

**THERAPY CENTER**

**PATIENT CONSENT FORM TO  
TRANSFER OUT OF THERAPY CENTER**

To: Therapy Center Director  
BGSP Therapy Center

I understand my therapist will no longer be working under the auspices of the Therapy Center at the Boston Graduate School of Psychoanalysis.

It is my intention to continue seeing \_\_\_\_\_ and in doing so I release the Therapy Center at BGSP from any responsibilities for continued treatment.

Date \_\_\_\_\_ Signature \_\_\_\_\_