

## Discharge of Duty of Care

For the attention of \_\_\_\_\_

We are writing to inform you of our intention to discharge our duty of care to \_\_\_\_\_ . Integrated Treatment Services has provided Arts Therapies services to \_\_\_\_\_ since \_\_\_\_\_ . \_\_\_\_\_ was discharged from our care on \_\_\_\_\_ and we no longer take professional responsibility for him/her.

The following recommendations were made for \_\_\_\_\_:

We have discharged our duty of care to \_\_\_\_\_ due to:

Please feel free to contact us if you would like to discuss any of the above.

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

**Arts Therapist – Integrated Treatment Services**


**CC: Parent/Carers**

**File**

Brooklyn House, 44 Brook Street, Shepshed, Leicestershire, LE12 9RG

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