

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:

TELEPHONE:

FROM:

(Physician's Name)

DATE:

TIME:

(Military Time)

INITIALS:

(Person Faxing / Copying)

NO. OF PGS:

(Including This Page)

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PHONE: (202) 269 - _____

FAX: (202) 269 - _____

FOR YOUR HOSPITAL INTERNAL USE ONLY
DO NOT FAX OR PHOTOCOPY THIS SIDE OF COVER SHEET

INSTRUCTIONS for FAXING or PHOTOCOPYING of
MEDICAL RECORD DOCUMENTS

(SOURCE: Nursing Department Standard F1.0, May, 1997)

- Signed **AUTHORIZATION TO RELEASE MEDICAL RECORDS** (Form 8850315) must be completed by the patient or patient's authorized representative 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 authorization form.

- A **WRITTEN PHYSICIAN'S ORDER** is required to fax or photocopy documents from the patient's medical record.

- **DOCUMENTS ALLOWED:** Only the following documents may be faxed or photocopied. Place a "☐" in the checkbox next to each document that is faxed or photocopied.
 - Face Sheet
 - History & Physical
 - Recent Lab Reports
 - Radiology Reports
 - Consultation(s)
 - Transfer Note or Discharge Summary
 - EKG(s) / Diagnostic Study Reports
 - Dialysis Flow Sheet(s)
 - Operative Report(s)
 - Pathology Report(s)

- **DOCUMENTS NOT ALLOWED:** The following documents may NOT be faxed or photocopied:
 - Physician's Order Sheets
 - Progress Notes
 - Treatment Kardex
 - Medication Kardex (MAR)

EXCEPTION: Only **TRANSFER ORDERS** or **DISCHARGE ORDERS** may be faxed or photocopied.

- FILE this **COVER SHEET and 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 the patient is discharged.