



## TOBACCO COMMUNITY CESSATION INITIATIVE REFERRAL FORM

To be contacted by a Community Cessation Initiative Coordinator who will refer you to tobacco cessation services, use this form. Please submit completed form via fax at 419-668-0152 or via email to [cci@huroncohealth.com](mailto:cci@huroncohealth.com).

### REFERRING ORGANIZATION: Complete this section

Organization/ Practice Name: \_\_\_\_\_  
Clinic/Hosp/Dept \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Referrer Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_

Please check if patient agreed to be referred to the CCI Program

### PATIENT/CLIENT: Complete this section

**CONSENT FOR SHARING INFORMATION:** I authorize Huron County Public Health and all other participating Community Cessation Initiative (CCI) partners, to share freely among participating CCI agencies, my personal information (name, date of birth, contact information, etc.) and health information (e.g. related to intake, follow-up, cessation services, claims payment, treatment plan, etc.) for the purpose of sustained tobacco cessation, relapse management, and service coordination. Any information that is shared among participating agencies will be kept confidential. This authorization is valid from the date of my signature below and shall expire three (3) years after the date of authorization. I understand that authorizing this information sharing is voluntary. However, by refusing to sign this authorization, I am no longer eligible to participate in CCI.

Check one:  I consent  I do not consent

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Best time to call:  Morning  Afternoon  Evening  Weekend  
How did you hear about CCI?  
 Newspaper  Phone Directory  
 Radio  Flyers/brochures  
 Television  Other advertising (please specify) \_\_\_\_\_  
 Internet/web  Other Media (please specify) \_\_\_\_\_  
 Social Media  
Patient Signature \_\_\_\_\_  
Date: \_\_\_\_\_

**SUBMIT THE COMPLETED FORM VIA FAX TO 419-668-0152 OR EMAIL TO [CCI@HURONCOHEALTH.COM](mailto:CCI@HURONCOHEALTH.COM)**