

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: \_\_\_\_\_

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.

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