Tasmanian Quitline Referral Form



Fax this completed form to: 03 6169 1941 or use the <u>online referral form</u> HealthLink Identifier/EDI: **quittasx**

quittas.org.au

Referrer Details	
Name	
Organisation	
Telephone	Fax
Email	
Client Details	
Name (please print)	
Preferred Phone No.	
Notes:	
110163.	

Privacy is important to us and we treat your information with respect, integrity and honesty in keeping with our core values and as governed by the PrivacyAct. Personal information is only collected as necessary for agreed Quit programs or activities. Our full Privacy Policy may be accessed here http://www.cancertas.org.au/privacy-statement/