

Freedom From Smoking® Acknowledgment Form

Lung Health Institute understands the effort it takes to quit smoking and wants to acknowledge and celebrate our patients working through the Freedom From Smoking® experience.

I acknowledge that Freedom From Smoking® is a recommended 6-week program and best results are found when participants follow the recommended session guidelines as outlined in the program and below:

- **Week 1 Sessions** – Navigating Roadblocks, Exploring Addiction, and Starting Pack Tracks
- **Week 2 Sessions** – Gaining Control, Finishing Pack Tracks
- **Week 3 Sessions** – Making a Quit Plan, Patient’s Quit Day
- **Week 4 Sessions** – The First 2 Weeks, Recovering from Slips and Relapse
- **Week 5 Sessions** – Long-term Strategies
- **Week 6 Sessions** – Life as a Nonsmoker

I acknowledge that I have the freedom to choose my quit date within the program, but that Lung Health Institutes recommends I follow the recommended timeline provided by Freedom From Smoking®.

As stated in the program, lungs begin recovering within 2 weeks of quitting smoking. For this reason, Freedom From Smoking® participants will be eligible for treatment (so long as all other patient inclusion criteria is met) within 2 weeks of enrolling in the program in order to build on the lung recovery. This will be followed by an additional round of treatment 3 months later to promote potential benefit and compound the results.

I acknowledge that Lung Health Institute recommends patients are 30 days smoke-free prior to treatment for positive outcomes. I acknowledge that remaining smoke-free permanently after treatment is also recommended for positive results and that any inhaled substances, including e-cigarettes and vaping, may counteract my cellular treatment.

SIGNATURE OF PATIENT/LEGALLY AUTHORIZED REPRESENTATIVE	RELATIONSHIP (SELF, PARENT, ETC.)
PRINTED PATIENT NAME	DATE