

From:

Fax:

Phone:

FAX

To: _____

Fax: _____

Phone: _____

Pages: _____

Re: _____

CONFIDENTIAL

STATEMENT OF CONFIDENTIALITY: The information contained in this facsimile message is a client privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message IS NOT the intended recipient, you are hereby notified that any dissemination distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the US Postal Service. Thank you.

Confidential Fax Cover sheet

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Health Care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the participant or under circumstances that do not require participant authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional participant consent or as permitted by law is prohibited. Un authorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

Date: _____

Number of pages: _____

Time: _____

Sender Information

Recipient Information

Name: _____

Name: _____

Telephone Number: _____

Telephone Number: _____

Fax Number: _____

Fax Number: _____

Sender, please ensure that proper authorization, as required by law, has been received for the transmittal of this facsimile. Do not include references to PHI in the message section below.

Recipient – please contact the sender at the number listed to verify receipt of this facsimile.

Message:

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed, and may contain information that is confidential and legally restricted, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this message by error, please notify us immediately and destroy the related message.

FAX

To: Recipient Name

Fax: fax number

From: Your Name

Date: Click to select date

Re: Subject

cc: Name

Urgent

For review

Please comment

Please reply

Please recycle

[Notes]

Confidential

CONFIDENTIAL

FAX TRANSMITTAL

TO: _____

FAX NUMBER: _____

PHONE NUMBER: _____

FROM: CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION

NAME: _____

ADDRESS: _____ *(INSERT SENDER INFORMATION)*

FAX NUMBER: _____

PHONE NUMBER: _____

DATE: _____ NUMBER OF PAGES: _____

If you do not receive all pages, please notify the person listed above as soon as possible.

IMPORTANT NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the agent or employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address above via the U.S. Postal Service.

Thank You.