Below is a guide you can use to create a note in your EHR. You may want to speak with IT support to see if they can set it up so the patient’s name and other demographic information is populated into the note automatically. If you create your own template for your EHR, share it with NC Tobacco Prevention and Control Branch so it can benefit other health professionals who use your same type of EHR. Email Stephanie Gans, Tobacco Treatment Specialist at [stephanie.gans@dhhs.nc.gov](mailto:stephanie.gans@dhhs.nc.gov) for assistance or to forward the EHR referral template you develop.

Once you have input the appropriate information, route that note to the QuitlineNC fax number: 1-800-483-3114

**QUITLINE NC REFERRAL:**

**Referring Organization Information:**

Organization: County: Zip code:

In order to receive a Participant’s Outcome Report, you must be a HIPAA-Covered Entity

\_\_\_\_\_ Yes, I am a HIPAA-Covered Entity

\_\_\_\_\_ Yes, I would like to receive an Outcome Report

Provider: Fax: Phone:

**Person being referred to QuitlineNC:**

Name: DOB:

Address:

Gender: Pregnant:

Phone number:

Language preference:

\_\_\_\_YES, I am ready to quit tobacco use within the next 30 days or have recently quit. I request QuitlineNC to contact me to help me with my quit plan.

\_\_\_\_ I DO NOT give permission to QuitlineNC to leave a message when contacting me.

Signature: Pt gave verbal permission to provider Date:

**Check the BEST time for QuitlineNC to call:**

9am - 12pm 12pm - 3pm 3pm - 6pm 6pm - 9pm 9pm - 12am

NOTE: The QuitlineNC is open 24/7, but call attempts to participants are only made until midnight. Calls made over the weekend may be made at times outside of the 3-hour time frame selection.

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.