Date

Health Information Fax Cover Sheet

**From** (Sender):

Fax# (Sender):

Phone# (Sender):

**To** (Recipient):

Fax# (Recipient):

Cover sheet plus pages.

Notes

**Confidential Health Information Enclosed.** This protective cover sheet is in compliance with the Health Insurance Portability and Accountability Act (HIPAA). As health information is personal and sensitive, you the recipient are obligated to protect the confidentiality of this transmission. This transmission has been sent after obtaining authorization from the individual or under conditions where the individual’s authorization was not required. Law prohibits re-disclosure of these documents without obtaining additional consent or authorization by the individual. **Unauthorized re-disclosure of these documents or failure to keep these documents safe, confidential, and secure can subject you to penalties under Federal and/or State Law.**

This facsimile transmission is intended for the sole confidential use of the designated recipients, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. If you have received this information in error, any review dissemination, distribution, or copying of this information is strictly prohibited. If you have received this transmission in error, please contact the sender to arrange for the destruction or return of the information. If any pages failed to send, please contact the sender at the above number. Thank you.