**30-day Notification of Request for Removal from Case**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To EI Monitoring Department:

This is to inform you that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Therapist’s Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Discipline) (Child’s Name)

EI ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ can no longer continue providing services as of

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

I have spoken with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and informed him/her of my

 (Parent/Guardian)

decision.

As per NYSDOH regulations, I am giving 30 days advanced notice to provide you with time to restaff this case. I will attempt to continue to provide services consistently until the date listed above.

 Please note: The parent has chosen to cease sessions with this therapist (. Immediately or

 As of \_\_\_/\_\_\_/\_\_\_). Therefore, I am unable to provide you with the required 30-day

 advance notice.

Therapist’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials/License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_