

**McLaren Print System Order**

**Order No: 6197**  
**Order Date: 2014-10-01**  
**User: Deanna Parinello**  
**Phone: 586-627-2727**

**Ship Location: BRIDGEVIEW/ ATTN: DEANN**  
**39833 BRIDGEVIEW STREET**  
**HARRISON TOWNSHIP, MI 48045**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 71200**  
**Dept Name: BRIDGEVIEW FAMILY MEDICINE & URGENT CARE**  
**Company Number: 810**

**Order Total Price: 0.00**

**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: None**

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: \_\_\_\_/\_\_\_\_/\_\_\_\_