

Thank you for your interest in the Quit Tobacco Program. The following agreement is made between you and the Health District of Northern Larimer County.

**The Client agrees to:**

- a. Enroll in the Health District's six-session Quit Tobacco Program for a fee of \$ \_\_\_\_\_ to be paid in full no later than the 2<sup>nd</sup> session. If you live outside of the Health District boundaries, you are required to pay the full amount on your first appointment. If you are unable to pay this amount in full, you should notify the front desk staff to arrange a payment plan.
- b. Attend all appointments. Studies show that participating in counseling along with the use of medications, such as nicotine replacement therapy (nicotine gum, patches, or lozenges), Zyban or Chantix, greatly increases the chance of successfully quitting tobacco.
- c. Call us 24 hours in advance before cancelling or rescheduling your appointment or it will be considered a no show. If we are unable to answer your call, please leave us a message.
- d. Arrive on time for the scheduled appointment. If you arrive more than 15 minutes late, it will be considered a no show and you will forfeit the appointment. If you have two no shows within three months, you will not be able to schedule an appointment for six months after the last missed appointment. Any remaining appointments and remaining nicotine replacement will be forfeited. We understand that emergencies happen; therefore, the Tobacco Treatment Specialists will use their discretion to determine if the missed appointment is excusable.
- e. Respond to the follow-up survey (clients will be contacted via phone or email) from the Health District approximately seven months after enrolling in the program. Your feedback helps us to improve our program and we greatly value your input.

**The Health District agrees to:**

- a. Provide nicotine replacement therapy, free of charge, during the six-session program for 90 days from the first date of disbursement. If nicotine replacement is not deemed appropriate for the client, we have the right to require a health-care provider's written approval before we provide nicotine replacement to the client.
- b. Offer two free follow-up appointments after a client completes the six-session program. Clients may also choose to purchase an additional four sessions to continue their treatment plan. After 90 days from the first date of disbursement, nicotine replacement may be provided to the participant at their designated income rate.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Client is a Health District resident.       Client is not a Health District resident.