



CLIENT COMMUNICATION TEMPLATE PACK

Professional Templates for Therapist-Client Communication

Welcome Letters • Termination Letters • Discharge Summaries
Session Reminders • Out-of-Office Messages • And More

gomente360.com/resources

How to Use These Templates

These templates are starting points, not scripts. Customize them to match your therapeutic style and your client's needs.

Customization Tips

- Replace all [bracketed placeholders] with your specific information
- Adjust the tone to match your practice style—more formal or more casual
- Add or remove sections based on the specific situation
- Consider your client's reading level and preferences
- When in doubt, keep it simple and warm

Documentation Reminder

Keep copies of significant client communications in your records. Letters regarding termination, fee changes, and missed appointments should be documented per your state's requirements and HIPAA guidelines.

For more on HIPAA-compliant documentation:

gomente360.com/resources/hipaa-compliant-documentation

New Client Welcome Letter

Use this template to send to clients after their first session or intake call.

Dear [Client Name],

Thank you for choosing [Practice Name] for your mental health care. I'm looking forward to working with you.

Here's what to expect as we begin:

SESSIONS

Our sessions are [length] minutes and will typically be held [frequency]. Your regular appointment time is [day/time].

BETWEEN SESSIONS

If you need to reach me between sessions, you can [contact method]. Please note that I check messages [frequency] and will respond within [timeframe]. For emergencies, please call 911 or go to your nearest emergency room.

CANCELLATIONS

If you need to cancel or reschedule, please give at least [hours] notice. Cancellations with less notice may be subject to a fee.

WHAT TO BRING

For our next session, it would be helpful if you could [any preparation requested—complete paperwork, think about goals, etc.].

I'm honored that you've trusted me with your care. If you have any questions before our next session, don't hesitate to reach out.

Warmly,

[Your Name], [Credentials]

[Practice Name]

[Phone] | [Email]

[Address]

Missed Appointment Follow-Up

Send within 24-48 hours of a no-show. Tone should be concerned, not punitive.

Dear [Client Name],

I noticed you weren't able to make your appointment on [date]. I hope everything is okay.

I understand that life happens—schedules get complicated, and sometimes things come up unexpectedly. If you'd like to reschedule, please [contact method] and we can find a time that works for you.

If something has changed and you'd like to pause or end our work together, that's completely okay too. Just let me know so I can properly close your file and, if helpful, provide referrals.

[If applicable: As a reminder, missed appointments without 24-hour notice may be subject to a \$[amount] fee per our practice policies.]

Looking forward to hearing from you.

Take care,

[Your Name], [Credentials]

[Contact Information]

Variation: After Multiple Missed Appointments

Dear [Client Name],

I've noticed you've missed your last [number] appointments, and I wanted to reach out directly.

I want you to know that my door remains open. If you're going through a difficult time, that's often when therapy can be most helpful—even if it feels hardest to show up.

If your schedule has changed or therapy isn't the right fit right now, I understand. Please let me know either way so I can [keep your spot/release your time slot] and ensure you have resources if needed.

Thinking of you,

[Your Name]

Planned Termination Letter

For clients ending therapy after meeting their goals or by mutual agreement.

Dear [Client Name],

As we discussed in our recent session, we will be concluding our regular therapy sessions on [date]. I wanted to take a moment to put some thoughts in writing.

When you first came to see me [timeframe] ago, you were struggling with [general, non-clinical description]. Over the course of our work together, I've had the privilege of watching you [specific changes/growth observed].

I'm genuinely proud of the work you've done. The progress you've made is yours—you showed up, did the hard work, and made real changes in your life. I was just here to support you along the way.

As you move forward, remember the tools we've developed together: [list 2-3 specific skills or strategies]. These are yours to keep.

If you ever find yourself wanting support again, please know that my door is open. Sometimes people return for a "tune-up" session, and that's completely normal and welcome.

It has been an honor to work with you.

With warmth and respect,

[Your Name], [Credentials]

[Practice Name]

[Contact Information]

Discharge Summary Template

For clinical documentation. More formal than the termination letter.

DISCHARGE SUMMARY

Client Name: [Name]

Date of Discharge: [Date]

Date of First Session: [Date]

Total Sessions: [Number]

Therapist: [Your Name, Credentials]

PRESENTING CONCERNS AT INTAKE:

[Brief summary of why client sought treatment]

DIAGNOSIS (if applicable):

[ICD-10 codes and descriptions]

TREATMENT PROVIDED:

[Summary of therapeutic approach and interventions used]

PROGRESS TOWARD GOALS:

Goal 1: [Goal description]

Status: [Met / Partially Met / Not Met]

Notes: [Brief progress notes]

Goal 2: [Goal description]

Status: [Met / Partially Met / Not Met]

Notes: [Brief progress notes]

REASON FOR DISCHARGE:

- Treatment goals met ■ Client request ■ Mutual agreement
- Client relocated ■ Client non-responsive ■ Referred to higher level of care
- Other: [specify]

RECOMMENDATIONS:

[Any recommendations for continued care, self-care, or follow-up]

REFERRALS PROVIDED:

[List any referrals given, with contact information]

PROGNOSIS: [Good / Fair / Guarded]

Therapist Signature: _____ Date: _____

Fee Increase Notification

Send 30-60 days before the increase takes effect.

Dear [Client Name],

I'm writing to let you know about an upcoming change to my session fees.

Effective [date], my rate for individual therapy sessions will increase from \$[current amount] to \$[new amount] per session. This is the first increase in [timeframe] and reflects [brief, honest reason—increased costs of running a practice, additional training, market adjustment, etc.].

I want to be transparent about this change and give you time to plan. If this increase creates a financial hardship, please let me know. I'm committed to continuing our work together and am open to discussing options.

This change will apply to sessions on or after [effective date]. Sessions scheduled before that date will be billed at the current rate.

If you have any questions or concerns, please bring them up in our next session or reach out beforehand.

Thank you for your understanding and for continuing to trust me with your care.

Sincerely,

[Your Name], [Credentials]

[Practice Name]

Out-of-Office Message Templates

Standard Vacation

Thank you for your message. I am currently out of the office and will return on [date]. I will have limited access to email and voicemail during this time.

If you are a current client with an urgent matter, please [instructions—contact covering clinician, call crisis line, etc.].

If this is a mental health emergency, please call 911, go to your nearest emergency room, or contact the 988 Suicide & Crisis Lifeline.

I will respond to your message when I return.

[Your Name]

Extended Absence (Medical Leave, Family Leave)

Thank you for reaching out. I am currently on leave and not seeing clients. I expect to return to practice on [date/TBD].

Current clients: [Name of covering clinician] is available for urgent matters and can be reached at [contact info]. [He/She/They] has access to your records with your previously provided consent.

New client inquiries: I am not accepting new clients at this time. For referrals, please contact [referral resource].

For emergencies: Call 911 or the 988 Suicide & Crisis Lifeline.

Thank you for your patience and understanding.

Referral Letter Template

For referring a client to another provider (with client consent).

[Date]

[Recipient Name, Credentials]

[Practice/Organization Name]

[Address]

RE: Referral for [Client Name]

DOB: [Date of Birth]

Dear [Dr./Mr./Ms. Last Name],

I am referring [Client Name] to you for [reason for referral—psychiatric evaluation, specialized treatment, group therapy, etc.].

RELEVANT HISTORY:

[Client Name] has been in my care since [date] for treatment of [general presenting concerns]. [Brief relevant history without excessive detail.]

CURRENT TREATMENT:

[Summary of current treatment approach and progress]

REASON FOR REFERRAL:

[Why you are referring—need for medication evaluation, specialized treatment modality, higher level of care, relocation, etc.]

RELEVANT CONSIDERATIONS:

[Any important clinical information the receiving provider should know—medications, safety concerns, treatment preferences, etc.]

I would appreciate if you could [specific request—send me your evaluation, coordinate care, etc.]. The client has signed a release of information authorizing this communication.

Please don't hesitate to contact me if you need additional information.

Sincerely,

[Your Name], [Credentials]

[Practice Name]

[Phone] | [Email] | [Fax]

[NPI if relevant]

Note: Always obtain written consent before sending referral letters that contain protected health information.

Insurance Panel Change Notification

Send 60-90 days before leaving an insurance panel.

Dear [Client Name],

I'm writing to inform you of an important change regarding insurance coverage at my practice.

Effective [date], I will no longer be an in-network provider with [Insurance Company Name]. This means that after this date, your sessions with me may not be covered at the in-network rate by your insurance plan.

WHAT THIS MEANS FOR YOU:

Option 1: Continue with me as an out-of-network provider

Your sessions would be billed at my standard rate of \$[amount]. Depending on your plan, you may be able to submit claims for out-of-network reimbursement. I can provide you with a superbill for this purpose.

Option 2: Transfer to an in-network provider

If staying in-network is important to you, I completely understand. I would be happy to provide referrals to other qualified therapists who accept [Insurance Company Name].

I want to assure you that this decision was not made lightly. [Optional: brief, professional explanation if you wish to provide one.]

Please let me know how you'd like to proceed so we can plan accordingly. I'm happy to discuss your options in our next session.

Sincerely,

[Your Name], [Credentials]

[Practice Name]

Therapy Completion Celebration Letter

For clients who have successfully completed treatment—a more celebratory version of the termination letter.

Dear [Client Name],

Congratulations.

I don't say that lightly. What you've accomplished over the past [timeframe] is real, meaningful work that many people never undertake.

When we first met, you were [brief description of where they started]. Look at where you are now: [specific accomplishments or changes].

I want to be clear about something—this is YOUR success. You did the hard work. You showed up even when it was difficult. You were honest when it would have been easier not to be. You tried new things, sat with discomfort, and kept going.

My role was to walk alongside you, but the courage and commitment were yours.

As you continue forward, remember:

- [Personalized reminder of a key skill or insight]
- [Another personalized reminder]
- Setbacks don't erase progress—they're part of the journey

You are always welcome to return if you want support in the future—for new challenges, life transitions, or just a "check-in." Many people do, and there's no shame in it.

Thank you for trusting me with this work. It has been a genuine privilege.

With respect and warm regards,

[Your Name]

Client Communication Checklist

Before sending any client communication, run through this quick checklist:

Content

- Is the purpose of the communication clear?
- Have I removed any unnecessary clinical jargon?
- Is the tone appropriate for this client and situation?
- Have I included all necessary information (dates, contact info, next steps)?
- Have I replaced all template placeholders?

HIPAA & Documentation

- Am I using a HIPAA-compliant method for this communication?
- Does this communication contain only the minimum necessary information?
- Will I save a copy in the client's file?
- If sending PHI, do I have appropriate consent?

Boundaries

- Does this communication maintain appropriate professional boundaries?
- Am I responding at an appropriate time (not late at night, weekends)?
- Is this communication necessary, or am I over-communicating?

Final Check

- Have I proofread for errors?
- Is the client's name spelled correctly?
- Would I be comfortable if this communication were read by a licensing board?

For more resources on HIPAA-compliant communication:
gomente360.com/resources/hipaa-compliant-email-texting



Need Help Managing Client Communications?

Mente360 is practice management software built specifically for mental health therapists. Our secure client portal makes it easy to:

- ✓ Send HIPAA-compliant messages
- ✓ Automate appointment reminders
- ✓ Share documents securely
- ✓ Manage intake paperwork digitally

See how Mente360 can simplify your practice.

gomente360.com/demo

More Free Resources

- HIPAA Compliance Guide for Therapists
gomente360.com/resources/hipaa-compliance-therapists
- ICD-10 Codes for Mental Health
gomente360.com/resources/icd-10-codes-mental-health
- CPT Codes for Therapists
gomente360.com/resources/cpt-codes-therapy

© 2026 Mente360. All rights reserved.

These templates are provided for informational purposes only and should be customized for your specific practice and jurisdiction.