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| **STRICTLY PRIVATE & CONFIDENTIAL****<<NR/RC NAME >>****<<NR/RC ADDRESS>>****<<NR/RC ADDRESS>>****<<NR/RC ADDRESS>>****<<NR/RC ADDRESS>>****<<NR/RC ADDRESS>>** | C/O AMHP Service3rd Floor, Invicta House County Hall Sandling Road Maidstone Kent, ME14 1XX Tel: 03000 415762 Ask for: Akua Agyepong  Email: MHGuardianship@kent.gov.uk **<<DATE>>** |

Dear **<<NAME OF RESPONSIBLE CLINICIAN/NEAREST RELATIVE>>**

**RE Discharge of <<NAME OF PERSON>> <<DOB>> from Guardianship**

Many thanks for your letter (dated: **<<DATE of LETTER>>**) informing me that you have discharged **<<NAME OF PERSON>>** from Guardianship on **<<DATE of DISCHARGE>>.** I will confirm this in writing to **<<NAME OF PERSON>>** and amend our records accordingly.

Yours sincerely

**Akua Agyepong**

**Assistant Director, Countywide Services**

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

<<RC NAME>>, Responsible Clinician or <<NR NAME>> Nearest

Relative

<<SERVICE MANAGER NAME>>, Service Manager

<<MHAA ADMINISTRATOR>>, Mental Health Act Administrator