COVER LETTER

RUTGERS
University Behavioral
Health Care

Name

Unit #

MRN #

☐ MAIL ☐ FAX ☐ IN PERSON   E-MAIL

TO: **FROM:**

Fax #: (   ) _____   Fax #: (   ) _____

(Requestors' Name) _____   Sender's Name: _____

E Mail: _____   Address: _____

Company Name _____   Sender's Unit: _____

Address _____   Sender's Phone#: (   ) _____

_____   Date Sent: _____ / _____ / _____

Telephone # (   ) _____   Number of Pages Provided Including Cover: _____

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

Protected Health Information (PHI) is confidential and sensitive information. It is being provided to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. This information is intended only for the use of the individual or entity named above. The authorized recipient is obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited.

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 message in error, please notify the sender immediately to arrange for return of these documents.

Documents enclosed (include date for each document):

Medication List _____

☐ Term/Transfer/Disch Summary(s) _____

☐ Evaluation(s) _____

☐ Diagnosis/Problem List _____

☐ Treatment Plan(s) _____

☐ Progress Note(s) _____

☐ Lab Test(s) /UDS _____

☐ Letter(s)/Form(s)_____

☐ Other: _____

Consumer Provided a Copy: _____

NOTICE FOR DRUG AND ALCOHOL ABUSE RECORDS

This information has been disclosed to you from records the confidentiality of which is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute alcohol or drug abuse patients.

_____   _____

Signature (Where Applicable)   Administrative Signature (Where Applicable)

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