



DISCHARGE NOTICE

Address: _____

Date: _____

Dear M _____

This letter serves as a Notice of discharge from :

The reason for your being discharge is that (check one)

- Your needs can't be met this facility if you require care other than that which this facility is licensed and required to provide, or medical reason as ordered by your physician.
- Your health has improved and you no longer need the services of this facility or the short-term care period for which you were admitted has expired.
- Your health/safety of others is endangered by you or your environment.
- Your health or safety is endangered by the medical emergency or disaster.
- You are non-compliant with our services and recommendations.
- Verbal/sexual abuse.
- Aggressive behavior/ non-professional demand of services.
- Asking for same employee/therapist/nurse/aid throughout the course of the treatment.

The anticipated date of discharge is _____

We recommend :

- You to find another home healthcare agency for your services. If you need any help finding the new agencies for your services, we will try our best to help you.
- You ask your case manager/doctor to help find home health care agencies for your services.
- In the case of emergency please call 911 or go to the nearest emergency room.

We will continue providing the service until _____ depending on the availability of the staffing.

If you have any questions about the contract, please feel free to call at 740-362-5035.

Thank you

Sincerely,

(Company Management)