## FAX COVER SHEET

## **Protected Health Information**

Confidential Health Information Attached		
Health care information is personal and sensitive. It is being faxed to you after appropriate authorization from the Member or under circumstances that do not require Member authorization. Maintain this information in a safe, secure, and confidential manner. Re-disclosure without additional Member consent or authorization, unless permitted by law, could subject you to penalties under Federal and/or State law.		
Date Transmitted:	Time Transmitted:	# of Pgs (including cover pg):
Intended Recipient:		
Facility:		
Address:		
Phone #:	Fax	#:
Document Description:		
_		
I verify that I have confirmed the receipt of this transmission by phone:		
Name:	Date:	Time:
Please contact		
at		
to acknowledge receipt of this fax or to report problems with the transmission.		
* * Confidentiality Statement and Restriction on Further Disclosure * *		
The attached information has been provided to you either with the consent of the individual whose information this is or as otherwise permitted by applicable law, including HIPAA and 42 CFR Part 2. Applicable law prohibits anyone receiving this information from using it to criminally investigate or prosecute the patient or from investigate / prosecute the Substance Use Disorder patient. Applicable law prohibits		

anyone receiving this information from making further release unless expressly permitted it in writing or as otherwise permitted by 42 CFR Part 2. Please return this material to the clinic or department identified above, if you are unable to comply with this condition of release.

The information contained in this transmission is privileged and confidential and is intended for use only by the recipient listed above. If you are neither the intended recipient nor the employee or agent of the intended recipient responsible for the receipt of this information, you are hereby notified that the disclosure, copying, use, or distribution of this information is strictly prohibited. Please Contact the Office of Human Resources via phone at 580-581-2245 or via email: <u>hr@cameron.edu</u> to report a mis-directed fax.