



We know that system changes can lead to better outcomes for both members and providers. Please use this form to share your experience with key audiences.

Member/Provider Name:

Provider Agency/Practice:

Phone:

Email:

(To be answered by provider/member)

Please describe your story/your member's story of recovery and resiliency.

(To be answered by provider/member)

How did Optum help facilitate this change (i.e., new programs/services available, care management, system transformation/new approaches to care)?

- Is member/provider willing to have story written as an external case study? Yes No
- Is member/provider willing to share his/her story with media? Yes No
- Is member/provider willing to share story at a regional mental health board meeting? Yes No
- Is member/provider willing to be quoted in Optum marketing materials? Yes No
- Is the member/provider willing to provide public testimony? Yes No

Optum Internal Use:	Is a release of information on file?	Yes	No
	Story for internal or public use?	Internal	Public