



DEAR THERAPIST LETTER

Teen & Family Intensive Outpatient Program (Teen IOP)

Date: _____ Client Name: _____

DOB: _____

Dear _____,

Please find enclosed a Release of Information for _____, who is currently enrolled in the Teen 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 Teen IOP.

Timeline for Coordination of Care:

- 4-5 weeks prior to their discharge date, 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.
- I will then 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 Brianna Johnson (email: bjohnson@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: _____