

McLaren Print System Order

Order No: 72355
Order Date: 2022-09-14
User: Kellie Roberts
Phone: 5864933655

Ship Location: McLaren Macomb Family First
36500 Gratiot Ave suite 202
Clinton Twp, Michigan 48035

Forms

Quantity: 500
Paragon Dept No: 58705
Dept Name: Mt Clemens Family First
Company Number: 260

Order Total Price: 0.00

Item Number: MO-152
Item Description: Macomb Confidential Communications
Revision Date: 9/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Poster:
Misc Info: ss; black & white

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.

Spec Info:

Signature: _____ Date: ____/____/____

CONFIDENTIAL COMMUNICATIONS
8/10/2014

