



QUITLINE REFERRAL

SITE REGISTRATION FORM

PLEASE PRINT CLEARLY- ALL INFORMATION IS REQUIRED

Site Name: _____

Mailing Address: _____

City: _____ County: _____, VA Zip code _____

Clinic/Health Dept./Practice/Office **FAX NUMBER:** (____) _____

Contact Person: _____

Position/ Job Title: _____

Contact Person's Phone Number: (____) _____

Contact Person's Email Address: _____

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

Will you provide patient/client care via phone only? YES / NO

EMAIL or FAX THIS FORM TO:

Rita W. Miller, Cessation Services Coordinator

Virginia Department of Health

Rita.Miller@vdh.virginia.gov

Fax: 804-864-7205

Questions – Call- 804-864-7897

Note: This is not the form used to refer patients; you will receive that form in your site registration packet.



Quitline Referral Site Registration

Explanations and Instructions to Complete Registration Form

Please **PRINT** clearly

ALL INFORMATION IS REQUIRED

Site Name- the name of the clinic, health department, practice, organization, etc., registering for use of the 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.

Mailing Address- the complete mailing/shipping address. **No P.O. boxes.**

Clinic/Health Dept. /Office Fax Number- this number is used when Optum (the quitline service provider) faxes back patient's referral outcomes.

E-Referral Service- allows sites to refer patients/clients electronically through a web portal.

Contact Person- the name of the person to contact if there is a problem with the fax transmission or we have any questions about the use of the fax form by this site. 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). Patient referral outcome information will be sent by OPTUM 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 and/or credentials may be included here).

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

Indicate if this is a HIPAA compliant provider as defined by HIPAA.

Return completed form to VDH by email to: Rita.Miller@vdh.virginia.gov or
Fax: 804-864-7205