

McLaren Print System Order

Order No: 9381 Reprint Previous Order No: 5542
Order Date: 2015-02-26
User: Angela DeLaRosa
Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Internal Medicine/Attn Angela DeLaRosa
3720 Katalin Ct, Suite 201
Bay City, MI 48706

Forms

Quantity: 1000
Paragon Dept No: 69000
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 0.00

Item Number: MM-132
Item 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
Misc Info:

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: ____/____/____