

**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

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

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).