

McLaren Print System Order

Order No: 7846
Order Date: 2014-12-29
User: Yvonne Mulcahy
Phone: 22565

Ship Location: 5 North-desk
401- S Ballenger Hwy
Flint, MI 484532

Forms

Quantity: 100
Paragon Dept No: 27410
Dept Name: Rehab
Company Number: 60

Order Total Price: 3.60

Item Number: 17773
Item Description: Patient Information Number (PIN) Program Acknowledgement Form
Revision Date: 9/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info:

McLAREN FLINT
Flint, Michigan
**Patient Information Number (PIN) Program
Acknowledgement Form**

Nursing Instructions:

1. Enter the PIN on the card.
2. Provide the PIN card to the patient or their spokesperson.
3. Advise the patient or their spokesperson that they may share this PIN with anyone they wish to be able to obtain information on the patient's condition.
4. Advise the patient or their spokesperson that the staff will NOT provide the PIN to anyone on their behalf.
5. Obtain the patient's or their spokesperson's signature on the PIN acknowledgement form. The form will be maintained as part of the patient's record.

Patient/Spokesperson Acknowledgement for Receipt of PIN Card

By signing this form, I acknowledge:

1. Receipt of the Patient Identification Number Card with PIN.
2. That I understand that the distribution of this number is solely my responsibility.
3. That the staff of McLaren Flint will not provide this number to anyone, even if expressly directed to do so by me.
4. That the staff of McLaren Flint will not release any information without being accurately provided with the PIN.

Signature of Patient or Patient's Spokesperson
Attachment A

Date


