

GROUPWORKS WEST

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Los Angeles, CA 90034
310/287-1640

TERMINATION AGREEMENT (PLEASE READ THIS FORM CAREFULLY)

WE REQUIRE THAT YOU PROVIDE US WITH FOUR WEEKS ADVANCE NOTICE OF INTENTION TO TERMINATE TREATMENT. THE PURPOSE OF THIS REQUIREMENT IS TO ALLOW YOUR CHILD AND THE GROUP TO APPROPRIATELY PROCESS THE TERMINATION.

THE CHILDREN IN OUR GROUPS FORM VERY STRONG BONDS AND THUS ARE AFFECTED DEEPLY BY TERMINATIONS. TIME IS VERY IMPORTANT FOR A THOUGHTFUL AND PRODUCTIVE "GOOD BYE."

IF YOU CHOOSE TO TERMINATE WITHOUT FOUR WEEKS ADVANCE NOTICE, YOU WILL BE CHARGED FOR A FULL MONTH OF THERAPY.

THIS IS A NON-NEGOTIABLE CLAUSE IN OUR TREATMENT CONTRACT.

THANK YOU FOR YOUR CONSIDERATION.

PARENT SIGNATURE DATE