|  |  |
| --- | --- |
| STRICTLY PRIVATE & CONFIDENTIALAkua AgyepongAssistant Director Countywide ServicesAMHP Service3rd Floor, Invicta HouseSandling Road MAIDSTONEME14 1XX |  Name of RCRC AddressRC AddressRC AddressRC AddressDate |
|  |   |

Dear Akua

RE: Confirmation of <<NAME OF PERSON>>’s Responsible Clinician

I am writing to confirm that I am the named Responsible Clinician for <<NAME OF PERSON>> and my contact details are:

<<TELEPHONE NUMBER>>

<<EMAIL ADDRESS>>

I confirm I do not consider there is any conflict of interest in me acting in this capacity.

Please update your records accordingly.

Yours sincerely

NAME OF RC

TITLE OF RC

CC <<NAME OF PERSON>>

 <<NAME OF NEAREST RELATIVE>>

 <<NAME OF AMHP>>, Approved Mental Health Professional