



FAX COVER SHEET

Protected Health Information

Confidential Health Information Enclosed

Health care information is personal and sensitive. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain this information in a safe, secure and confidential manner. Re-disclosure without additional patient consent or authorization 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.

Date Transmitted: _____ Time Transmitted: _____ # of Pgs (including cover sht): _____

Intended Recipient: _____

Facility: _____

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Phone # : _____ Fax # : _____

Documents being Faxed: [] Clinic Records [] PT [] Lab [] X-Ray [] Other _____

Verification of Transmission of Particularly Sensitive Health Information

I verify the receiver of this Fax has confirmed its transmission:

Name: _____ Date: _____ Time: _____

I verify that I have confirmed the receipt of this Fax transmission by phone:

Name: _____ Date: _____ Time: _____

Please contact _____ at _____ to verify receipt of this Fax or to report problems with the transmission.

** Confidentiality Statement **

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 for distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the transmitted documents to us or to verify their destruction.