

**Disenrollment (Opt Out of Services)-- Ochsner Diabetes Care Management
Program**

As of _____, I have decided to disenroll/terminate participation in the Ochsner Diabetes Care Management Program. I understand that if I would like to reenroll I can do so by contacting my Ochsner Primary Care Provider or any member of my Ochsner Care Team. My choice to disenroll/terminate participation in this program will not affect my ability to receive health care services provided by Ochsner Health System.

Patient Signature

Date

Please mail completed form to:

Ochsner Health System
Elmwood, Bldg B Suite 520
1221 S. Clearview Pkwy
Jefferson, LA 70121