FAX

Date: _____ Time: _____

To: _____ Healthcare Facility: _____

Fax: _____ Phone: _____

From: _____ Fax: _____

Phone: _____

Pages: _____

Subject: _____

HIPAA Compliance (check all that apply):

- ☐ Minimum Necessary Information Included
- ☐ Patient Authorization on File
- ☐ Disclosure for Treatment Purposes
- ☐ Disclosure for Payment Purposes
- ☐ Disclosure for Healthcare Operations

Message:

_____

Urgency Level:

- ☐ Immediate Action Required
- ☐ Respond Within 2 Hours
- ☐ Respond Today
- ☐ Time-Sensitive Information

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