



Be Well Arkansas
 Fax Referral Form
 Fax Number: 1-888-827-7057



Fax Sent Date: ____/____/____

Clinic/Employer /Organization Name: _____

Address: _____

Contact Person: _____

Referring Organization's Fax: () _____ Phone: () _____

Health Care Provider Information: Be Well Arkansas is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). Be Well will only be able to share service outcome information with you as the provider if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA.

The 2 A's and R for Health Care Providers

- ✓ **ASK** what form of tobacco use & frequency.
- ✓ **ADVISE:** to quit and discuss relevance, risks, roadblocks & rewards.
- ✓ **REFER:** to Be Well Arkansas.

Please indicate whether your organization is a HIPAA covered entity:

My organization is a HIPAA Covered Entity. __Yes__ No

Name of Physician or Health Care Provider: _____

Participant Information: Gender: _____ Male _____ Female Pregnant? _____ Yes _____ No

Participant Name: _____ Birth Date: _____

Address: _____ City: _____, AR Zip: _____

Primary Phone: (____) - _____ - _____ TYPE: __Home__ __Work__ __Cell__ __Other__

Secondary Phone: (____) - _____ - _____ TYPE: __Home__ __Work__ __Cell__ __Other__

Language Preference (check one): __English__ __Spanish__ Other: _____

Tobacco Type (check ALL that apply): __Cigarettes__ __Smokeless__ __Cigars__ __Pipe E-Cig/ESDs__

____ I am ready to quit tobacco and request that Be Well Arkansas contact me to develop my quit plan.

(Initial)

____ I give my permission to Be Well Arkansas to leave a message when contacting me.

(Initial)

Participant Signature: _____ Date: ____/____/____

Obtained by: _____

Be Well Arkansas will call you. Please check the BEST time frame for Be Well to reach you.

8am - 9am 9am - 12 Noon 12 Noon - 3pm 3pm - 4pm

Within the above time frame, please contact me at (check one): __Primary Phone__ __Secondary Phone__

NOTE: Be Well Arkansas operates Monday through Friday from 8:00am – 4pm.

Confidentiality Notice: This facsimile contains confidential information.

If you have received this facsimile in error, please notify the sender immediately by calling the contact person listed at the top of this form and confidentially dispose of the material.

Do not review, disclose, copy, or distribute.