

**McLaren Print System Order**

**Order No: 6673**  
**Order Date: 2014-10-22**  
**User: Erica Kamyszek**  
**Phone: 9897342171**

**Ship Location: Rogers City Medical Group**  
**573 N Bradley Hwy**  
**Rogers City, MICHIGAN 49779**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 77025**  
**Dept Name: Rogers City Medical Group**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-132**  
**Item Description: Confidential Communications**  
**Revision Date:**  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Misc Info:**

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

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**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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