



WILKINSON EYE CENTER, P.C.

dedicated to EXCELLENCE in eye care

*Certified Doctors
of Ophthalmology*

W. Scott Wilkinson, MD
Amy L. Smith, MD
Cagri G. Besirli, MD

*Certified Doctor
of Optometry*

John M. Schmitz, OD

REQUEST FOR AN ACCOUNTING OF CERTAIN DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

As a patient, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by our practice. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the costs of providing the list; however, the practice will notify you of the cost involved and you may choose to withdraw or modify your request. To request an accounting of disclosures made by the practice, you must submit your request in writing to the Privacy and Security Officer at: _____

Patient name: _____

Date of birth: _____

Patient address:

Street: _____

Apartment #: _____

City, State, ZIP: _____

Signature of patient: _____ Date: _____

Signature of guardian: _____ Date: _____

Printed name of legal guardian: _____

PONTIAC OFFICE

Mercy Medical Building
44555 Woodward Avenue
Suite 203
Pontiac, MI 48341
Phone: (248) 334-4931
Fax: (248) 239-0492

CLARKSTON OFFICE

6875 Dixie Highway
Clarkston, MI 48346
Phone: (248) 625-5922
Fax: (248) 625-2013