



QUITLINE FAX REFERRAL FORM

South Carolina Tobacco Quitline (1-800-QUIT-NOW)

Fax Number: 1-800-483-3114

Dear Provider: You are using this form to make a clinical referral for your patient to the behavioral treatment services of the S.C. Tobacco Quitline (1-800-QUIT-NOW). Your patient will receive free evidence-based telephone counseling services and, based on eligibility, free nicotine replacement therapy (NRT) patch, gum, or lozenge. Medication and counseling combined are shown to significantly improve quit rates for smoking or use of any tobacco product, and possibly vaping. Use of this form also indicates that you have obtained privacy permission from the patient named below for the Quitline to call them at the phone number they have provided; and that they have agreed for your practice and the Quitline to exchange their PHI for the purpose of their tobacco treatment. The Quitline is a fully compliant HIPAA entity and will send referral outcome data back to the referring provider when a fax number is designated on this form. Use of this form also indicates that your patient is expecting a call from the Quitline within 48 hours as their TELEPHONE APPOINTMENT WITH THE QUITLINE. Your patient can expect the caller ID on their phone to display one of the following: 800-QUIT-NOW or 800-784-8669 or Quit4Life. The Quitline will make up to four (4) attempts to reach your patient; however, he or she must answer the phone in order to get enrolled and receive the free services. PLEASE SEE INSTRUCTIONS THAT ACCOMPANY THIS FORM.

Provider Information:

DATE OF THIS REFERRAL: ___/___/___

NAME OF CLINIC/PRACTICE/HEALTH SYSTEM

CLINIC ZIP CODE

NAME OF REFERRING PROVIDER

CLINIC FAX NUMBER (Include Area Code)

CLINIC PHONE NUMBER (Include Area Code)

WE ARE A HIPAA COVERED ENTITY (Please check one to receive an outcome report on this referral) YES NO UNSURE

Patient Information:

PATIENT NAME (First Name, Last Name)

DOB (xx/xx/xxxx)

MALE

FEMALE

PRIMARY PHONE NUMBER (Include Area Code)

LANGUAGE PREFERENCE (Please check one to confirm language requirement for Quitline call-back) ENGLISH SPANISH OTHER

WHAT IS THE BEST TIME FOR THE QUITLINE TO CALL THIS PATIENT TODAY OR TOMORROW? (Please check the preferred time for the Quitline to call)

6AM – 9AM

9AM – 12PM

12PM – 3PM

3PM – 6PM

6PM – 9PM

9PM – 12AM

Quitline Caller I.D. May Display One of the Following on Your Phone: 800-QUIT-NOW or 800-784-8669 or Quit4Life

PLEASE NOTE: Your local cell phone carrier may block the number from displaying on a cell phone, which is out of the Quitline's control.

Stop!  Before sending this referral form...

- (1) Verify that patient's phone number is correct.
- (2) Remind the patient to expect a call from the Quitline today or tomorrow at the time checked above.
- (3) Circle the time and give a copy to the patient to take home (Option: use the Quitline Rx pad to write patient's name and telephone appointment time as a reminder that the Quitline will call).

FAX THIS FORM TO 1-800-483-3114 AND FILE IN THE PATIENT'S MEDICAL RECORD.

**Instructions for Completing the
South Carolina Tobacco Quitline Fax Referral Form
DHEC 1617 (10/2017)**

DHEC Form 1617 is used by “*non-DHEC*” health care providers to refer a patient who smokes or uses other tobacco products to the South Carolina Tobacco Quitline via a fax referral system. The following steps must be followed *prior* to sending a faxed referral to the Quitline.

General: Best Clinical Practices suggest that health care providers adopt a brief 2As+R tobacco intervention to improve their patients’ chances of quitting. Before referring a patient to the Quitline: **Ask** about tobacco use and document; **Advise** to quit and ask if patient is ready; **Refer** to the Quitline for cessation counseling and support. Prepare patients for quitting with medication unless contraindicated or they may be eligible for free Nicotine Replacement Therapy once they enroll with the Quitline.

Provider Information:

1. Enter **Date of This Referral** (*Month/Day/Year*).
2. Enter name of your **Clinic, Practice or Health System**.
3. Enter your clinic **Zip Code**.
4. Enter name of **Referring Provider**.
5. Enter clinic **Fax Number**, including area code.
6. Enter clinic **Phone Number**, including area code.
7. Check the box which describes your status as a **HIPAA Entity**.

Patient Information:

8. Enter **Patient’s Name** (*First name, Last name*).
9. Enter **Patient’s Date of Birth** (*Month/Day/Year*).
10. Check **Gender of Patient**.
11. Enter **Patient’s Primary Telephone Number**, including area code (*emphasize that this is the number the Quitline will use to reach them either today or tomorrow*).
12. Check **Patient’s Language Preference**.
13. Check the box of the **Best Time for The Quitline to Call this Patient Today or Tomorrow** (*may check more than one box*).

Important Steps Before Sending Form to the Quitline:

- *Verify that the patient’s phone number is correct.*
- *Remind the patient to expect a call from the Quitline today or tomorrow at the time they requested.*
- *Circle the time and give a copy of this form to the patient to take home OR write the patient’s name and appointment time on a Quitline Rx pad for them to take when leaving your office.*

Final Steps:

- **Fax this form to the Quitline at 1-800-483-3114** (*dedicated fax line at Optum*).
- **File this form in the patient’s medical record.**
- **Do not share this form with a third party unless you have privacy agreements in place.**

HIPAA Privacy Notice: *Dear Provider:* You are using this form to make a *clinical referral* for your patient to the behavioral treatment services of the S.C. Tobacco Quitline (1-800-QUIT-NOW). Your patient will receive *free* evidence-based telephone counseling services and, based on eligibility, *free* nicotine replacement therapy (NRT) patch, gum or lozenge. Medication and counseling combined are shown to significantly improve quit rates for smoking or use of any tobacco product, and possibly vaping. Use of this form indicates that *you have obtained privacy permission from the patient* named herein for the Quitline to call them at the phone number they have provided; and that they have agreed for your practice and the Quitline to exchange their PHI for the purpose of their tobacco treatment. The Quitline is a fully compliant HIPAA entity and *will send referral outcome data back to the referring provider* when a fax number is designated on the form. Use of this form also indicates that your patient is expecting a call from the Quitline within 48 hours as their **TELEPHONE APPOINTMENT WITH THE QUITLINE**. Your patient can expect the caller ID on their phone to display one of the following: **800-QUIT-NOW or 800-784-8669 or Quit4Life**. The Quitline will make up to four (4) attempts to reach your patient; however, he or she must answer the phone in order to get enrolled and receive the free services.

DHEC 1617 form can be retrieved from <http://www.scdhec.gov/Health/TobaccoCessation/HelpYourPatientsQuit/>