

Your
Hospital's
Logo
Here

YOUR HOSPITAL
STREET ADDRESS
CITY, STATE ZIP

FAX / PHOTOCOPY COVER SHEET

TO: _____
(Authorized Receiver's Name)

(Continuing Care Provider's Facility or Agency)

FAX #: () _____

TEL #: () _____

FROM: _____
(Physician's Name)

DATE: _____ **TIME:** _____
(Military Time)

INITIALS: _____ **# OF PGS:** _____
(of Person Faxing / Photocopying) (Including this Sheet)

ATTENTION

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this information is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone at the number listed below.

Tel #: (202) 269 - _____

Fax #: (202) 269 - _____

FOR HOSPITAL INTERNAL USE ONLY

DO NOT FAX / PHOTOCOPY THIS SIDE OF COVER SHEET

INSTRUCTIONS: Medical Document FAXING / PHOTOCOPYING

(Source: Nursing Department Standard F1.0 - last reviewed 04/03)

- ◆ Signed Authorization to Disclose Protected Health Information (PHI: Form # 984645511) must be completed by the patient or personal representative with authority before faxing or photocopying documents from the patient's medical record.

- ◆ If unable to obtain signed authorization, write [1] "unable to obtain signature of patient or authorized representative", [2] your name, [3] your title, and [4] date on the authorization form.

- ◆ A written Physician's Order is required to fax or photocopy documents from the patient's medical record.

- ◆ The following documents may be faxed or photocopied, but this is not an all inclusive list. Check each document that is faxed or photocopied.
 - FACE SHEET
 - HISTORY & PHYSICAL
 - RECENT LAB REPORTS
 - RADIOLOGY REPORTS
 - OPERATIVE REPORTS
 - OTHER (Specify): _____
 - OTHER (Specify): _____
 - OTHER (Specify): _____
 - CONSULTATIONS
 - TRANSFER NOTE
 - DISCHARGE SUMMARY
 - PROGRESS NOTES
 - EKGs
 - DIAGNOSTIC STUDY REPORTS
 - PHYSICIAN'S ORDER SHEETS
 - PATHOLOGY REPORTS
 - MEDICATION KARDEX (MAR)
 - DIALYSIS FLOW SHEETS

- ◆ The Treatment Kardex may NOT be faxed or photocopied, as it is a working document for the Nursing Unit.

- ◆ File this Fax / Photocopy Cover Sheet Form & the Authorization Form in patient's medical record on top of Face Sheet. Send both forms with the medical record to Health Information Management when patient is discharged.