

Today's Date: _____
Patient Name: _____
DOB: _____
Date Last Seen in Office: _____

I find it necessary to inform you that we will no longer be able to provide your psychiatric care at Rapha Centre due to:

- Noncompliance with our treatment agreement.
- Failure to present for scheduled appointments.
- Noncompliant UDS(s).
- Disrespectful or threatening behavior towards our providers, staff, or patients.
- Voluntary dismissal from our program.
- Other: _____.

The termination of psychiatric care is effective immediately. Should a medical emergency arise from care rendered to you by our clinic, within 30 days of your last appointment, please contact us for treatment recommendations. I recommend you promptly find another provider who can best care for your psychiatric needs. If needed, contact your insurance company for a list of providers who may be accepting new patients. Any delay could jeopardize your health, so please act promptly. If you cannot function without the medications prescribed by our office, you should immediately place yourself under the care of another provider.

Upon request, we will provide your new provider with your treatment information.

Crisis Resources:
In Case of Emergency, Call 911.
Suicide Prevention Lifeline: 800-273-8255

Approved by:

Medical Provider

Date