

## **LETTER OF TERMINATION TO CLIENT DUE TO CONFLICT OF INTEREST**

Therapists must terminate services for clients when there is a conflict of interest that makes it difficult or impossible for the therapist to treat the client under ethical guidelines. Ideally, therapists will realize this prior to beginning treatment and refer the potential client elsewhere. Still, it is possible that a therapist may only discover a conflict of interest once therapy is under way.

The therapist is often unable to disclose the specific reasons for the termination because of confidentiality considerations. However, it is important to give the client a general reason for ending treatment, as well as referrals to alternative service providers. A termination letter may be an appropriate way to document that the conflict of interest was addressed, the therapy was concluded, and referrals have been made.

You should check with your professional association to see if there are additional guidelines for termination under these circumstances. Also, be sure that you have obtained permission from the client at the outset of treatment to send written correspondence, so that you are not breaching confidentiality.

The following termination letter is meant to serve as a guide only. Please modify it to suit your own policies and practices, as well as the circumstances involved.

Date \_\_\_\_\_

Dear \_\_\_\_\_ (*client name*):

In the course of our work together, I have discovered that there is a conflict of interest that makes it necessary for me to terminate your treatment as of \_\_\_\_\_ (*date of termination*). It is my ethical obligation to discontinue treatment when a conflict of interest has been discovered. This is no reflection on you as a client, and it is in your best interest for effective therapy.

I am unable to disclose additional details about the conflict of interest because of confidentiality considerations. I would be glad to schedule a final session in which we can review your progress in therapy and discuss the best course of action for your treatment with another therapist.

With your written permission, I will share treatment records with your new therapist and help ease the transition in any way I can. I am attaching a referral list of therapists in the area.

Sincerely yours,

\_\_\_\_\_  
(*Your Signature*)