



FAX

**FLAGLER COUNTY FREE CLINIC
P.O. BOX 863, 703 EAST
MOODY BLVD.
BUNNELL, FLORIDA 32110
FAX # (386) 313-5945
PHONE # (386) 437-3091**

TO: _____ **DATE:** _____
FAX # _____ **COVER +** _____ **PAGES**
PHONE # _____
SUBJECT _____

The information in this Fax, including attachments, may be confidential and/or privileged, and may contain confidential health information. This FAX is intended to be reviewed only by the individual or organization named as addressee. If you are receiving this FAX in error, please notify the office of the Flagler County Free Clinic, immediately by returning message to the sender, destroy all copies of this message and any attachments. Confidential health information is protected by state and federal law, including, but not limited to, Health Insurance Portability and Accountability Act of 1996 and related regulations.