
Bloomfield Eye Associates PC
43700 Woodward Avenue, Suite 103
Bloomfield Hills, MI 48302
Phone: 248-550-0393
Fax: 248-839-5909

Notice of Privacy Practices

Name: _____
Date of Birth: _____

Date: _____

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review the following information carefully.

Your health information contains personal information about you and your health and is referred to as Protected Health Information ("PHI"). This information contains details that can be used to identify you and any information we have created or received regarding your past, present, or future conditions. This Notice describes how we may use and disclose your PHI in accordance with applicable law.

We are legally required to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this notice at any time. Any changes to this notice will be effective for all PHI we have at that time. The new Privacy Practices will be available upon request.

How We May Use And Disclose Your PHI

- **For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordination, or managing your health care treatment and related services.
- **For Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided to you.
- **For Health Care Operation:** We may use or disclose your PHI for our health care operations. This might include measuring quality of care, licenses and/or certifications to continue providing quality care.
- **Required by Law:** We may disclose your PHI when required by law without your approval. Examples of when this may happen include abuse, neglect, domestic violence, emergencies, judicial or administrative proceeding, public safety risk, etc.

Your Rights Regarding Your PHI

You have the following rights regarding PHI we maintain about you. Please submit your request in writing to Bloomfield Eye Associates, 43700 Woodward Ave, Suite 103, Bloomfield Hills, MI 48302 or fax: 248-839-5909.

- **Right to Request Limits on Uses and Disclosure.** You have the right to request how we use and disclose your PHI. Uses and disclose where legally required to make cannot be limited. However you may submit your request for review.
- **Right to of Access and Receive Copies.** You have the right, in most cases to review and receive copies of your PHI.
- **Right to Amend.** If you feel your PHI is incorrect or incomplete, you may request your PHI be amended.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

I have read and understand the above Notice of Privacy Practices for Bloomfield Eye Associates PC. I understand I have the right to ask questions about this information at any time.

Signature of Patient or Legally Responsible Person

Date

Name (Please print)

Relationship of Legally Responsible Person

Date

Access to Records

Is there a friend or family member to whom you wish to allow access to your health care information?

_____ Yes _____ No

If you answered YES to the above, please complete the following:

I _____, give permission to the following friends or family member(s) to have access to my health care information:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Patient or Legally Responsible Person

Date