

MaineGeneral Assertive Community Treatment (ACT) Team

9 Green Street Augusta, ME 04330

FAX TRANSMITTAL SHEET

DATE:	TIME:	# OF PAGES:
		(Including this transmittal sheet)
		RECIPIENT INFORMATION
TO:		DEPT:
COMPANY:		
CITY/STATE:		
		TELEPHONE#:
	(ORIGINATOR INFORMATION
ORIGINATOR:		DEPT:
FAX#: 207-621-37	02	TEL#: 207-621-3700
COMMENTS - AD	DITIONAL INSTRU	CTIONS:

This communication and its accompanying documents may contain confidential protected health information or MaineGeneral Health proprietary information. It is intended solely for the use of the recipient(s) to whom it is addressed. If you are not the intended recipient, any use, distribution, disclosure, printing or copying of this communication is strictly prohibited. If you are not the intended recipient or this fax has been received by you in error, please notify the sender and the MaineGeneral Health Privacy Officer (207-626-1534) immediately and arrange for the prompt return or destruction of the faxed information.

Substance Use:

□ If this box is checked, the information accompanying this fax has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the disclosure 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 any alcohol or drug use patient.