



Texas A&M University EMS

A.P. Beutel Health Center
Texas A&M University

Date: _____ Total Pages (Including Cover): _____

To: _____

Company Name: _____

Fax #: 979-776-4997

From: _____

Office: _____ Fax: _____

Comments:

"This facsimile transmission (and/or the documents accompanying it) may contain confidential information belonging to the sender which is protected by HIPAA. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited by law. If you have received this transmission in error, please immediately notify us by telephone to arrange for the return of the documents."