

McLaren Print System Order

Order No: 5732
Order Date: 2014-09-11
User: McCorry Debbie

Ship Location: McLaren Lapeer Region Community Medical Center
1254 Main
Lapeer, MI 48446

Forms

Quantity: 2500
Paragon Dept No: 65000
Dept Name: McLaren Lapeer Region Community Medical Center
Company Number: 810

Order Total Price: 81.75

Form Number: MM-132
Form Description: Confidential Communications
Revision Date: 4/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top

McLaren Medical Group
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: ____/____/____

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