SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

SOUTH CAROLINA Tobacco Quitline — IT'S YOUR CALL TO QUIT — QUITFORLIFE.COM/SOUTHCAROLINA 1-800-QUIT-NOW

SOUTH CAROLINA TOBACCO QUITLINE
Clinical Fax Referral Form
Fax Form To: **1-800-483-3114**

Referring Facility and Healthcare Provider Information:

All fields are required except where noted as "optional."

☐ Clinic ☐ Pharmacy ☐ Hospital ☐ Health Dept ☐ Other	☐ I certify that I am HIPAA covered entity	
Facility name	Department or Program Area	
Fax number	Phone number	Facility NPI (National Provider Identifier) [*optional*]
Address	Zip	County
Name of referring healthcare professional		
Email	National Provider Identifier (NPI) Number [*optional]*	

Would you like an Outcome Report on whether the patient enrolled, declined or was unreachable?

(Please select your preferred method)

☐ I want **emailed** outcome reports ☐ I want **faxed** outcome reports ☐ I do not want outcome reports

Use this section to pre-authorize NRT (prescribing providers only)

Note: SC's Quitline offers free non-prescription NRT quit medications regardless of insurance coverage. As most patients qualify, using this form does not guarantee they will receive or use these medications. Patients presenting with medical contraindications will be required to get the NRT products cleared by their healthcare provider.

Please check the box to Pre-Authorize NRT: ☐ I authorize use of any modality of NRT for which my patient has coverage at dosage consistent with FDA approved package labeling.

Provider's name (Print)	Provider's signature

Referral and Patient/Client Contact Information:

You agree that we may contact you at the phone number you give us. Note that calls may be automated. Some messages may be pre-recorded.

First name		Middle name	Last name
State	Zip code	Phone number	Date of birth
Language preference ☐ English ☐ Other		Specify Other Language preference:	
May we send text messages to this number? ☐ Yes ☐ No			
Patient signature box			Date

Best contact times:	When are good **weekday** times to call?	When are good **weekend** times to call?
	☐ Mornings (8 a.m.-12 p.m.) ☐ Afternoons (12 p.m.-4 p.m.) ☐ Evenings (4 p.m.-8 p.m.)	☐ Mornings (8 a.m.-12 p.m.) ☐ Afternoons (12 p.m.-4 p.m.) ☐ Evenings (4 p.m.-8 p.m.)

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South Carolina Tobacco Quitline Clinical Fax Referral Form
Instructions for Completing 4466-ENG-DPH

Form Purpose: 4466-ENG-DPH is used by all South Carolina healthcare, behavioral health, public health department, and other direct services providers to refer their patients and clients who smoke or vape to the SC Tobacco Quitline for free coaching, counseling, and medication support to quit. 4466-ENG-DPH can be accessed in RIMS for Department of Public Health (DPH) employees and at https://www.quitnowsc.org/help-someone-quit/healthcare-providers for all other providers.

Section 1. Referring Facility and Healthcare Provider Information: ALL fields are required to be completed except where noted as "optional."

1. Check the box indicating your type of entity.
2. Check the box to certify that you are a HIPAA covered entity.
3. Complete the fields for: Facility name; Department or Program Area; Fax number; Phone number; Facility NPI (optional); Address; Zip code; County name; Name of referring healthcare professional; Email; NPI for referring professional (optional).
4. Check the box indicating your preference for receiving an Outcome Report on this referral.
5. For prescribing providers only, check the box to authorize the Quitline to dose for NRT patch, gum, lozenge, or combo therapy (patch + gum or patch + lozenge). No prescription is required from the referring provider.
6. Print the referring provider's name.
7. Enter signature of referring provider.

Section 2. Referral and Patient/Client Contact Information: ALL fields are required to be completed.

8. Complete the fields for: First name of patient/client; Middle name; Last name; State; Zip code; Phone number (primary phone # preferred by patient/client); Date of birth of patient/client – month, date, and year (must be age 13 or older to be referred).
9. Check the box indicating patient's/client's preferred language. If "other" is checked, indicate specific language required for communications with this patient/client.
10. Check the box indicating if text messages can be sent to the phone number provided.
11. Have patient/client sign this form and mark the date of this referral.
12. Check the box indicating the patient's/client's preferred weekday and weekend times for the Quitline to call them.

NOTE: Once the Quitline receives the faxed referral form in their system, they will follow up within 24-48 hours with a call to the patient/client. It is IMPERATIVE that the patient/client knows to expect a phone call at the number they have given. Likely the number will be unknown, so they need to be ready to answer their phone.

Final Steps.

- The patient/client must receive a copy of this referral form as a reminder of their "phone appointment."
- Fax this completed form to the number shown at the top right corner of the form (1-800-483-3114).
- Confirm that your fax has been received.

Office Mechanics and Filing:

Non-DPH Providers:
This form should be filed and retained according to your institution's policies and procedures.

For DPH Staff:

DPH staff shall complete the form in the electronic health record (EHR) under client's Social History Tobacco and E-Cig/ Vaping, follow the EHR prompts, and then fax the form to the Quitline fax number directly from the EHR. This will be an emailed fax referral, and the outcome report will be sent back via fax or email (provider's choice).

This hard copy form shall be completed when the EHR system is not available. When the EHR is again available, the completed form should be scanned into the EHR with Note Type of Referral, and securely stored for 3 months after scanning. Once the 3-month retention period has been met and quality check validation has been completed, an ARM13 destruction request should be submitted and approved prior to disposal of the paper records. Comprehensive Adult (08498) or Comprehensive Minor (08499) medical record retention applies.

Refer to the WIC State Plan for WIC record guidance.