

McLaren Print System Order

Order No: 6075
Order Date: 2014-09-26
User: Deanna Braidwood
Phone: 586-465-2000

Ship Location: McLaren Macomb Family Medicine Shelby Creek
8180 26 Mile Rd. Suite 101A
Shelby Township, MI 48316

Forms

Quantity: 500
Paragon Dept No: 72700
Dept Name: McLaren Macomb Family Medicine Shelby Creek
Company Number: 810

Order Total Price: 0.00

Form Number: MM-132
Form Description: Confidential Communications
Revision Date: 4/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Medical Group
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: ____/____/____