



802 Quits Fax Form
Fax to: 1-800-261-6259

PROVIDER INFORMATION (PRINT CLEARLY)

Feedback will only be sent to HIPAA covered entities to either the fax number or email listed below.

Provider First Name _____ Provider Last Name _____

Contact (if applicable): First Name _____ Last Name _____

Name of Health System/Hospital/Health Center/Community Organization: _____

Department or Clinic Name (if applicable): _____

Address _____ City _____ State _____ Zip _____

Phone (____) ____-____ Email for HIPAA-covered entity: _____

Fax for HIPAA covered entity (____) ____-____

Type of HIPAA covered entity: Health care Provider Health Plan Health care Clearing House Not Covered Entity

As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.

As a Not Covered Entity, personal health information will not be shared back for the individual being referred.

Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breast feeding.

Is the patient: Pregnant Breastfeeding

(If Provider) I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.

Please sign here if patient may use NRT _____ Date _____

Provider signature

PATIENT INFORMATION (*Required) (PRINT CLEARLY)

*Patient Name (First) _____ (Last) _____

Patient Zip _____ *Date of Birth: ____/____/____

*Phone (____) ____-____ Home Cell Work OK to leave message at number provided? Yes No

*Do you require accommodation while participating in the program such as TTY, Translator or Relay Service?

THE VOICEMAIL MAY BE A RECORDING FROM AN AUTODIALER.

Yes, if Yes, please specify _____ No

Consent of Text: Yes No

I consent to receiving text messages with motivational messages and other program events, such as appointment reminders, medication shipments, and quit anniversaries.

*Language? English Spanish Other _____

I, the patient (or authorized representative), give permission to release my information to 802Quits. The purpose of this release is to request an initial phone call to discuss my interest and participation in the tobacco cessation program and allow communication with the provider identified on this form. I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.

*Patient Signature _____ Date _____

If filling out form on behalf of the patient:

Authorized Representative name: (First) _____ (Last) _____

Signature _____ Date _____

*Participant or Authorized Representative signature required in order to place phone call to the patient.

PLEASE FAX COMPLETED FORM TO: 1-800-261-6259

Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.

PHONE & FAX NUMBERS FOR QUIT PARTNERS

Free cessation classes are offered at most hospitals in Vermont. Quit Partners offer quit coaching in groups or one-on-one. To make a referral for **in-person** quit coaching by a trained tobacco treatment specialist, **fax the referral form directly to the fax number below of the closest Quit Partner location.**



**YOU CAN QUIT.
WE CAN HELP.**

Brattleboro Memorial Hospital
Brattleboro, VT
Phone: 802-251-8456
Fax: 802-257-8318

Northwestern Counseling Support Services
St. Albans, VT
Phone: 802-393-6695
Fax: 802-524-1291

Central Vermont Medical Center
Barre, VT
Phone: 802-371-5945
Fax: 802-224-0437

Northeastern Vermont Regional Hospital
St. Johnsbury, VT
Phone: 802-748-7532
Fax: 802-748-7564

Community Health Services of Lamoille Valley
Morrisville, VT
Phone: 802-253-4853
Fax: 802-888-6040

Porter Medical
Middlebury, VT
Phone: 802-388-8860
Fax: 802-388-8872

UVM Medical Center
Burlington, VT
Phone: 802-847-2278
Fax: 802-847-6545

Rutland Regional Medical Center
Rutland, VT
Phone: 802-747-3768
Fax: 802-773-9897

Gifford Medical Center
Randolph, VT
Phone: 802-728-7710
Fax: 802-728-7199

Springfield Hospital
Springfield, VT
Phone: 802-886-8946
Fax: 802-886-8909

Mt. Ascutney Hospital
Windsor, VT
Phone: 802-674-7089
Fax: 802-674-7314

Southwestern Vermont Medical Center
Bennington, VT
Phone: 802-440-4098
Fax: 802-442-8568

North Country Hospital
Newport, VT
Phone: 802-334-3208
Fax: 802-334-3281