



23/12/2009

Auckland
New Zealand
Phone 09
Fax 09
www. .nz

To whom it may concern

Re: [redacted]
NHI: B
DOB: / /19

This letter is to confirm that [redacted] is a current client of [redacted] Alcohol and Drugs Service. [redacted] has been attending our service since January 2006 and has previously attended both the Hamner Springs residential programme and the [redacted] Outpatient Programme. [redacted] has now completed thirty eight individual counselling sessions at [redacted] and has a goal to maintain abstinence from alcohol.

[redacted] has experienced occasional difficulties in maintaining abstinence from alcohol. We are continuing to support him with individual counselling and have recommended that he engage with [redacted] House as well as continue attending [redacted]

Kind regards

Mi S.
AOD Clinician

Phone [redacted]

This is Confidential information.

If you have received this in error please contact the writer or manager at the above service.

NHI: B [redacted]