Wyoming Department of Health
Commit to your health.

WYOMING QUITNET®
DON'T QUIT ALONE®

Wyoming QUIT TOBACCO PROGRAM
WY.QUITNET.COM
1-800-QUIT-NOW
(toll free 1-800-784-8669)

HEALTHWAYS

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

I _____,

- Hereby authorize my physician and clinic or hospital to release the information provided in this form to the Wyoming Quitline.
- I authorize the Wyoming Quitline to contact me at home regarding tobacco cessation.
- I authorize the Quitline to send a note back to my physician to identify the status of my enrollment.
- I understand that this information will be treated professionally and confidentially in accordance with federal and state regulations.
- This consent is subject to written revocation at any time except to the extent that action has already been taken upon this consent. This consent will automatically expire 6 months from date of signature below.
- Wyoming Quitline services will not be provided without signature on this form and a copy provided to Wyoming Quitline.

_____	_____	_____
Patient Signature	**Date**	**Witness**

PATIENT INFO

Name: ❍ Mr. / ❍ Ms. / ❍ Mrs. _____

Date of Birth: ____/____/____ **Language:** ❍ English / ❍ Spanish / ❍ ASL

Phone Number: (___) _____ **Best Time to Call:** _____

Street Address: _____

City: _____ **Zip:** _____ **County:** _____

CLINICIAN/CLINIC INFO

Clinician Name: _____

Clinic/Hospital: _____ **City:** _____ **State:** _____

Clinician Phone Number: (___) _____ **Clinician Fax Number:** (___) _____

Please Fax to: WyomingQuitline, ATTN: Customer Service 1-800-390-4726

This faxed information is intended only for the use of the individual or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by Federal law relating to confidentiality (42 CFR Part 2) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via mail. Thank you.