**CLIENT OPTION LETTER**

I understand that my therapist, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is terminating his/her contract with Southwest Family Guidance Center and that I have the following options:

\_\_\_\_\_\_ Remain a client at SWFGC and be reassigned to another therapist

**OR**

\_\_\_\_\_\_ Discharge from services at SWFGC and follow my therapist to his/her new agency, find a new agency, or another option that is most appropriate for my needs at this time.

**I have indicated my preference above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Client Signature Date