



Date: _____

Total Number of Pages:_____

Sender Name:

Sender Number:

Recipient Name:

Recipient Number:

Message:

Disclaimer: This fax transmission may contain confidential and/or protected health information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA). The information is intended solely for the use of the individual or organization to whom it is addressed. It may include material that is proprietary, privileged, or otherwise protected from disclosure under applicable laws.

If you are not the intended recipient (or the person responsible for delivering this fax to the intended recipient), be advised that any review, disclosure, copying, distribution, or use of this information is strictly prohibited and may violate federal or state law. If you have received this fax in error, please contact the sender immediately by telephone (number listed above) and destroy all copies of the original message.