

OPT-OUT Case Management Form

Date: _____

Offender Name: _____ DOC#: _____

By signing this document, I am declining to participate in Case Management provided by my Health Plan while still incarcerated. I understand that even though I am declining Case Management now, that I may still request these services once released from prison. Case Management is provided by my Health Plan to address my healthcare concerns prior to release and arrange healthcare appointments post-release. Though I am declining to participate, I have been provided the opportunity to discuss my questions or concerns about my medical or behavioral health disease that qualifies me for Case Management with DOC staff.

Offender Signature

Date

Health Care Personnel (Print Name)

Signature

Distribution:
Offender's Medical Record
Email to Health Plan
IMDOC@la.gov