

Tobacco Cessation Program/Renew Program Consent to Treatment

Health Plan Members

Please sign and return forms within 10 business days. If you have any questions, please talk with your counselor during your scheduled consultation.

Program Expectations

- Participate in an initial evaluation and at least 10 of 12 group or individual behavioral modification sessions. Renew participants will attend 4 weekly sessions then participate in individual sessions or in TCP group for the remaining weeks 6-8 weeks.
- To obtain tobacco cessation medication, whether prescribed or over the counter, I must attend **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 PCP and health educator/counselor.
- 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 assist with my tobacco cessation treatment and obtain medication, I authorize the disclosure of the TCP 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 notice of privacy practices.

Signed: _____ Date: _____