Health Care Provider Referral Form to Tobacco Free Florida

I. Provider Information (Required) *Provider fills out*

Facility (i.e. Hospital, Department of Health, Practice Name): _____

Unit (i.e. Hospital Department, Program, Branch): _____

Provider Name (i.e. Clinician, Health Professional): _____

Main Contact Person: _____ Email: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip Code: _____

The Florida Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Florida Quitline will only be able to share service outcome information with you 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 select one option below:

I am a HIPAA Covered Entity: ☐Yes ☐No

II. Patient Information (Required) *Patient fills out*

Patient First Name: _____ Patient Last Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Email: _____

Best Telephone Number: _____ Alternate Telephone Number: _____

The best time to call you: *(check one)*

☐ Morning: 8am – Noon ☐ Afternoon: Noon – 5pm ☐ Evening: 5 – 9pm ☐ Anytime

Can we leave a voicemail? *(check one)*

☐ Yes ☐ No

My signature gives permission for my provider to send this form to a Tobacco Free Florida representative.
I understand that I will be contacted within the next week.

Patient Signature: _____ Date: _____

Program: *Check **ONE** box below. The provider will then submit this form via fax or email to the program listed below.*

☐	Attend a local in-person group class	***Fax:** 1-888-975-1534* | ***Email:** tobacco@ahec.ufl.edu*
☐	Talk to a Quit Coach® over the phone	***Fax:** 1-866-688-7577* | ***Email:** supportservices@optum.com*
☐	Use an online program	***Fax:** 1-866-688-7577* | ***Email:** supportservices@optum.com*

Health Care Provider Referral Form to Tobacco Free Florida

Tobacco Free Florida's Provider Referral Form Use Instructions

Tobacco Free Florida Program Options

Group Quit

Register for a session with trained facilitators along with others who want to quit like you.

- Led by a trained specialist
- 2 to 4 weeks nicotine patches, gum or lozenges
- Convenient times & locations
- Group support

Phone Quit

A Quit Coach® is waiting for your call to help you on your journey to be tobacco free.

- Quit Coach® 24/7
- 2 weeks nicotine patches or gum
- Custom plan
- 3 calls from Quit Coach®
- 1-877-U-CAN-NOW (1-877-822-6669)

Web Quit

You'll have access to a Quit Coach® 24/7, be able to track your progress, and access to blogs where you can share your story.

- Quit Coach® 24/7
- 2 weeks nicotine patches or gum
- Track your progress
- Blogs

Need more information about the programs available? Visit: *http://www.tobaccofreeflorida.com/quityourway*

Referral Form Submission Instructions

I. Provider Information: The provider completes this section. Write in the Facility, Unit, and Provider Names (if applicable) for your organization. Examples are listed below:

Facility	**Unit**	**Provider**
Hospital, Department of Health, practice name, etc.	*Hospital department, program, branch, etc.*	*Name of clinician, health professional, etc.*
Jane J. Doe D.O., LLC		Jane J. Doe D.O.
ABC Primary Clinics	ENT Department	
John Hopkins Hospital	Comprehensive Rehab Unit	John Mackey, M.D.
ABC County Health Department	Healthy Start Program	
South Shore Cancer Center	Oncology Clinic	

II. Patient Information: The patient provides their contact information.

***Program Choice*:** Patient should select ONE program from the list.

- Provider should fax or email completed forms to the program the patient has selected.
- If the referral is sent to the in-person group class, the patient will be called by the Florida Area Health Education Center (AHEC) that serves the patient's county to schedule them in a course.
- If the referral is sent to the telephone or online program, a tobacco Quit Coach will call the patient to enroll them in their preferred program.