

Therapy Center
Boston Graduate School of Psychoanalysis
1581 Beacon Street
Brookline, MA 02446
617-277-3915, 1-800-Therapist

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 _____