

McLaren Print System Order

Order No: 55039 Reprint Previous Order No: 32086
Order Date: 2020-06-26
User: Julie Hawkins
Phone: 231-487-3295

Ship Location: McLaren Northern, Burns Bldg Attn: Amber Coss
560 W Mitchell, Suite 125
Petoskey, MI 49770

Forms

Quantity: 500
Paragon Dept No: 77250
Dept Name: Nephrology
Company Number: 810

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 assist 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