**Subject Line: STOP Program – Invitation to Self-Enroll**

Dear [First Name],

Thank you for your interest in the Smoking Treatment for Ontario Patients (STOP) Program.

**To join the program, please go to** [**www.joinstopprogram.ca**](http://www.joinstopprogram.ca) **and follow the steps on the website.**

**IMPORTANT: Please use the exact link above to enroll. Do not search for STOP online.** There is another program called STOP on the Net which is **not** connected to your clinic and if you enroll in that program, you will not be able to join the program discussed with your health care practitioner.

For your reference, you can find a copy of the STOP Consent Form [here](https://www.nicotinedependenceclinic.com/en/Documents/STOP%20Program%20Consent%20v16Aug2022.pdf). For frequently asked questions about the program, [click here](https://www.nicotinedependenceclinic.com/en/stop/Pages/STOP-FAQ.aspx).

If you have any questions, please email us at stop.support@camh.ca.

Regards,

The STOP Program

Please note: The security of information sent by e-mail cannot be guaranteed. Please do not communicate personal sensitive information by e-mail. Email is not routinely monitored outside of work hours. Please do not use e-mail to communicate emergency or urgent health matters – please contact your clinician or family doctor. Please also note, the STOP Portal is not actively monitored and this platform is not a crisis support service. If you are in crisis, please call the Distress Centre at 1-833-456-4566 (available 24/7) or text 45645 (available 4pm-12am ET, standard text messaging rates may apply). If you are in crisis or have a medical emergency, call 911.