



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



Arkansas Department of Health

Fax Sent Date: ____/____/____

Clinic/Employer /Organization Name: _____

Address: _____

Contact Person: _____

Referring Organization's 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.

The 2 A's and R for Health Care Providers

- ✓ **ASK** what form of tobacco use & frequency
- ✓ **ADVISE:** to quit and discuss relevance, risks, roadblocks & rewards
- ✓ **REFER:** to the Arkansas Tobacco Quitline

Please indicate whether your organization is a HIPAA covered entity:
My organization is a HIPAA Covered Entity. ____ Yes ____ No

Name of Physician or Health Care Provider: _____

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

Participant Name: _____ Birth Date: _____

Address: _____ City: _____, AR 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 ____ Cigars ____ Pipe E-Cig/ESDs

____ I am ready to quit tobacco and request the Arkansas Tobacco Quitline contact me to develop my quit plan.
(Initial)

____ I give my permission to the Arkansas Tobacco Quitline to leave a message when contacting me.
(Initial)

Participant Signature: _____ Date: ____/____/____

Obtained by: _____

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.



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.

