Confidential Fax Coversheet

-- 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

Name: _____

Telephone 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 Information

Name: _____

Telephone Number: _____

Fax Number: _____

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

Message:

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IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed, and may contain information that is confidential and legally restricted, 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, 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 message by error, please notify us immediately and destroy the related message.

4-14-03

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