



ח	2	1	Δ	

Subject

Write your subject line here.

To

Recipient Name

Recipient Company

Recipient Fax Number

From

Your Name

Your Company

Your Fax Number

Message

Write your message here.



Date:

Medical Facsimile Cover Sheet

То	Medical	
Name:	Patient Name:	
Phone:	Identifier:	
Fax:	Medical Record Number:	
From	Reason for Release:	
Name:		
Signature:		
Phone:		
Fax:	Information Released:	

Total Pages:

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.





Date:	
То	
Name:	
Phone:	
Fax:	
Pages:	
Re:	
From	
Name:	
Phone:	
Fax:	

Statement of Confidentiality: The information contained within this facsimile message is a client-privileged and confidential information intended only for the use of individuals or entities named above. If you are not the intended recipient of this message, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies. Thank you.

- CONFIDENTIAL -