

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.

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**Patient/Spokeperson 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.

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Signature of Patient or Patient's Spokesperson  
Attachment A

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Date



PT.

MR.#/P.M.

DR.