

SAMPLES ONLY
TERMINATION LETTERS

THERAPY IS TERMINATED (BY COUNSELOR)

CAVEAT: For use in your own setting, forms must be personalized to reflect your state's relevant laws, ethical requirements for your licensing, and your own actual policies.

SAMPLE ONE

Dear [client],

This letter is to follow up our previous discussion(s) regarding the completion of our working together. From the onset of all my counseling relationship, I strive to explain to my clients the various reasons that can precipitate the termination of a therapeutic relationship. Those reasons can include any of the following: the client is not benefiting from therapy; the client needs a higher level of care; the client's issues are outside of counselor's expertise; or the client no longer needs therapy, to name a few. Further, if a counselor's objectivity is compromised due to a conflict of interest, or for any other reason, ethically a counselor must refer the client. Counseling is a two-person process; however, counselors sometimes must make a clinical judgment to end therapy and provide referral options that are for the client's best interest.

Please follow through with the referral options I have provided. If you need copies of your records or would like me to consult with your next counselor, please contact me. With the appropriate authorization from you, I will do either. If you have any additional question do not hesitate to call.

Sincerely,

SAMPLE TWO

Dear [client],

As we discussed at previous sessions, it is clear that our ongoing work together has not been beneficial to you. Although I understand your desire to continue under my care, I strongly believe it will be in your best interest for us to end our clinical relationship. It is my ethical mandate to appropriately discontinue therapy if it is not beneficial to my clients. As we discussed, I will be providing you with referrals. Each of these professionals are licensed and are located in your local area. I hope you will contact them and make arrangements to begin treatment. If you would like me to discuss your circumstances and our treatment with them you will need to provide that authorization in writing. I am available to assist in this transition. I will meet with you up to four more times to assist you during this time of transition. Please contact me as soon as you can to further discuss this matter and set up remaining appointments.

Sincerely,

SAMPLE THREE

Dear [client],

As we discussed during your most recent appointment, your insurance company [managed care company _____] has rejected the treatment plan submitted, stating that your treatment needs are not found to be medically necessary according to their utilization review or other criteria. This means that [insurance company] will not reimburse any additional treatment expenses at this time. However, this does not mean that additional treatment is not needed or that you would not benefit from continued counseling. Upon your request, I will help you to find more affordable services, if they are available in this area. Or, if you prefer, we can work out a private payment plan so you may continue treatment under my care. Please let me know how I can best assist you at this time.

Sincerely,