

McLaren Print System Order

Order No: 62334 Reprint Previous Order No: 32086
Order Date: 2021-05-11
User: STEPHANIE BENDER
Phone: 231-487-7441

Ship Location: McLaren Gaylord Family Practice
1320 M-32 East
Gaylord , MI 49735

Forms

Quantity: 500
Paragon Dept No: 57506
Dept Name: McLaren Gaylord Family Practice
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 assist 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 48839, or
Privacy@McLaren.org