



Idaho Tobacco Prevention & Control Program

Tobacco Cessation Services:

1-800-Quit-Now (800-784-8669); Idaho QuitNet (idaho.quitnet.com)

Release of Information

I, _____ (*participant's printed full name*), give permission to the Tobacco Prevention and Control Program to release information about my interest and participation in services offered through the Idaho Tobacco Quitline (1-800-784-8669) or QuitNet **to and from** the 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 my participation in the Idaho Tobacco Quitline or QuitNet 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: 800-261-6259 Attn: Quitline Referral Coordinator

From:

Health care provider name: _____

Organization name: _____

Phone number: _____ Fax number: _____

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