

FAX REFERRAL FORM

- For **Quitline** referrals, fax completed form to: **1-800-261-6259**
- For referrals to **In-Person Cessation Classes**, use the fax number for Quit Partner found on the second page.



Use this form to refer tobacco and e-cigarette users who are ready to quit to **802Quits**. The Quitline provides status feedback to referring agents.

VERMONT DEPARTMENT OF HEALTH
1-800-QUIT-NOW (784-8669) 802Quits.org

REFERRING ORGANIZATION: Complete this section

Organization/
Practice

Contact Name

Clinic/Hosp/Dept

E-mail

Address

Phone () -

Fax () -

City/State/Zip

Date

Organization/Practice Code

PROVIDER: Please read this section if patient is pregnant/breastfeeding OR has uncontrolled high blood pressure or heart disease.

Please complete and sign Vermont Department of Health's *Authorization to Disclose Health Information* form to authorize **802Quits** to send the patient free, over-the-counter nicotine replacement therapy if available. If this form is not signed and submitted by the provider, and the patient has any of the above listed conditions, **802Quits** cannot dispense cessation medication.

PATIENT: Complete this section

Initial Yes, I am ready to quit and ask that a Quitline coach contact me. I understand that **802Quits** may inform the referring party about my participation.

Best times to call? morning afternoon evening weekend

May we leave a message? Yes No

Date of Birth? / / Gender Male Female

Patient Name (Last) (First)

Address City State

Zip Code E-mail

Phone #1 () - Phone #2 () -

Language English Spanish Other _____

Patient Signature

Date

If no patient signature available: Check to Verify Patient Consent is on File.

802Quits will contact you within the next 24 to 72 hours.
The call will come from **800-784-8669**.

FOR QUITLINE REFERRAL, PLEASE FAX COMPLETED FORM TO: **1-800-261-6259**

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.**

VERMONT DEPARTMENT OF HEALTH
1-800-QUIT-NOW (784-8669) 802Quits.org

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

Northwestern Medical Center
St. Albans, VT
Phone: 802-524-8480
Fax: **802-524-1291**

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

Northeastern Vermont Regional Hospital
St. Johnsbury, VT
Phone: 802-748-7532
Fax: **802-427-3048**

Copley Hospital
Morrisville, VT
Phone: 802-253-4853
Fax: **802-253-2587**

Porter Medical
Middlebury, VT
Phone: 802-382-3468 Ext. 2
Fax: **802-388-8872**

Fletcher Allen Health Care
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: **802-885-7678**

Grace Cottage Hospital
Townshend, VT
Phone: 802-365-3649
Fax: **802-365-7294**

United Health Alliance
Bennington, VT
Phone: 802-440-4098
Fax: **802-442-8568**

Mt. Ascutney Hospital
Windsor, VT
Phone: 802-674-7089
Fax: **802-674-7155**

Upper Valley – Little Rivers Health Care
Bradford, VT
Phone: 802-439-5321
Fax: **802-439-6783**

North Country Hospital
Newport, VT
Phone: 802-674-7089
Fax: **802-674-7155**

To order more fax referral forms, email Vermont Department of Health at: tobaccovt@vermont.gov
Form Revised 10-16-15

**Vermont Department of Health 802Quits
Authorization to Disclose Health Information**

Name of Patient: _____ DOB: __ / __ / ____

802Quits is a program offered by the Vermont Department of Health (VDH). VDH contracts with a provider of quit-by-phone services. Vermont Quit Partners is the provider of in-person quit smoking classes. Both services are part of 802Quits.

I give my permission for my referring health care provider to disclose to my 802Quits provider:
My medical information concerning

- Pregnancy/breastfeeding
- Uncontrolled high blood pressure
- Heart disease
- Stroke

I give my permission for my 802Quits provider to disclose to my referring health care provider:

- Information about my participation and progress in the program

The purpose(s) of the disclosures authorized is (check all that apply):

- To allow the medical information to be given to the 802Quits program so that I can get the free nicotine replacement therapy (patch, gum, and/or lozenge).
- To allow 802Quits to report my progress back to the person who referred me.

By signing this form, I understand:

- The reason(s) I am being asked to release information.
- Signing this authorization is voluntary. If I choose not to sign, I will still be eligible to participate in the 802Quits program, but the 802Quits program staff will not be able to dispense nicotine replacement medication.
- While 802Quits takes every precaution to protect my health information, once it is released pursuant to this authorization, it may be subject to re-disclosure by other parties.
- I may revoke this authorization at any time by contacting 802Quits at 1-303-728-6553, except to the extent that it has been acted upon.
- If I do not revoke or update this authorization, it will be in effect as long as I am receiving 802Quits services.
- I will be given a copy of this form.
- All items on this form and my questions about this form have been answered.

Signature of Individual	Date
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Name of Person Explaining Authorization Process	Organization / Position
Date	

FOR PROVIDER:

For referral to 802Quits [Quitline](#), fax this form to: 1-800-261-6259. Please provide the individual signing this form with a copy.

For referral to 802Quits [Quit Partners classes](#), fax this form to the Hospital location chosen by patient (see back of Fax Referral form).

PROVIDER: Complete this section (this form and your signature are only necessary if one of the below conditions exists)

Does patient have any of the following conditions?: pregnant/breastfeeding, uncontrolled high blood pressure, heart disease, stroke

If yes, please sign to authorize **802Quits** to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, **802Quits** cannot dispense medication.

Provider Signature:

Date:
