Voluntary Agreement
Communicable Disease Template

Date
Client Name
Birthdate
Address

Voluntary Agreement for (insert the name as to purpose; isolation, treatment, monitoring, etc.)

Outline the specific disease that has been confirmed or suspected, how it is spread, and risk it poses to others. Provide a copy of communicable disease fact sheet as appropriate. Insert clinical findings below:

Labs and/or Clinical Findings	Date	Results

Outline the specific actions you want the person to take, including being able to remain in their home and have visitors. Include relevant state statutes and administrative code that regulate the communicable disease to. Example: Local health departments are responsible for preventing and controlling communicable diseases. Wisconsin laws, specifically State Statute Chapter 252, regulate the control of the spread of communicable diseases. It is further regulated by Wisconsin Administrative Rule Chapter DHS 145 that outlines the duties of local health departments.

Outline how long the individual needs to carry out specific actions (e.g., until no longer infectious).

Outline what specific actions the health department will take to support the client's care and treatment (e.g., interpreter/translation services, transportation to/from clinic, daily phone call to monitor for signs/symptoms).

Outline who will address questions the client may have and how the client can reach help if they need assistance in between contact.

Signature of Client/Date

Signature of LHD Person (Parent for Minors)/Date

Witness (Optional)

Notes: Local health departments are encouraged to have templates reviewed by legal counsel.

Explanation Home Isolation Letter

Date: June 9, 2023

To: Birthdate:

Re: **Voluntary Isolation TB**

This is to inform you that because you have confirmed / may have suspected infectious pulmonary tuberculosis, there is a risk you could transmit this disease to others by sharing the same indoor air. You are to isolate yourself from other persons until further notice from your doctor and the health department.

To protect people around you while you are getting treatment / the test results are being processed, you need to remain at until your tuberculosis / suspected tuberculosis is cleared or is no longer thought to be infectious.

You may not work outside your home; you may not allow visitors into your home. You should only leave your home to go to medical appointments and then you must wear a mask, which will be provided to you by the health department or your doctor. You may not go into indoor public places unless you are wearing a mask. You may spend time out of doors without putting others at risk.

Your current household members have already been exposed to your tuberculosis and therefore are not in any greater risk by remaining in your home.

The clinical findings that point to infectious tuberculosis are:

Test	Date	Results
Tuberculin Test		Positive
Specimen Smear		Positive for acid fast bacilli
Specimen Culture		Positive for M. tuberculosis
Chest X-ray		May indicate active tuberculosis disease

Wisconsin laws, specifically state statutes 252.06 and 252.07, regulate the control of infectious tuberculosis. It is further regulated by Wisconsin Administrative Rules. “No person with infectious tuberculosis may be permitted to attend any public gathering or be in any public work place.” [HFS 145.09(2)]

When you are confirmed as no longer infectious, you will be able to move freely about the community while you complete your treatment. We will monitor your clinical condition regularly, and we will let you know how you are progressing and when your treatment is complete.

We appreciate your cooperation with this necessary isolation and understand that it is a difficult challenge for many people. If you have questions, please speak with your public health nurse, , at .

Sincerely,

TB Program Manager

cc: Health Officer, (Local Health Department)

Note: The following is example language to consider for providing a letter to a client. Local health departments are encouraged to determine the merits of using a letter versus an agreement format and consult legal counsel as appropriate.

Direct Observed Therapy Agreement

Name_____ DOB_____

Address_____

City_____ ZIP_____ Phone_____

It has been explained to me that the most effective way to treat tuberculosis (TB) is by taking medication on a regular basis to kill the infection.

It has been explained to me that the most effective way to take tuberculosis medicine regularly is to be placed in a Direct Observed Therapy (DOT) program. In this program, a TB worker helps you take your TB medicine according to the plan ordered by your doctor and answers your questions.

I,_____, understand and agree to the following:
NAME OF CLIENT

1. I will be at:
   - ☐ Home
   - ☐ Work
   - ☐ Interjurisdictional LHD Transfer: _____
   - ☐ Clinic/LHD:_____
   - ☐ Other (specify) _____

   between the hours of _____and_____to receive my tuberculosis medicine.

2. If, for any reason, I cannot be present to take my medicine at the normal place and time, I will call _____at_____to change the appointment.
   NAME OF PERSON PHONE NUMBER
3. If I do not call to change the appointment or call too close to the scheduled time, I understand that I may have to go to _____.
   NAME OF PLACE
   before the end of business hours_____to take my medicine.
   TIME
4. I will tell my DOT worker of any complaints, questions or problems that I have. I understand that if I am having side effects to the medicine, I may be asked to go to _____ _____to meet with a doctor or nurse and/or have laboratory tests.
   NAME OF PLACE
5. I understand that if I miss my appointments and do not take my medicine regularly, legal action may be taken.

_____agrees to provide the following:
NAME OF CASE MANAGER

1. The DOT assignee will be available to assist the client at the assigned location during the time period arranged. If the DOT worker needs to change the appointment time or place, every effort will be made to give the client adequate information in advance.
2. The DOT assignee will maintain client confidentiality.
3. The DOT assignee will respond to all questions and concerns raised by the client and assist with referrals to other service agencies as appropriate.
4. The DOT assignee will immediately notify the Case Manager of client concerns and provide feedback as necessary.

Signature of Client_____ / Date_____

Signature of Case Manager:_____/ Date_____

Note: The following is example language to consider for a Directly Observed Therapy agreement.

Resources for Isolation and Treatment Support

This participation agreement is between the

(Local Health Department's Name)

_____

(CLIENT'S NAME)

(Local Health Department's Name) has agreed to provide housing assistance during the time period this client meets the RITS Program eligibility criteria. Failure to abide by this agreement will result in the client being ineligible for continued assistance. The client agrees to the following:

- TB: Client will be available to the healthcare workers on a regular schedule for DOT (See DOT Agreement, if applicable);
- Client will **not** be under the influence of alcohol or any other illegal controlled substances during the healthcare worker's visits or while attending clinic;
- Client will not be verbally or physically abusive to any health care worker;
- Client will submit specimen samples (i.e. stool or sputum) and keep clinic appointments as requested;
- Client will keep the housing unit clean and neat;
- Client will abide by the rules and regulations set by the housing management.
- Client will not have overnight guests or share the room with others unless approved by the case manager.
- Clients will not charge expenses to the housing unit (i.e. movies, long distance phone calls, room service, etc.) without (Local Health Department's Name) approval.
- Client will remain isolated/quarantined until released by (Local Health Department's Name).

Client Signature_____ Date_____

(LHD Name) Representative_____ Date_____

Note: The following is example language to consider for a participant agreement. An agreement is to base on a local health department's jurisdiction available funds, allowable uses of funds, and expectations of clients.