

COVERSHEET FOR FAXING MEDICAL PARKING FORMS

DHMH MEDICAL PARKING APPLICATION (DHMH 4576-1) AND/OR MVA'S VR-210

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE, IMMEDIATELY NOTIFY THE SENDER AT _____,
AS REQUIRED UNDER FEDERAL AND MARYLAND LAW. DOCTOR'S OFFICE PHONE NUMBER

Physician's Name _____

Physician's Office Location _____

Physician's Voice Phone Number _____

Physician's FAX Phone Number _____

BEFORE SENDING FAX

- >Medical Parking Applications (DHMH 4576-1) must either be mailed or faxed from the doctor's office to DHMH (410-333-7482).
Effective May 1, 2008
- >VR-210 must be faxed from the doctor's office to DHMH and either handcarried by patient or mailed to MVA for processing.

Prior to faxing protected health information to DHMH, senders shall call the receiver's voice phone at 410 767-6809 to ascertain that the fax number is correct and that the receiver is available to handle the incoming fax.

DO NOT FAX PROTECTED HEALTH INFO UNLESS THE RECEIVER IS AT THE FAX MACHINE.

Intended Receiver DHMH PARKING COORDINATOR

Receiver's Organization and Unit DHMH-OPASS Central Services Division

Receiver's Voice Phone Number 410 767-6809

Receiver's FAX Phone Number 410- 333-7482

Maryland Department of Health and Mental Hygiene

201 West Preston Street Baltimore MD 21201-2301
Toll Free 1-877-4MD-DHMH TTY for Disabled – Maryland Relay Service – 1-800-735-2258

WARNING! PROTECTED HEALTH INFORMATION.

Do not discuss the contents, or keep, or show copies of the attached to anyone because doing so could be a violation of Maryland's Confidentiality of Medical Records Law. The documents included in this fax may contain confidential or protected health information belonging to the sending physician, to the subject, or to DHMH, and cannot be shared, except as in accordance with Health General Article §04-302(d), Annotated Code of Maryland.