

HEALTH INFORMATION FAX COVER SHEET

Recipient number:

Recipient name:

Your name:

Subject:

Comments:

Confidential Health Information Enclosed. Health care information is personal and sensitive. It is being faxed to you after appropriate authorization from the Individual or under circumstances that do not require Individual authorization. You, the recipient, are obligated to maintain this information in a safe, secure and confidential manner. Re-disclosure without additional consent or authorization of the Individual or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain the confidentiality of this information could subject you to penalties under Federal and/or State law.

The information contained in this facsimile transmission is privileged and confidential and is intended only for the use of the recipient listed above. If you are neither the intended recipient or the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone at _____ to arrange for the return of the transmitted documents to us or to verify their destruction. Please contact us to verify receipt of this Fax or to report problems with the transmission.

☐

Urgent

☐

Please Reply

☐

For Review

☐

Please Comment