Therapy Termination Letter

A one page closing letter: fill each line, keep it brief, kind and free of clinical detail

Practice and letter details

Practice name _____ Clinician, credentials _____ License no. and state _____

Client name _____ Date of letter _____ Sent by (secure method) _____

Type of ending

Reason for ending ☐ Planned completion ☐ Lost contact ☐ Non-payment ☐ Scope or level of care ☐ Conflict of interest ☐ Clinician leaving ☐ Safety ☐ Other

The letter

Dear _____

Reason (1 or 2 lines) _____

_____

Last session _____ Outreach dates and methods _____

Policy or discussion _____

Therapy ends / file closes on _____ Remaining sessions or final session offer _____

Referrals and crisis resources

Referral 1 _____

Referral 2 _____

Referral 3 _____

Directory or insurer _____

Crisis resources _____

Records and returning

Records _____

Coordination _____

Returning ☐ Welcome to return ☐ Contact me to discuss ☐ Not able to return here

Closing words _____

Clinician signature _____ Copy kept in record, date and method _____

Template to adapt. Not legal advice. Check your state law, board rules and ethics code before you send.

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Therapy Termination Letter

A one page closing letter: fill each line, keep it brief, kind and free of clinical detail

FILLED EXAMPLE · fictional practice, clinician and client, for illustration only

Practice and letter details

Practice name: Cedar Lane Counseling

Clinician, credentials: M. Patel, LPC (fictional)

License no. and state: [00000], [state]

Client name: Jordan R. (fictional)

Date of letter: November 9, 2026

Sent by (secure method): Secure client portal (client's choice)

Type of ending

Reason for ending: ☐ Planned completion ☑ Lost contact ☐ Non-payment ☐ Scope or level of care ☐ Conflict of interest ☐ Clinician leaving ☐ Safety ☐ Other

The letter

Dear: Jordan, I am writing about your therapy with me at Cedar Lane Counseling.

Reason (1 or 2 lines): We last met on August 14 and I have not been able to reach you since.

I hope you are doing well.

Last session: 08/14/2026

Outreach dates and methods: Portal 09/02 and 09/23; phone call 10/07; no reply

Policy or discussion: Consent: after 60 days without contact, the file is closed

Therapy ends / file closes on: 11/23/2026

Remaining sessions or final session offer: Contact me before then to continue or for one closing session

Referrals and crisis resources

Referral 1: R. Okafor, LCSW (fictional), (555) 010-0177, in network, accepting

Referral 2: Harbor Community MHC (fictional), sliding scale, (555) 010-0190

Referral 3: T. Nguyen, LMFT (fictional), telehealth in [state], (555) 010-0168

Directory or insurer: Insurer member services (back of card); FindTreatment.gov

Crisis resources: Call or text 988; call 911 or go to the nearest ER; safety plan in portal

Records and returning

Records: Kept securely [number] years per [state]; copies or transfer on request

Coordination: With your written permission I can send records or call a new provider

Returning: ☑ Welcome to return ☐ Contact me to discuss ☐ Not able to return here

Closing words: With best wishes for the months ahead.

Clinician signature: M. Patel, LPC (fictional)

Copy kept in record, date and method: Portal, 11/09/2026; copy in record

Template to adapt. Not legal advice. Check your state law, board rules and ethics code before you send.

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Before You Send: Termination Letter

Ten checks before the letter goes out, plus a referral list to fill in first

Before you send

- [ ] 1. Risk reviewed first; no ending in the middle of a crisis.
- [ ] 2. Board rules, ethics code, employer and payer terms checked.
- [ ] 3. Ending discussed in session, or outreach attempts documented.
- [ ] 4. Consulted supervisor or risk management if not routine.
- [ ] 5. Reason is brief and neutral: no diagnosis, blame or threats.
- [ ] 6. Clear end date, with enough notice and any final session offer.
- [ ] 7. Two or three referrals checked: accepting, fit, right state.
- [ ] 8. Crisis resources included: 988, 911, nearest emergency room.
- [ ] 9. Records: retention per state law and how to request copies.
- [ ] 10. Sent securely, copy kept, final note and discharge summary done.

Referral list (check each one before you write)

	Name and role	Phone or website	Accepting?	Insurance or fee	Fit (state, specialty)
1.					
2.					
3.					
4.					
5.					

Always add:

988 Suicide and Crisis Lifeline (call or text 988), 911, the nearest emergency room, the client's insurer member services number and FindTreatment.gov.

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Fillable PDF: includes a discharge summary page, plus intake, notes and safety plan pages (20 pages)

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Get it on Etsy

etsy.com/listing/4607261084 | instant digital download

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