### Forms for Health Directors: Outpatient Treatment 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*], are diagnosed as having active tuberculosis disease as confirmed by [*Evidence of Active TB Disease; Medical Information Such As Positive Sputum Smear and Date; Abnormal X-Ray; Etc*.].

The [*City/Town*] Department of Health has been cooperating with your physician since your diagnosis to develop and continue a treatment plan for your disease. You were informed [*How, When, Where, and by Whom*] of the medical consequences of not taking your medication. These consequences are: [*List*]. However, you have indicated to [*Physician Name*] that you are [*Unable/Unwilling*] to adhere to your prescribed treatment plan. Additionally, despite counseling efforts, you have engaged in at-risk behavior, placing uninfected persons at risk on contracting tuberculosis. [*Suspicion or Evidence of At-Risk Behavior.*] Therefore, you pose a substantial risk to the health of others.

Tuberculosis is a communicable disease. Continued refusal to comply with the prescribed course of treatment will result in your remaining in an infectious state. By failing to follow through with proper treatment and, if needed, isolation, you are engaging in "at-risk" behavior as defined by Section 32.1-48.01 of the *Code of Virginia*. While in the early stages tuberculosis is very treatable and can be cured, your failure to follow treatment recommendations may result in this becoming a very serious condition for you and can even result in your death. Also, by not following proper treatment, you have the possibility of spreading the disease to others around you and causing unnecessary illness among your family, friends and the community at large.

Your doctor will counsel you as to the need to continue and complete treatment, in conjunction with the [*City/Town*] Department of Health.

Under the provision of Section 32.1-48.02 of the *Code of Virginia*, this letter is an order for your outpatient treatment:

1. You are ordered to report to [*Physician Name*], located at [*Physician Location*] on [*Date and Time*]. At this visit, you will be examined, receive a chest x-ray, and be required to produce a sputum sample.

2. You will be required to take all of your antituberculosis medications by Directly Observed Therapy (DOT). This means that a health care worker will visit your home or other agreed upon location daily, and you will take all antituberculosis medications in his/her presence.

3. You will be required to attend additional appointments for medical evaluation on a regular basis, at the department of health or with physicians of your choice (with the approval of the health director).

If you continue to refuse treatment, an emergency detention order will be issued for your confinement to [*Location of Confinement*] for a period of forty-eight hours. During this period of confinement, 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*]