

[Your Name]  
[Your Title/Position]  
[Your Organization/Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title/Position]  
[Recipient Organization/Practice Name]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: MHSA Documentation Submission for [Client's Name/Identifier]

I am writing to provide documentation in compliance with the Mental Health Services Act (MHSA) requirements regarding [specific purpose, e.g., treatment plan, progress notes, or assessment] for [Client's Name], [Client's Date of Birth].

Client Information:

- Client Name: [Client's Name]
- Date of Birth: [Date of Birth]
- Client ID: [Client ID or Case Number]

Background:

[Brief description of the client's situation, including any relevant history, diagnosis, and treatment as applicable.]

Documentation Overview:

- [Detail any relevant documents, assessments, or summaries being included (e.g., Treatment Plan, Progress Reports, Assessment Notes)]
- [Discuss any specific goals or objectives that have been identified.]

Conclusion:

Please find the attached documents for your review. If you require any further information or clarification, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Title/Position]

[Your Organization/Practice Name]

Attachments: [List any documents attached]