

**McLaren Print System Order**

**Order No: 73003 Reprint Previous Order No: 31574**  
**Order Date: 2022-10-14**  
**User: Nicholas Briguglio**  
**Phone: 5868760596**

**Ship Location: Nik Multi Specialty**  
**36500 Gratiot, Suite 102**  
**Clinton Township, MI 48035**

**Forms**

**Quantity: 1000**  
**Paragon Dept No: 59070**  
**Dept Name: MAC Admin**  
**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**  
**Misc Info: ss; black & white**

**McLaren Records**  
**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:**

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CONFIDENTIAL COMMUNICATIONS  
10-10-2020

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