### Forms for Health Directors: Counseling Order Letter

*Patient Name*

*Street Address*

*City, Virginia ZIP code*

Mr./Ms./Mrs. [*Patient Name*]:

This is to inform you that I have been notified by [*Physician Name*]—as required by state law—that you, [*Patient Name*] of [*City/Town*], Virginia [*ZIP Code*] have been diagnosed with [*Active/Suspected TB Disease*] as confirmed by [*Basis for Suspicion: Medical Information Such As Positive Sputum Smear With Date; Abnormal X-Ray; Etc.*]*.*

You may pose a substantial risk to the health of others because:

\_\_\_\_\_\_ You have indicated to [*Physician Name*] that you are [*Unable/Unwilling*] to adhere to your prescribed treatment plan.

\_\_\_\_\_\_ You are engaging in other at-risk behavior [*Basis for Suspicion of At-Risk Behavior*].

The [*City/Town/District*] Department of Health has been cooperating with your physician since your diagnosis to develop and continue a treatment plan for your disease. This plan includes counseling on the etiology, effects, and prevention of tuberculosis.

This letter constitutes an order for such counseling and education, under the provision of Section 32.1-48.02 of the *Code of Virginia*. You are hereby ordered to report to [*Counselor Name*] at [*Counselor Address*] on [*Date and Time*].

At your counseling session[s], you will be given detailed information about tuberculosis, the importance of your course of treatment, at-risk behavior, what you can do to prevent transmission to others, and both the medical and legal consequences for failing to comply with treatment. The consequences of not pursuing treatment may include drug resistance, continued transmission of *M. tuberculosis*, potentially increasing organ damage, and death.

Should you be unwilling or unable to comply with this counseling order, you may be subject to an outpatient treatment order, under Section 32.1-48.02(C) of the *Code of Virginia*, requiring you to report for treatment; you may also be subject to an emergency detention order, under Section 32.1-48.02(D) of the *Code of Virginia*, placing you in confinement for a period of forty-eight hours, during which time a hearing before the general district court will be held to determine whether you should continue to be isolated for a longer period of time.

Please contact this local health department office with any questions you may have.

Dated at [*City/Town*], Virginia on [*Date*]

[*Signature and Printed Name of the Local Health Director*]

[*Title*]

[*City/Town*], Virginia [*ZIP code*]