

RESPONSIBILITY RELEASE—CLIENT SELF-DISCHARGE

Client Name: _____

Date: _____

I, _____ (*client's name*), understand I am terminating treatment with _____ (*name of clinic/therapist*) of my own volition and against the advice of _____ (*name of professional providing treatment*).

I have been informed of all potential consequences and risks of my decision.

I take all responsibility for my choice to terminate services. I hereby release _____ (*name of clinic/therapist*) and staff of all responsibility for what may occur immediately or in the long term resulting from my choice.

Client name (printed)

Client signature

Date

Professional's signature

Date

Witness

Date