HEALTH INFORMATION FAX COVER SHEET

Recipient number:

Recipient name:

Your name:

Subject:

Comments:

Confidential Health Information Enclosed.
This fax contains personal and sensitive health information. It is being transmitted with proper authorization or under circumstances where authorization is not required. You are required to safeguard this information and keep it confidential. Sharing it without consent or as allowed by law is prohibited. Improper disclosure or failure to protect this information may result in penalties under Federal and/or State law.

Notice to Unintended Recipients:
The contents of this fax are for the designated recipient only. If you are not the intended recipient, or responsible for delivering it, you are strictly prohibited from reviewing, using, sharing, or copying it. If you received this fax in error, please contact us immediately at _____ to arrange its return or confirm its destruction. You may also contact us to confirm receipt or report any transmission issues.

☐ Urgent ☐ Please Reply ☐ For Review ☐ Please Comment

eFax