(Date)

Name
Street
City, MO Zip code

Dear Mr./Mrs./Ms. _____:

I have been informed by _____(health care worker), in accordance with Section 192.067 of the Missouri Revised Statutes and 19 CSR 20-20.020, that you have been diagnosed as having tuberculosis disease as confirmed by _____ (lab results, physician diagnosis, hospital tests). You were placed on notice on (month/day/year) that you had been diagnosed with tuberculosis disease and were given notice of your responsibilities and obligations as a result, including the need to follow your prescribed treatment plan. You acknowledged on (month/day/year), by signing the "Tuberculosis Patient Responsibilities Notification", that you understood your responsibilities and the importance of your compliance with these responsibilities and obligations.

You have indicated to _____(health care worker), our records indicate that you are now unable/unwilling to adhere to your prescribed treatment plan. As a result, you pose a risk to the public health of others. Continued failure/refusal to comply with the prescribed course of treatment will result in you remaining in a continued infectious state, thereby exposing other persons to danger of infection.

This letter is to place you on notice that you must complete treatment as prescribed by your physician. If you continue to fail to comply with the prescribed treatment, then pursuant to Section 199.180 of the Missouri Revised Statutes, the Board of Public Health may file a Petition with the Circuit Court, seeking to have you committed to a specified facility, where you will remain confined for the period of your treatment.

This agency will continue to work with you and your physician to provide such assistance as is reasonably appropriate to facilitate the completion of your prescribed treatment plan. If you have any questions, please call (__) ___ - ____.

Dated at _____ , Missouri on _____.

LPHA Director's Signature
Title
Town, Missouri