



**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: _____ Fax # (____) _____ - _____

Información del Participante: _____ Género: __ Masculino __ Femenino ¿Embarazada? __ Sí __ No

Nombre del Participante: _____ Fecha de Nacimiento: ____/____/____

Dirección: _____ Ciudad: _____ Código Postal: _____

Primer Teléfono: (____) _____ - _____ TIPO: __ Casa __ Trabajo __ Celular __ Otro

Segundo Teléfono: (____) _____ - _____ TIPO: __ Casa __ Trabajo __ Celular __ Otro

Language de Preferencia (marque uno): __ Inglés __ Español __ Otro - _____

Tipo de Tabaco (marque TODOS los que apliquen): __ Cigarros __ Tabaco que no se fuma __ Puro __ Pipa __ E-cigs

____ He decidido dejar el tabaco y pido que la Línea de Arkansas Para Dejar el tabaco me contacte para ayudarme.
(Iniciales)

____ Autorizo a la Línea de Arkansas Para Dejar el Tabaco de dejar un mensaje cuando me contacte.
(Iniciales)

Firma del Participante: _____ Fecha(mes/día/año): ____/____/____

La Línea de Arkansas Para Dejar el Tabaco le llamará. Por favor marque el mayor horario para llamarle.

- 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.
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