

McLaren Print System Order

Order No: 61367
Order Date: 2021-03-29
User: Tammy Sagamang
Phone: 810-342-5820

Ship Location: McLaren Int. Med. Res. Group Practice-Attn: Tammy
3230 Beecher Road Ste 2-Med Ed Bldg
Flint , MI 48532

Forms

Quantity: 1000
Paragon Dept No: 60030
Dept Name: McLaren Int. Med. Res. Group Practice
Company Number: 60

Order Total Price: 0.00

Item Number: M-132-A
Item Description: CONFIDENTIAL COMMUNICATIONS
Revision Date: 1/2007
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER

McLaren Internal Medicine
Residency Group Practice
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

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.

Comments: _____

Spec Info:

Signature: _____ Date: ____/____/____