MISSISSIPPI TOBACCO QUITLINE FAX REFERRAL FORM Fax Number: 1-800-483-3114 Email: supportservices@optum.com



DON'T KNOW

FAX SENT DATE: ____/___/

NO

Provider Information: CLINIC ZIP CODE CLINIC NAME Image: Contact name CONTACT NAME Image: Contact name FAX NUMBER PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)

Patient Information:

PATIENT NAME	DATE OF BIRTH	GENDER MALE FEMALE
ADDRESS	City	ZIP CODE
PRIMARY PHONE NUMBER HM WK CELL	SECONDARY PHONE NU	MBER HM WK CELL
LANGUAGE PREFERENCE (PLEASE CHECK ONE) ENGLISH	SPANISH	OTHER
By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.		
<i>(Initial)</i> I am ready to quit tobacco and request the Mississippi Tobacco Quitline contact me to help me with my quit plan.		
<i>(Initial)</i> I give my permission to the Mississippi Tobacco Quitline to leave a message when contacting me at the number provided above.		
PATIENT SIGNATURE:		DATE://
The Mississippi Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.		
6AM – 9AM 9AM – 12PM 12PM –	3PM 3PM - 6	6PM 6PM – 9PM
WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE): Primary # Secondary #		
© 2020. All rights reserved. Reprinted with permission of copyright owner. All trademarks are the property of their respective owners.		

YES

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.