

FACSIMILE COVER LETTER

[sending facility name]
[address]
[city, state, zip code]
[telephone number]
[facsimile number]

DATE: _____ TIME: _____ NO. OF PAGES: _____

TO: _____
(name of authorized receiver)

(name of authorized receiver's facility)

TELEPHONE: _____ FAX: _____
(of receiver) (of receiver)

FROM: _____
(name of sender)

TELEPHONE: _____ FAX: _____
(of sender) (of sender)

COMMENTS:

*****CONFIDENTIALITY NOTICE*****

The documents accompanying this telecopy transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled, unless otherwise required by state law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.

Letter for Misdirected Fax

FACSIMILE COVER LETTER

[sending facility name]
[address]
[city, state, zip code]
[telephone number]
[facsimile number]

DATE: _____ TIME: _____ NO. OF PAGES: _____

TO: Recipient at _____
(fax number)

FROM: _____
(name of sender)

TELEPHONE: _____ FAX: _____
(of sender) (of sender)

COMMENTS:

We believe that information on one of our patients was transmitted to you in error. This is confidential information, belonging to *[name of sender]* that is legally privileged. Please return these documents to us immediately by mail. Thank you.

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