|  |  |
| --- | --- |
| STRICTLY PRIVATE & CONFIDENTIAL  Akua Agyepong  Assistant Director Countywide Services  AMHP Service  3rd Floor, Invicta House  Sandling Road  MAIDSTONE  ME14 1XX | Name of RC  RC Address  RC Address  RC Address  RC Address  Date |
|  |  |

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