

## Discharge Plan for Treatment Completion and/or Non-Compliance

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

- A. Upon conclusion of the goals identified in the treatment plan, that will be developed between client and therapist, treatment may be concluded. Any necessary referrals to outside sources will be made.
- B. Upon a break or conclusion of treatment any additional services provided by Stone City Counseling, Inc will require a new evaluation. Such new evaluation will occur in the following events:
- If client and therapist agree and conclude services
  - If client stops attending treatment for more than 90 days
  - If client is non-compliant as evidenced by missing appointments/arrivals late too frequently resulting in dismissal or refusing to participate in treatment per original treatment agreement.

By signing this form, client agrees to participate in the development of the treatment plan and goals and has agreed to a discharge plan/conclusion of treatment with clinician. This includes but is not limited to a closure session upon meeting goals and/or being referred to other sources. Client agrees to have discussed and participate in any concerns about discharge from treatment including policy related to non-compliance and discharge.

Printed name of Client: \_\_\_\_\_

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Credentials of Provider: \_\_\_\_\_