

McLaren Print System Order

Order No: 80089
Order Date: 2023-10-03
User: Nicholas Briguglio
Phone: 5868760596

Ship Location: MULTISPECIALTY CLINIC
36500 Gratiot Suite 102
Clinton Twp, MI 48043

Forms

Quantity: 1000
Paragon Dept No: 29070
Dept Name: MULTISPECIALTY CLINIC
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

Print Name: _____
Date: _____