

- 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 Quitline** 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 either the fax number or email 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** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email 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 (\*Required) (PRINT CLEARLY)**

**\*Patient Name** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**\*Zip** \_\_\_\_\_ **\*Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home  Cell  Work

**\*Language?**  English  Spanish  Other \_\_\_\_\_

**OK to leave a message at number provided?** Yes  No

**Insurance:**  
Blue Cross Blue Shield MA  MassHealth/Medicaid   
Tufts Health Plan  Harvard Pilgrim   
None  Other  Name: \_\_\_\_\_

**Patent chooses to receive Text Messages:** Yes  No   
Messages tailored to this program for motivation and events, such as appointment reminders, medication shipment, and quit anniversaries will be sent to cell phones. Standard message and data rates may apply. The patient may opt-out at any time.

**\*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 the 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**

**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.



## A Free Evidence-based Patient Referral Program for Nicotine Cessation Assistance

- Connects patients to phone-based counseling through the Massachusetts Quitline at **1-800-QUIT-NOW** or online at <https://ma.quitlogix.org/en-US/>.
  - Operates **24/7** (except Thanksgiving, Christmas; early closure on some 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 a patient's progress; technical assistance available through [UMass Medical School](#) for tobacco system development

### All Massachusetts Residents Eligible for the MA Quitline and QuitWorks

- 12 years of age or older for any coaching program
- 18 years of age or older and participating in coaching to receive FREE cessation medication (NRT)

### 5 Call program – general population

- 1 Intake Call and up to 5 Coaching Calls; Quitline users can place unlimited calls in for support
- Text messaging, eCoach programs, email and mail support provided
- 8 weeks of NRT is provided FREE of charge if medically eligible
  - Choice of 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
- Targeted materials available based on individual's age, need or program (see below)

## Specialized Programs with Additional Services based on Individual Needs

### 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

### Behavioral Health Program (for patients 18 years or older at intake)

- 7 coaching calls; includes use of NRT if medically eligible
- Program is available to individuals who match the following criteria:
  - Self-report having anxiety, depression, schizophrenia, bipolar disorder, ADHD, PTSD, or substance use disorder.
  - Written materials are available in English only at this time.

### Menthol Incentive Program (for residents who indicate they use menthol tobacco products)

- Can earn up to \$50 in gift cards for completing the first 3 coaching calls; remaining 2 calls provided without incentive
  - If enrolled online, coaching calls must be completed via telephone to receive the gift card(s)
- Enrollees in the menthol incentive program may also receive services under the Behavioral Health Program

### 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; can earn **up to \$65 as incentive** on a MasterCard gift card

### 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
- Text START to 36072, call to 1-855-891-9989, or visit [mylifemyquit.com](http://mylifemyquit.com)

### Young adult tobacco use and vaping program (for young adults 18 – 24 years old)

- Includes features of the general program for 1-800-QUIT-NOW, as well as live text coaching
- Opt in for automated text messages tailored by age, tobacco type and readiness to change
- Text START to 36072 or call 1-800-QUIT-NOW (1-800-784-8669)

For more information on these programs: <https://ma.quitlogix.org/en-US/Just-Looking/Health-Professional>