



Community
Health
Agency

Department of Public Health
Disease Control Branch
(951) 358-5107
Fax# (951) 358-5446

CONFIDENTIAL FAX TRANSMISSION

TO: Disease Control Branch
Riverside County Department of Public Health

DATE: _____

FAX: (951) 358-5102 or (951) 358-5446
Riverside

PHONE: (951) 358-5107

OR (760) 863-8183
Indio

PHONE: (760) 863-8448

Number of Pages Following: _____

FROM: _____
Health Care Provider

COMMENTS: _____

CONFIDENTIALITY NOTICE

The information contained in this facsimile transmission and/or its attachments is privileged and confidential, and is intended only for the use of the individual(s) designated above.

If the reader of this message is not 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 communication is strictly **prohibited**. If you have received this communication in error, please notify the Health Department Employee named above immediately by telephone or return FAX. Please **destroy** all copies of this transmission and any associated attachments.

DISCLAIMER: All disclosures of protected health information as promulgated under the Health Insurance Portability and Accountability Act (HIPAA) laws are to be used for the treatment of the individual only.