

## Bridges to Bright Futures

### Therapist's Extended Absence

#### NOTIFICATION

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ understand that the therapist \_\_\_\_\_ will have to cancel early intervention services for approximately \_\_\_\_\_.

Services are scheduled to stop on \_\_\_\_/\_\_\_\_/\_\_\_\_ and to resume on \_\_\_\_/\_\_\_\_/\_\_\_\_. If there is any delay in the above-mentioned restart date, the provider will contact me as soon as possible.

I, \_\_\_\_\_, have also been informed of my right to have another therapist cover these dates, but I am choosing NOT to go with this option at this time.

☐ I understand that there may be availability concerns if I change this decision and wish to go with another therapist at a later date, and I also understand that Bridges to Bright Futures will make every effort to resume services as soon as possible.

\_\_\_\_\_  
Initials

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Therapist Signature Date