FAX REFERRAL FORM

Web referral option at: QuitNow.ne.gov/providers

NEBRASKA TOBACCO QUITLINE

Step one of this form can be filled out online and printed for the patient to fill out the remainder.

1 Provider Information

CLINIC NAME

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

ADDRESS

CITY

STATE

FAX NUMBER (XXX) XXX-XXXX

PHONE NUMBER (XXX) XXX-XXXX

I AM A HIPAA COVERED ENTITY *(PLEASE CHECK ONE)*

☐ YES ☐ NO ☐ DON'T KNOW

EMAIL FOR HIPAA COVERED ENTITY

A HIPAA covered entity is authorized to receive personal health information for the individual being referred.
An entity not covered under HIPAA is not authorized to receive personal health information for the individual being referred.

Provider authorization is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breastfeeding.

CHECK IF PATIENT IS CURRENTLY: ☐ PREGNANT ☐ BREASTFEEDING

I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.

PROVIDER SIGNATURE: _____ **DATE:** ____ / ____ / ____

Please sign here if patient may use NRT.

Patient Information

PATIENT NAME

DATE OF BIRTH (MM-DD-YYYY)

ZIP CODE

PHONE NUMBER (XXX) XXX-XXXX

HOME ☐ WORK ☐ CELL ☐

LANGUAGE PREFERENCE *(PLEASE CHECK ONE)*

☐ ENGLISH ☐ SPANISH ☐ OTHER

DO YOU REQUIRE ACCOMMODATION WHILE PARTICIPATING IN THE PROGRAM SUCH AS TTY, TRANSLATOR OR RELAY SERVICE?

☐ NO ☐ YES *IF YES, PLEASE SPECIFY*

2

☐ YES ☐ NO I give my permission to the Nebraska Tobacco Quitline to leave a message when contacting me at the number(s) provided above.

☐ YES ☐ NO I consent to receiving text messages with motivational messages, appointment reminders, medication shipments, quit anniversaries, and other program events. Message and data rates may apply.

I give my permission to the Nebraska Tobacco Quitline to share information with my provider for the purposes of my health care treatment.

SIGNATURE: _____ ☐ PATIENT ☐ GUARDIAN ☐ PARENT **DATE:** ____ / ____ / ____

3 Fax to the Quitline: 1-800-261-6259

DATE SENT: ____ / ____ / ____

UPDATED FEBRUARY 2022