



Date: _____
No. of pages _____
(Including Cover Sheet)

Confidential Health Information Enclosed

To: _____ _____
Phone: _____
Fax: _____

From: _____ _____
Phone: _____
Fax: _____

REMARKS:

Health care information is personal and sensitive. This is being faxed to you after appropriate authorization from the patient or under circumstances which do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional consent as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IMPORTANT WARNING: These documents are intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this communication in error, please immediately notify us by telephone and return this original message or destroy it.