CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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To: From:

Company: Company:

Fax: Fax:

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Re: Date/Time:

You will receive _____page(s) including this cover sheet. If you do not receive all the pages, please contact our office.

☑ Urgent ☐ For Review ☐ Comment/Reply ☐ Confirm Receipt

Important Note to Sender: Is an accounting of this disclosure is required? See Individual’s Right to Request an Accounting of Disclosures of Protected Health Information policy.

Comments:

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