

## Tobacco Cessation Program **Consent to Treatment**

### Health Plan Members

#### Program Expectations

- ✓ Participate in an initial evaluation and attend at least 10 of 12 group or individual behavioral modification sessions.
  - ✓ To obtain tobacco cessation medication, whether prescribed or over the counter, I must attend the **10 of 12** sessions and inform the group leader at least one week **before** I need a refill.
  - ✓ I have been advised and understand the side effects associated with tobacco cessation medication.
  - ✓ If using tobacco cessation medication, I will report any side effects to my primary care provider and health educator.
  - ✓ If using tobacco cessation medication, I agree not to share this medication with anyone else.
  - ✓ With the assistance of the health educator, develop an abstinence plan including relapse prevention.
  - ✓ To prevent relapse and receive motivational material, participate in a follow-up survey after termination of treatment.
  - ✓ To assist with my tobacco cessation treatment and obtain medication, I authorize the disclosure of the tobacco cessation program records to my primary care provider.
- 
- I have read and understand the information provided in this document.
  - As a patient in the Tobacco Cessation Program, I voluntarily agree to participate in the program and follow expected guidelines.
  - I understand that I may discontinue and/or withdraw my consent to treatment at any time.
  - Admission to this program does not grant power of attorney to UnitedHealthcare.
  - I acknowledge that I have received a copy of UnitedHealthcare Provider Notice of Privacy Practices.

---

Patient Signature

---

Date