DAVIS VISION
EYECARE REFRAMED℠

Request for Amendment

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 request that Davis Vision amend your protected health information in designated record sets they or their business associates maintain. Davis Vision may decline your request if the information is not part of these designated record sets, we did not create the information, we believe the information is complete and accurate, or the information is compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding, or not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a). To exercise your right to request amendment, please complete this form, then mail or fax this request to Davis Vision – Privacy Office 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 amend and the amendments you wish to make:

_____

_____

Please state the reasons for the amendments:

_____

_____

Please list the name and address of each person who you want us to notify of the amendment should we agree to make the amendment you request. You must provide us with a signed authorization for us to notify these persons. We can supply you with the appropriate 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 AMENDMENT FOR YOUR RECORDS

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