



## Alaska's Tobacco Quit Line Fax Referral Program

### What is Fax Referral?

Fax Referral is a program that builds on the services Alaska's Tobacco Quit Line offers by creating partnerships with healthcare providers. Through the Fax Referral Program, tobacco users no longer have to take the first step by calling or enrolling with Alaska's Tobacco Quit Line; instead, after talking with their clinician, they can agree to have the Quit Line call them.

### How Does it Work?

Tobacco users who would like to make a quit attempt in the next 30 days sign a Fax Referral enrollment form during a face-to-face intervention at a doctor's office, hospital, dentist's office, clinic or agency site. The form is then faxed to the Quit Line. Within 48 hours, a quit coach makes the initial call to the tobacco user to begin the intervention.

### Why is it Beneficial?

- **Seizing the Moment.** Fax Referral connects tobacco users with the Quit Line right from the doctor's office. Since Alaska's Tobacco Quit Line initiates the first call, the responsibility is not on the tobacco user to begin services. Therefore increasing the chances of a quit attempt.
- **It Saves Time.** Many doctors, nurses, dentists and other healthcare providers may not have time to offer comprehensive tobacco treatment. Fax Referral allows them to refer their patients to Alaska's Tobacco Quit Line for specialized coaching and receive individualized reports on what tobacco cessation services their patients elect to enroll in.
- **Not Lost in Translation.** The tobacco user can identify his or her primary language on the enrollment form and a Quit Line translator will be on the line when the quit coach places the call. Quit Line services are available in many languages spoken throughout Alaska, including Yupik.

### What is Alaska's Tobacco Quit Line?

Alaska's Tobacco Quit Line is a free tobacco cessation service available to adult Alaskans (18 and over). It is funded by the Alaska Department of Health & Social Services Tobacco Prevention & Control Program. Quit Line coaching services are provided via phone and web by 'Quit Coaches', who are specialists trained in tobacco cessation counseling techniques.

### Who is Eligible for Services?

Alaskan adults (18 and over) are eligible for tobacco cessation services through Alaska's Tobacco Quit Line. All eligible tobacco users may enroll to receive free nicotine replacement therapy and up to four proactive counseling calls with a Quit Coach. Expanded services are available for pregnant and nursing women.

**Questions on how to launch a fax referral program at your site?  
Contact the State of Alaska Tobacco Cessation Program at [tobacco@alaska.gov](mailto:tobacco@alaska.gov).**

Alaska's Tobacco Quit Line is funded by the Alaska Tobacco Prevention & Control Program

## Alaska's Tobacco Quit Line Fax Referral Form

Fax referral is best for patients who are **ready to quit in the next 30 days AND ready to accept a call from the quit line in the next 48 hours**. If neither of these conditions are met, fax referral is not appropriate at this time. Instead, provide patient with quit line or other tobacco resource information.

**Provider Information:**

Sent Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Clinic Name: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_

Contact Name: \_\_\_\_\_

I am a HIPAA-covered entity:  Yes  No  I don't know

Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Comments: (e.g. Patient has COPD, diabetes, etc. Include any information that might be helpful to the quit line)

**Patient Information:**

Gender:  Male  Female

Pregnant:  Yes  No

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Type:  Home  Work  Cell  Other

Secondary Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Type:  Home  Work  Cell  Other

Language Preference (check one):  English  Spanish  Other \_\_\_\_\_

Tobacco Type (check all that apply):  Cigarettes  Smokeless Tobacco  Cigar  Pipe  Other

\_\_\_\_\_ I am ready to quit tobacco and request that Alaska's Tobacco Quit Line contact me to help me with my quit plan.

**(Initial)** By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.

\_\_\_\_\_ I **DO NOT** give my permission to Alaska's Tobacco Quit Line to leave a message when contacting me.

**(Initial)**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Alaska's Tobacco Quit Line will call you. Please check the best 3-hour time frame for them to reach you. The quit line is open 7 days a week. Call attempts over the weekend may be made at times other than during this 3-hour time frame.

6 a.m.-9 a.m.  9 a.m.-12 p.m.  12 p.m.-3 p.m.  3 p.m.-6 p.m.  6 p.m.-9 p.m.

Within this 3-hour time frame, please contact me at (check one):  Primary Phone  Secondary Phone

Comments: (e.g. I'm not available weekends, prefer Tues. or Thurs., etc.)