Hygieia Clinic Michigan, PC
28807 Eight Mile Road, Suite 102
Livonia, MI 48152
(734) 743-2838

HIPAA Authorization Form

I, _____, authorize Hygieia Clinic Michigan, PC (d-Nav® Care Center) to use and disclose any and all protected health information (PHI), but only as necessary for the d-Nav service delivery, analysis, improvement and associated purposes.

- ☐ I understand that I am not obligated to sign this HIPAA Authorization Form.
- ☐ I understand that I may revoke this HIPAA Authorization From in writing at any time and that any revocation would be applied only prospectively.
- ☐ I understand that d-Nav Care Center shall use and disclose my PHI only as permitted under HIPAA or this HIPAA Authorization Form. However, d-Nav Care Center is not responsible for the actions of third parties to which d-Nav Care Center may disclose my PHI under HIPAA or this HIPAA Authorization Form.
- ☐ I understand that PHI used or disclosed under this HIPAA Authorization Form may no longer be protected by federal or state laws regarding the privacy of PHI.
- ☐ I understand that this HIPAA Authorization Form shall remain valid until one year from the date of my death.

I have read and understand this HIPAA Authorization Form and am voluntarily signing it in either hard copy or electronic format.

_____ _____

Signature of Member Date