

McLaren Print System Order

Order No: 6220
Order Date: 2014-10-02
User: Judy Fago
Phone: 586-493-3610

Ship Location: Judy Fago
36500 Gratiot, Suite 102
Clinton Township, MI 48035

Forms

Quantity: 2500
Paragon Dept No: 0573
Dept Name: Multi-Specialty
Company Number: 260

Order Total Price: 75.50

Form Number: MM-132-A
Form Description: Confidential Communications
Revision Date: 9/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Health
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:

Agree to patient's request for confidential communications.
 Does not agree to patient's request for confidential communications.

Comments: _____

Signature: _____ Date: ____/____/____