



Laboratory Result Receipt Confirmation

Confidential Health Information Enclosed

"Health care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that don't require patient's authorization. You, the recipient are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in the federal and state law."

Date/Time: _____

Dear Doctor _____ :

Attached is a recent **interim** **final lab result for:**

Patient: _____

Please indicate any changes in current medication/treatment:

Please check the appropriate box:

Yes, there's a change in medication(s)

(Name of med/dose/frequency/route)

No, there's no change in medication

Please fax this form back to us at 419-931-9931.

Physician Signature: _____ **Date:** _____

Thank you.

WellsBrooke Certified Home Health Care, Inc

Phone: 419-931-9930

The information in this facsimile message is confidential information belonging to the sender intended only for the use of the individual or entity named above. If you are not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately by telephone and destroy the related message. Thank you.