

**McLaren Print System Order**

Order No: 61494 Reprint Previous Order No: 32086  
Order Date: 2021-04-02  
User: Verna Lee  
Phone: 989-370-2708

Ship Location: McLaren Primary Care - Rose City Denise  
2990 Campbell Rd.  
Rose City, MI 48654

**Forms**

Quantity: 100  
Paragon Dept No: 69250  
Dept Name: McLaren Primary Care Rose City  
Company Number: 810

Order Total Price: 0.00

Item Number: MHC\_CC1108.7.7  
Item Description: Request for Confidential Communications Form  
Revision Date: 9/2017  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold: None  
Finish: None  
Drill: None  
Misc Info:



**REQUEST FOR CONFIDENTIAL COMMUNICATIONS**

PATIENT NAME:	
PATIENT ADDRESS:	
TELEPHONE NUMBER:	
DATE OF BIRTH:	

I, \_\_\_\_\_, request that McLaren Health Care communicate with me in the following ways (check all that apply and provide detail):

<input type="checkbox"/> Phone:	
<input type="checkbox"/> Mail:	
<input type="checkbox"/> Email:	<small>* Note that sending patient information via e-mail may not be a secure means of communication.</small>

I am requesting that McLaren NOT contact me at the following phone number and/or address: \_\_\_\_\_

Please provide any additional information to avoid McLaren with the requested communication restriction: \_\_\_\_\_

Signature of requestor: _____	Date: _____
<small>Printed name of requestor:</small>	
_____	
<small>If requestor is a legal representative of patient, state the relationship to the patient or the nature of the legal authority.</small>	
_____	

Send completed form to:

**MCLAREN HEALTH CARE PRIVACY OFFICER**  
One McLaren Parkway, Grand Blanc, MI 48439, or  
[Privacy@McLaren.org](mailto:Privacy@McLaren.org)