

McLaren Print System Order

Order No: 8060
Order Date: 2015-01-08
User: Dawn McPherson
Phone: 586-226-3500

Ship Location: McLaren Macomb Int. Med. Health / Dawn McPherson
37399 Garfield - Suite 106
Clinton Township, Mi 48036

Forms

Quantity: 500
Paragon Dept No: 71650
Dept Name: MMG - McLaren Macomb Internal Medicine and Health
Company Number: 810

Order Total Price: 0.00

Item Number: MM-132-A
Item Description: Confidential Communications
Revision Date: 9/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Macomb
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: ____/____/____

CONFIDENTIAL COMMUNICATIONS
MM-132-A (9/14)

Print Name
Date Printed