



## \*Please list specific SMS contact name FROM: Region: \*Please list specific contact name

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## **Protected Health Information Enclosed**

Protected health information is personal and sensitive information related to a person's healthcare. It is being faxed to you after appropriate authorization from the patient or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent is prohibited, except as permitted by law. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

New Hire Documents (please check off)
☐ Employee Confidentiality and Nondisclosure Statement
☐ New Hire Self-Identification Form
☐ Direct Deposit Enrollment Form
☐ Confidentiality and Acceptable Use Agreement
☐ Employment Eligibility Verification (FORM I-9)
☐ Employment Withholding Allowance Certificate (FORM W-4)
☐ Drug Screen Clearance
☐ Health Screen Clearance
Other (please list>)
Other (please list>)
Please Note Any Additional Information or Concerns Below

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