ to set an appointment to speak with your provider and begin the transition process.

Cordially,



From:
Address

To:
Address

Date:

Dear _____:

This letter is to inform you of a change in the provider of your services at Orange County Adult Mental Health/ Children and Youth Services /Alcohol and Drug Abuse Services/ and Intervention. We hope to help you make your transition to a new provider, with the least disruption in your treatment. We realize that it is often difficult to say good-bye to someone with whom you have developed a good therapeutic relationship. Please be assured that our clinic staff will do our best to help you with this transition.

As of _____, your provider will be leaving our clinic. It is our hope that you will be able to speak with your provider face-to-face, before he/she transitions from the clinic. Please call the clinic at _____, at your earliest convenience to speak with your provider in order to set an appointment time to meet.

Cordially,



From:
(Address)

To:
(Address)

Date:

Dear _____:

This letter is to inform you of a change in the provider of your services at Orange County Adult Mental Health/ Children and Youth Services /Alcohol and Drug Abuse Services/ and Intervention. We hope to help you make your transition to a new provider, with the least disruption in your treatment. We realize that it is often difficult to say good-bye to someone with whom you have developed a good therapeutic relationship. Please be assured that our clinic staff will do our best to help you with this transition.

Due to an unforeseen Administrative need, your provider will be transferring to another clinic within the County of Orange. As your provider works in the two clinics for the next several weeks, he/she will assist you in transitioning to a new provider. Please call the following staff member, _____, at _____ at your earliest convenience to arrange to meet with your current provider for this assistance. The continuance of your care is of the utmost importance to us.

Cordially,



From:
(Address)

To:
(Address)

Date:

Dear _____:

This letter is to inform you of a change in the provider of your services at Orange County Adult Mental Health/ Children and Youth Services /Alcohol and Drug Abuse Services/ and Intervention. We hope to make the transition to a new provider with the least disruption in your treatment. We realize that it is often difficult to say good-bye to someone with whom you have developed a good therapeutic relationship. Please be assured that our clinic staff will do our best to help you with this transition.

Due to the termination of employment from the County of Orange, your previous provider is unable to meet with you personally to transition you to a new provider. Please call the following staff _____ at _____, at your earliest convenience to arrange your transfer to a new provider. The continuance of your care is of the utmost importance to us.

Cordially,
