Health Care Provider Fax Referral Form

IDAHO QUITLINE
QUIT ALL TOGETHER
1-800-Quit-Now

IDAHO DEPARTMENT OF HEALTH & WELFARE

IDAHO QUITNET
idaho.quitnet.com
QUIT ALL TOGETHER

1-800-Quit-Now (800-784-8669)
Tobacco Prevention & Control Program

Release Information

I, _____ (*participant's printed full name*), give permission to the Tobacco Cessation Program to release information about my interest and participation in the Idaho Tobacco Quitline (1-800-784-8669) stop smoking/tobacco use program TO and FROM National Jewish Medical and Research Center (contractor for the Idaho Tobacco Quitline), 1400 Jackson Street, Denver, Colorado 80206.

The PURPOSE of this release is to request that National Jewish Medical and Research Center make an initial phone call to me to discuss participation in the Idaho Tobacco Quitline stop smoking/tobacco use program.

This release shall be valid for eighteen months after the date below.

_____ _____ _____

Signature of participant *Date* *Date of birth*

_____ _____

Participant's Phone Number *Best Time to Call*

Please Fax this Form to:

Fax Number: 800-261-6259
Attn: Quitline Referral Coordinator

From:

Health care provider contact name: _____

Organization name: _____

Phone number: _____ Fax number: _____

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