

Notice of Privacy Practices

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

What Is Protected Health Information (PHI)?

Your health information contains personal details about you and your health, referred to as Protected Health Information (PHI). PHI includes any information we have created or received regarding your past, present, or future health conditions, treatments, or payment for health care that can be used to identify you.

We are legally required to:

- Maintain the privacy of your PHI.
- Provide you with this notice of our legal duties and privacy practices.
- 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 will apply to all PHI we have at that time, and the updated notice will be available upon request.

How We May Use and Disclose Your PHI

For Treatment

Your PHI may be used or disclosed to those involved in your care for the purpose of providing, coordinating, or managing your health care and related services.

For Payment

We may use or disclose PHI so we can receive payment for the services we provide to you.

For Health Care Operations

We may use or disclose your PHI for our operations, such as measuring quality of care, maintaining licenses or certifications, and improving services.

When Required by Law

We may disclose PHI without your consent when required by law, including situations involving abuse, neglect, domestic violence, emergencies, court orders, or public safety risks.

Your Rights Regarding Your PHI

Right to Request Limits on Use and Disclosure

You may request restrictions on how we use or disclose your PHI. While we will consider your request, we are not required to agree to restrictions where the law requires disclosure.

Right of Access and Copies

In most cases, you have the right to review and receive copies of your PHI.

Right to Amend

If you believe your PHI is incorrect or incomplete, you may request an amendment.

Right to Request Confidential Communication

You may request that we communicate with you in a specific way or at a specific location.

Submitting Requests

All requests must be submitted in writing to:

Bloomfield Eye Associates
32255 Northwestern Hwy, Ste 45
Farmington Hills, MI 48334
Fax: 248-839-5909