

**NLMTA discharge of client template**

RMT/Clinic Name

Address and contact info

Date

To: Recipient Name,

This letter is to inform you that you are officially discharged from \_\_\_\_\_ (Health Care Practitioner and/or clinic) circle of care as a client. Your email address will also be blocked from \_\_\_\_\_ work email. As per the CMTNL (the governing body of massage therapy in Newfoundland and Labrador) Communication / Public Health Standard 16, any breach of the therapeutic boundaries/relationship is sufficient grounds for termination of the therapeutic relationship.

Your appointment with \_\_\_\_\_ (name of RMT, and date of appointment) is also cancelled. Should you have any further questions regarding therapeutic boundaries within the scope of massage therapy in Newfoundland and Labrador, please feel free to contact the CMTNL via their website:

<http://www.cmtnl.ca/>

\_\_\_\_\_ (clinic and/or RMT) respectfully wish you safe and healthy continuation of your healthcare.

Regards,

Name and Signature