**FAX TRANSMITTAL PAGE**

**TO: JOHN DOE – Privacy Officer – \_\_\_\_\_\_\_\_\_\_ Health System**

**FAX #: \*\*\*-\*\*\*-\*\*\*\***

**FROM: \_\_\_ County Ass’t. District Attorney Bob Jones**

**DATE: January 1, 2025**

**RE: Preservation Letter and HIPAA letter is attached**

**COMMENTS:** Please see the attached from Ass’t. District Attorney Bob Jones. If you have any questions please call me at (\*\*\*) \*\*\*-\*\*\*\* or Email: bob.jones@randomDA.com. Your assistance will be greatly appreciated.

**TOTAL NUMBER OF PAGES: 3 (INCLUDING THIS PAGE)**

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