



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

As of _____, I have decided to dis-enroll/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 dis-enroll/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, Building B Suite 520
1201 Clearview Parkway
Jefferson, LA 70121**