

# HIPPA

## Fax Cover Sheet

From: \_\_\_\_\_

To: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date: \_\_\_\_\_

Cover Sheet Plus: \_\_\_\_\_ Pages:

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Confidential Health Information Enclosed. Health care information is personal and sensitive. It is being faxed to you after appropriate authorization from the Individual or under circumstances that do not require Individual authorization. You, the recipient, are obligated to maintain this information in a safe, secure and confidential manner. Re-disclosure without additional consent or authorization of the Individual or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain the confidentiality of this information could subject you to penalties under Federal and/ or State law.