**[PROVIDER NAME] TOBACCO CESSATION POLICY**

**PURPOSE**: In coordination with local health coalition, RISE Cowley, *PROVIDER NAME* will promote the health of the community in accordance with our mission, by acting as a leader in implementing policies to advocate tobacco cessation among our patients and their families.

**POLICY:** Effective *Month Day, Year* standards (listed below) have been established by the *PROVIDER NAME* to identify and document tobacco users, assess a patient’s readiness to quit, and make tobacco cessation support and resources readily available. We continue to identify strategies to assist our patients with tobacco cessation.

**SCOPE:** The policy will impact all patients treated by providers at *PROVIDER NAME.*

**PROCEDURES:** The following shall constitute Tobacco Cessation Practices:

* + 1. Each patient will be verbally asked about tobacco usage during an examination. For pediatric patients, parents/guardians will also be verbally asked about tobacco usage within the home.
		2. Current tobacco usage/exposure will be documented in patient record.
		3. Providers will consult with each tobacco user and assess willingness to quit.
		4. Provider will refer tobacco users who demonstrate a desire to quit to support resources including but not limited to personal strategy/counseling, pharmaceutical support, and guided programming.

Approved by (*PROVIDER NAME*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

XXX Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

XXX Date