

- If a patient is interested in quitting tobacco, fill out this form with them and **FAX/SEND to 1-866-560-9113**. Feedback reports sent to provider as noted below.
- The **Massachusetts Smokers' Helpline** offers **free cessation services (counseling and NRT)** for all Massachusetts residents regardless of insurance.
- **Inform patients** the QuitWorks call will come from **617-262-2200**. **Four attempts** are made to reach out, starting within 2 business days after submitting a referral.



MA Quitworks Fax Form
Fax to: 1-866-560-9113

PROVIDER INFORMATION (PRINT CLEARLY)

Feedback will only be sent to **HIPAA covered entities** to the fax number listed below.

Provider First Name _____ **Provider Last Name** _____

Organization Contact (if applicable): First Name _____ **Last Name** _____

Name of Health System/Hospital/Health Center/Community Organization: _____

Department or Clinic Name (if applicable): _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (____) _____ - _____ **Fax for HIPAA covered entity** (____) _____ - _____

Type of HIPAA Covered Entity: Healthcare Provider Health Plan Healthcare Clearing House Not Covered Entity

As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.
 As a Not Covered Entity, personal health information will not be shared back for the individual being referred.

Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breast feeding. Is the patient : Pregnant Breastfeeding

(If Provider) I authorize the QuitLine to send the patient over-the-counter nicotine replacement therapy.

Please sign here if patient may use NRT. _____ **Date** _____
Provider signature

PATIENT INFORMATION (PRINT CLEARLY)

Patient Name (First) _____ (Last) _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (____) _____ - _____

Home Cell Work

Are you 18 years of age or older? Yes No

Language? English Spanish; Other _____

Insurance:

Blue Cross Blue Shield MA MassHealth/Medicaid

Tufts Health Plan Harvard Pilgrim

Other Name: _____

None

OK to leave a message at number provided? Yes No

Do you require accommodation while participating in the program such as TTY, Translator or Relay Service?

No Yes If yes, please specify _____

I, the patient (or authorized representative), give permission to release my information to the Quitworks Program. The purpose of this release is to request an initial phone call to discuss my interest and participation in the tobacco cessation program and allow communication with the provider identified on this form. I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.

Patient Signature _____ **Date** _____

If filling out form on behalf of the patient:

Authorized Representative Name: (First) _____ (Last) _____

Signature _____ **Date** _____

**Participant or Authorized Representative signature required in order to place phone call to the patient.*

PLEASE FAX COMPLETED FORM TO: 1-866-560-9113 OR MAIL COMPLETED FORM TO:
Quitworks, National Jewish Health, 1400 Jackson St., S104A, Denver, CO 80206

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

QUITWORKSSM

- Free evidence - based provider referral program
- Connects patients with phone-based counseling through the Massachusetts Smokers' Helpline **1-800-QUIT-NOW** or online at <https://ma.quitlogix.org/en-US/>.
 - Operates **24/7** (except Thanksgiving, Christmas, and early closure on some additional holidays)
 - English, Spanish and Arabic speaking coaches onsite
 - Third party vendor used for 190 other languages and translation services
- HIPPA-covered Providers receive feedback reports to stay informed of their patient's progress; technical assistance available through [UMass Medical School](#) for tobacco system development

Eligibility for the MA Smokers' Helpline and QuitWorks

- Massachusetts Resident
- 12 years of age or older for any coaching program
- 18 years of age or older and participating in coaching to receive cessation medication

5 Call program – general population

- 1 Intake Call and up to 5 Coaching Calls
- Tobacco users can place unlimited calls for support
- Text messaging and eCoach programs also available
- If certain medical eligibility requirements are met, 8 weeks of NRT is provided FREE of charge
 - Either Patches, Gum, or Lozenges
 - Shipped directly to the participant's home
 - Receive NRT shipment status updates
- Friends and family, providers, educators, professionals, etc. can call with questions

Perinatal program

- 9 Coaching Calls: 5 during pregnancy and 4 during postpartum
- Same dedicated quit coach for all calls
- Must be currently pregnant to enroll and can earn up to \$65 on a Mastercard gift card
- Text messaging and email support throughout program
- Targeted materials

American Indian (AI) program

- All callers who identify as AI are offered the American Indian Commercial Tobacco Program
- Dedicated phone number and website: 1-855-372-0037 – <https://americanindian.quitlogix.org/>
- Up to 10 coaching calls with dedicated AI coaches
- Text messaging and email support

Youth smoking and vaping program (for youth 12-17 years old) MY LIFE, MY QUIT

- Designated coaching model for youth-specific and developmentally appropriate cessation needs
- Specifically trained Youth Coach Specialists (YCS) for all youth participants
- Call or text "Start My Quit" to 1-855-891-9989 – <https://mylifemyquit.com/>