

Confidential Fax Cover sheet

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Health Care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the participant or under circumstances that do not require participant authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional participant consent or as permitted by law is prohibited. Un authorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

Date: _____

Number of pages: _____

Time: _____

Sender Information

Recipient Information

Name: _____

Name: _____

Telephone Number: _____

Telephone Number: _____

Fax Number: _____

Fax Number: _____

Sender, please ensure that proper authorization, as required by law, has been received for the transmittal of this facsimile. Do not include references to PHI in the message section below.

Recipient – please contact the sender at the number listed to verify receipt of this facsimile.

Message:

_____ _____ _____ _____ _____ _____ _____ _____

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