

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that I am terminating our therapeutic relationship and will no longer be able to serve as your mental health provider, effective [Number, typically 30] days from the date of this letter.

This decision has been made due to non-compliance with the agreed-upon treatment plan. Specifically: [Insert brief description, e.g., consistent missed appointments, failure to follow clinical recommendations, or lack of engagement in the therapeutic process]. As we have discussed previously, consistent participation is essential for therapy to be effective and safe.

I will continue to be available to provide emergency care and necessary referrals until [End Date]. After this date, our professional relationship will officially end.

To ensure your continued care, I recommend that you contact your insurance provider or use the following resources to find a new therapist:

- [Referral Resource 1]
- [Referral Resource 2]
- [Local Mental Health Crisis Line]

If you require a copy of your records to be sent to your new provider, please sign the enclosed authorization form and return it to my office.

I wish you the best in your future treatment and health.

Sincerely,

[Provider Signature]

[Provider Name]

[Provider Credentials]