

LETTER TO CLIENTS REGARDING YOUR INABILITY TO PERFORM THERAPIST DUTIES

Date _____

Dear _____ (*client*),

I regret to inform you that I am currently unable to continue treating you at this time due to matters beyond my control. It has been arranged that _____ (*name of covering therapist*) will manage my clinical practice. Please call _____ (*phone number*) for an appointment.

I recommend that you meet with _____ (*name of covering therapist*) to discuss your ongoing treatment. You may wish to see _____ (*name of covering therapist*), or you may wish to get a referral to another therapist. _____ (*name of covering therapist*) will be happy to assist you in the process.

It is sincerely important to me to provide support to you as my client. If it is at all possible, I will make arrangements to contact you directly in the near future. If this is not possible due to my situation, I hope and encourage you to allow _____ (*name of covering therapist*) to assist you by continuing direct therapy or by providing resources so you can continue your treatment progress.

I have full confidence that _____ (*name of covering therapist*) will manage this transition in a professional and thoughtful manner. Thank you for your patience and understanding.

Sincerely yours,

Therapist printed name

Therapist signature