

**McLaren Print System Order**

**Order No: 42155 Reprint Previous Order No: 32086**  
**Order Date: 2019-01-23**  
**User: Katie Jacobs**  
**Phone: 9898462600**

**Ship Location: Primary Care Rose City-Attn Beth Morris**  
**2990 Campbell Rd PO Box 527**  
**Rose City, Michigan 48661**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 69250**  
**Dept Name: McLaren**  
**Company Number: 811**

**Order Total Price: 0.00**

**Item Number: MHC\_CC1108.7.7**  
**Item Description: Request for Confidential Communications Form**  
**Revision Date: 9/2017**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold: None**  
**Finish: None**  
**Drill: None**  
**Misc Info:**



**REQUEST FOR CONFIDENTIAL COMMUNICATIONS**

PATIENT NAME:	
PATIENT ADDRESS:	
TELEPHONE NUMBER:	
DATE OF BIRTH:	

I, \_\_\_\_\_, request that McLaren Health Care communicate with me in the following ways (check all that apply and provide detail):

<input type="checkbox"/> Phone:	
<input type="checkbox"/> Mail:	
<input type="checkbox"/> Email:	<small>* Note that sending patient information via e-mail may not be a secure means of communication.</small>

I am requesting that McLaren NOT contact me at the following phone number and/or address: \_\_\_\_\_

Please provide any additional information to avoid McLaren with the requested communication restriction: \_\_\_\_\_

Signature of requestor: _____	Date: _____
<small>Printed name of requestor:</small>	
_____	
<small>If requestor is a legal representative of patient, state the relationship to the patient or the nature of the legal authority.</small>	
_____	

Send completed form to:

**MCLAREN HEALTH CARE PRIVACY OFFICER**  
**One McLaren Parkway, Grand Blanc, MI 48439, or**  
**[Privacy@McLaren.org](mailto:Privacy@McLaren.org)**