Print Form

Arkansas Department of Health

Arkansas Tobacco Quitline
Fax Referral Form
Fax Number: **1-888-827-7057**

Fax Sent Date: _____/_____/_____

Clinic/Employer /Organization Name: _____

Address: _____

Contact Person: _____

Fax: (_____) _____-_____ **Phone:** (_____) _____-_____

Health Care Provider Information:

The Arkansas Tobacco Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Quitline will only be able to share service outcome information with you as the provider if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA.

Please indicate whether your organization is a HIPAA covered entity:
My organization is a HIPAA Covered Entity. ____Yes ____No

If you have questions about how to use this form, call 1-800-Quit-Now.

Name of Physician or Health Care Provider: _____

Participant Information: **Gender:** ____**Male** ____**Female** **Pregnant?** ____**Yes** ____**No**

Participant Name: _____ **Birthdate:** _____/_____/_____

Address: _____ **City:** _____ **Zip:** _____

Primary Phone: (_____) _____-_____ **TYPE:** ____**Home** ____**Work** ____**Cell** ____**Other**
Secondary Phone: (_____) _____-_____ **TYPE:** ____**Home** ____**Work** ____**Cell** ____**Other**

Language Preference (check one): _____ **English** _____ **Spanish** _____**Other -** _____

Tobacco Type (check ALL that apply): ____ **Cigarettes** ____ **Smokeless Tobacco** _____ **Cigar** _____ **Pipe**

_____I am ready to quit tobacco and request the Arkansas Tobacco Quitline contact me to help me with my quit plan.
(Initial)
_____ I give my permission to the Arkansas Tobacco Quitline to leave a message when contacting me.
(Initial)

Participant Signature: _____ **Date:** _____/_____/_____

The Arkansas Tobacco Quitline will call you. Please check the BEST time frame for the Quitline to reach you.

7am - 9am **9am – 12 Noon** **12 Noon - 3pm** **3pm - 6pm** **6pm - 9pm**

Within the above time frame, please contact me at (check one): ____ **Primary Phone** ____ **Secondary Phone**

NOTE: The Arkansas Quitline is open 7 days a week. Call attempts on Saturday or Sunday may be made during time frames other than the one you select above.

Stampoutsmoking.com

© 2008 Free & Clear, Inc. All rights reserved.

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by calling the contact person listed at the top of this form and confidentially dispose of the material. **Do not review, disclose, copy, or distribute.**

Stampoutspit.com