Lumen Optical
c/o South Valley Optical
261 W. Data Drive
Draper, UT 84020
Fax# (801) 316-9699

# AUTHORIZATION TO DISCLOSE HEALTH INFORMATION
## Lumen Optical

_____ _____ _____/_____/_____
**Customer Name** **Customer ID #** **Date of Birth**

I _____ hereby authorize Lumen Optical, or
*(Customer or Personal Representative Name)*

its authorized representative, to **disclose** specific health information from the records of the above named customer **to**:

_____

*(Person or Organization Receiving the Personal Health Information)*

_____

*(Where to send the Information – Provide Address of Person or Organization)*

**The date range of the health information authorized for disclosure is:** _____

**The specific health information authorized for disclosure (select all that apply):**

□ Copy of prescription □ Copy of order history

□ Other:_____

**The purpose for the disclosure is:**

□ At the request of the individual □ Other: _____

**This authorization will expire on the following date, event, or condition**: _____

I understand that if I do not provide an expiration date or condition, this authorization is only valid for the period of time needed to fulfill its purpose.

I understand that I may revoke this authorization at any time, by sending written notification to Lumen Optical at the address provided above.

I understand that I may refuse to sign this authorization. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

I understand that the information used or disclosed under this Authorization Form may be subject to re-disclosure by the person or facility receiving it and may no longer be protected by federal or state privacy regulations.

_____ _____

Signature of Customer or Personal Representative* Date
By signing, I acknowledge I have been provided a copy of this signed authorization.
*If signed by a Personal Representative, provide a description of authority to act on behalf of Customer:

_____
(Please attach documentation supporting legal authority of the person's appointment as a personal representative, if applicable (for example health care power of attorney, letter of guardianship, executor of estate, etc)