



RIVERSIDE
RECOVERY
CENTER

Today's Date

Counselor

Date Early Release Requested

Patient Name

Group Start / End Time

Time Early Release Requested

I request to be released early from group for the following reason: _____

THIS REQUEST DOES NOT AUTOMATICALLY MEAN YOU HAVE BEEN EXCUSED FROM GROUP. ALL REQUESTS FOR EARLY RELEASE MUST BE APPROVED BY YOUR COUNSELOR. LEAVING GROUP UNEXCUSED COULD RESULT IN A REVISION IN YOUR TREATMENT OR DISCHARGE FROM THE PROGRAM.

I approve / disapprove the above request

Patient Signature

Date

Counselor Signature

Date



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