



Tobacco User Quitline • 1-800-QUIT-NOW

1-800-QUIT NOW VIRGINIA

Fax Referral REGISTRATION FORM

(Please PRINT clearly - all information is *required*):

Contact Person:

Position/Job Title:

Clinic/Practice/Agency Name:

Complete Address:

Clinic/Health Dept/Practice/Office Fax Number:

Contact Person's Phone Number:

Contact Person's Email:

Is your clinic/practice/agency HIPAA compliant? _____ YES _____ NO

If patient care is provided via phone so that it is not possible to have the patient sign a fax form, please indicate that here (a separate questionnaire will be sent to you which must be completed and submitted for pre-approval): _____ YES _____ NO

MAIL OR FAX THIS FORM TO:

Janis Dauer, Executive Director
Alliance for the Prevention and Treatment of Nicotine Addiction
3557 Chesapeake Blvd #1, Norfolk, VA 23513
Fax: 757-858-8464
Email: jdauer@aptna.org

(Questions? Call 757-858-9934)

**1-800-QUIT NOW VIRGINIA
Fax Referral
REGISTRATION FORM**

INSTRUCTIONS FOR COMPLETION

Please **PRINT** clearly

All information is *required*

Contact Person: the name of the person to contact if there is a problem with the fax transmission or we have any questions about use of the fax form by this clinic/practice/entity. The Contact Person does not need to be the clinician referring the patient to the quitline (e.g., the Contact Person might be the Office Manager). Referral outcome information will be sent by the quitline to the Contact Person who may need to forward it to the referring clinician.

Position/Job Title: the position or job title of the Contact Person (license, credentials may be included here)

Clinic (Health Dept)/Practice/Agency Name: the name of the clinic (health department)/practice/organization registering for use of fax referral by clinicians they employ. If part of a larger health system, please include the name of the specific site/location/department within that system)

Complete Address: the complete mailing address (city and zip code). Please include shipping address if different (e.g., if mail goes to a PO Box, a street address is needed for shipping).

Clinic/Health Dept/Practice Fax Number: the number to be used by Alere Wellbeing (the quitline service provider) when faxing back referral outcome information.

Contact Person's Phone Number: the phone number to use if we need to call the Contact Person.

Contact Person's Email: the Email address to use if/when we need to send a message to the Contact Person. APTNA will e-mail aggregate data on all fax referrals to the Contact Person on a monthly basis.

Indicate if this is a HIPAA compliant entity or healthcare provider as defined by HIPAA

Indicate if approval is needed to fax refer without patient signature: check YES or NO

Return completed form to APTNA by mail, fax or e-mail