

McLaren Print System Order

Order No: 59676 Reprint Previous Order No: 31574
Order Date: 2021-01-14
User: REGINA NEAL
Phone: 5867915250

Ship Location: McLaren Macomb Family Medicine
35103 Silvano
Clinton twp, Michigan 48035

Forms

Quantity: 100
Paragon Dept No: 71000
Dept Name:
Company Number: 260

Order Total Price: 0.00

Item Number: MO-152
Item Description: Macomb Confidential Communications
Revision Date: 9/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Misc Info: ss; black & white

McLaren Macomb
CONFIDENTIAL COMMUNICATIONS

I request that all communications to me of my protected health information be sent or made to me at the alternative means or alternative locations, as follows:

Alternative address: _____
Alternative telephone: _____

I authorize the practice of leaving a message on my answering machine/voice mail: Yes No

FOR APPOINTMENT REMINDERS ONLY:

1) Use cell phone: Yes _____ No _____
2) Use e-mail: Yes _____ No _____

I authorize the release of my protected health information over the telephone to the following individuals:

Name of person: _____ Relationship: _____
Phone number: Home _____ Work _____

Name of person: _____ Relationship: _____
Phone number: Home _____ Work _____

Name of person: _____ Relationship: _____
Phone number: Home _____ Work _____

Patient Signature: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY:

Agrees to patient's request for confidential communications.
 Does not agree to patient's request for confidential communications.

Comments: _____

Signature: _____ Date: ____/____/____

CONFIDENTIAL COMMUNICATIONS
11-11-2014

