DAVIS VISION
EYECARE REFRAMED℠

Request for Access

Member Information
(Please Print)

This section must be completed with the information specific to the individual. A contact number or address is needed in case additional information or clarification is required.

Date: _____ **Member ID:** _____

Name: _____ **Date of Birth:** _____

Address: _____ **Telephone:** _____

_____ **Email:** _____

You have the right to inspect and obtain a copy of your protected health information in designated record sets Davis Vision or its business associates maintain. You are not, however, entitled to inspect or obtain a copy any information Davis Vision may have compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding, any information not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a), and certain other records. To exercise your right of access, please complete the below sections, then mail or fax this request to Davis Vision at:

Davis Vision – Privacy Office
P.O. Box 1416
Latham, New York 12110-1416
Fax: 1-866-999-4640

If you have questions, need additional information or assistance in completing your request, please contact the Davis Vision Privacy Office at 1-800-571-3366 or the address shown above.

Please specify the records you wish to inspect or obtain copies of:

_____
_____
_____

Please list the name and address of each person, including yourself or your personal representative, for whom you want us to make copies. If you want us to provide access to or copies of your records to any person other than you or your personal representative, you must provide us with a signed authorization. We can supply you with an authorization form.

_____ _____
_____ _____
_____ _____

Signature: _____ **Date:** _____
(Person Granting Authorization)

If this authorization 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 REQUEST FOR ACCESS FOR YOUR RECORDS