

# Eye Envy Optical/Bradley Eye Care HIPAA Agreement

**Our Privacy Obligations** – We are required by law to maintain the privacy of your personal health information (“PHI”) and to provide you with this notice of our legal duties and privacy practices with respect to your PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notices in effect at the time of the use or disclosure).

**Permissible Uses and Disclosures Without Your Written Authorization** – In certain situations, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

1. **Uses or Disclosures for Treatment, Payment and Health Care Operations.** We may use and disclose PHI in order to treat you, obtain payment for services provided to you and conduct our health care operations.

Treatment. We may use PHI to provide you with medical treatment or services. This includes communications between other healthcare providers and facilities involved in the continuation of your care.

Payment. We may use and disclose PHI to obtain payment for services that we provide to you. This includes disclosures to claim and obtain payment from your health insurer or other company responsible for payment of services.

Health Care Operations. We may use and disclose PHI for our health care operations to improve the quality and cost effectiveness of the care we deliver.

1. **Disclosure to Relatives, Close Friends, and Other Caregivers.** Unless you request otherwise, we may use or disclose PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or available prior to, the disclosure. In addition, we may use your confidential information to remind you of appointments or follow up by sending reminder postcards and/or leaving messages at home and/or work.
2. **Public Health Activities.** We may disclose PHI to public or government health authorities authorized by law.
3. **Victims of Abuse, Neglect or Domestic Violence.** We may disclose PHI to a governmental authority authorized by law if we believe you are a victim of abuse, neglect or domestic violence.
4. **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law.
5. **Judicial Proceedings.** We may disclose PHI in response to a legal order or other lawful process.
6. **Law Enforcement Officials.** We may disclose PHI to law enforcement officials as required or permitted by law.

**By signing this I understand the HIPAA Privacy agreement and confirm that I have read this form.**

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*Patient's Name (print)*

*Patient/Guardian Signature*

*Date*

**Dr. Bradley does not employ any of the employees at Eye Envy. I give the employees of Eye Envy permission to manage my financial accounts and have access to my glasses and/or contact lens prescriptions. I also give permission to the staff to view or update my records under the general supervision of Dr. Bradley.**

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*Patient/Guardian Signature*