



Authorization for Disclosure of Protected Health Information

This Authorization is Voluntary

Person Granting Authorization / Policy Holder Information fields including Date, Name, Address, Date of Birth, ID Number, and Telephone.

I authorize and direct Davis Vision, Inc. and its affiliates to furnish and release vision care insurance information regarding the person noted above.

Information to Be Disclosed: Participating Vision Care Providers, Benefit, Policy and Procedure information, Vision Care Claims Information, etc.

Purpose of Disclosure: To provide information to a family member or friend, As required for a legal matter, Other.

Person(s) or Organization(s) To Receive the Identified Information: Name, Street Address, City, State, Zip.

My protected health information is information about me, including information such as my name and address and/or medical information.

I understand that if the persons or organizations I authorize to receive and/or use the protected health information described above are not subject to federal health information privacy laws, they may further disclose the protected health information and it may no longer be protected by federal health information privacy laws.

I understand that my authorizing the use and disclosure of my "protected health information" is not a condition of my enrollment in the Davis Vision Care plan, my eligibility for benefits or payment of my claims.

Expiration: This authorization will expire on \_\_\_/\_\_\_/\_\_\_ or on occurrence of the following event

Right to Revoke: This authorization may be revoked at any time. Contact Davis Vision, Inc. Privacy Contact Office at 1-800-571-3366 for further instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Person requesting Authorization)

If this form is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_ (Please Print)

Description of Personal Representative Authority: \_\_\_\_\_

PLEASE RETAIN A COPY OF THIS SIGNED AUTHORIZATION FOR YOUR RECORDS