[HEALTH CENTER LOGO]

**Care Management Closeout**

[HEALTH CENTER NAME] thanks you for participating in our care management program. Our goal has been to help you manage your health and to support you when, and in a way, that works for you. Patients may end care management services when this help is no longer needed or you no longer want to receive this help.

Some reasons patients stop care management are:

* The goals you set with your care manager and provider have been met.
* Your health has changed and care management is no longer needed.
* You choose not to participate in care management any longer.

If you decide to end care management today, please know that you can restart these services at any time – just let your provider, care team, or a care manager know that you want to start again.

For now, we ask you to confirm that you want to stop care management services today.

\_\_\_\_\_ Yes, I choose to stop care management services today.

\_\_\_\_\_ No, I want to continue care management services.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_