



**DEAR THERAPIST LETTER**

**Adult Intensive Outpatient Program (Adult IOP)**

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear \_\_\_\_\_,

Please find enclosed a Release of Information for \_\_\_\_\_, who is currently enrolled in the Adult Intensive Outpatient Program at Portland DBT Institute. You are receiving this letter because the patient has indicated their plan to return to outpatient services with you upon discharge from the Adult IOP.

**Timeline for Coordination of Care:**

- At the 6 to 7-week mark, the patient will contact you directly to schedule a check-in meeting for us to finalize their discharge plan. If you are unavailable to meet, the patient will contact you via e-mail.
- At the 8-week mark, I will follow up to orient you to the treatment and case conceptualization, discuss what has been helpful/unhelpful, and provide recommendations for future treatment.

If you have any questions or concerns regarding this patient's treatment, please do not hesitate to contact Natalie Dunn (email: [ndunn@pdbti.org](mailto:ndunn@pdbti.org)), who oversees clinic operations for the IOP programs at PDBTI.

IOP Admission Date: \_\_\_\_\_

Projected End Date: \_\_\_\_\_

Treatment Plan:

Sincerely,

Therapist Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_