Blue Couch Therapy
SPEAK YOUR MIND & FIND PEACE
954-993-1646
hello@BlueCouchTherapy.co
BlueCouchTherapy.co

Exhibit D

Intent for Termination of Services

I, _____ (client, legal representative) hereby give notice of intent to terminate mental health treatment of _____ (service received), with Blue Couch Therapy, effective as of _____ (AM/PM- circle one) on _____/_____/_____(date).

Signatures:

1._____ _____ _____

Client's Printed Name Client's Signature Date

Relationship to the client: _____

2._____ _____ _____

Witness' Printed Name **Witness'** Signature Date

Relationship to the client: _____

Recipient: Once the written notice of termination for mental health treatment is given, and if the notice is not withdrawn, recipient's provider will begin the evaluation of your need for involuntary hospitalization/mental health treatment within 24 hours of this written notice. If he/she determines that you are dangerous to yourself or others, or that you are unable to attend to your basic personal needs such as food, clothing, and/or shelter, that are necessary to avoid serious harm in the near future, your provider, as required by law, will file an application for involuntary hospitalization/mental health treatment.

For Office Use Only

I, _____ (recipient) hereby rescind the request to terminate mental health treatment effective as of _____/_____/_____(date) and has notified the emergency contact/authorities and is being recommended for involuntary hospitalization/mental health treatment.

_____ _____ _____

Provider's Printed Name **Provider's** Signature Date