National Vision, Inc.

Privacy Rule

NATIONAL VISION, INC. REQUEST FOR CONFIDENTIAL COMMUNICATIONS

ignature of Customer -or- Signature of Customer of Customer	Comp	e "Compa	ny") and a	any business as	[Customer's name], request the sociate of the Company communicate my leans or alternative locations, as specified below
Signature of Customer Oute Signed Relationship to Customer [TO BE COMPLETED BY RETAIL ASSOCIATE] (check one) I know the individual making this request. I hereby verify the identity of the individual requesting protected heal authority of the individual to have access to the protected health informate Signature of Retail Associate Store Number SUBMIT COMPLETED FORM TO: Privacy Officer National Vision, Inc. 296 Grayson Highway Lawrenceville, GA 30045 For National Vision, Inc. Use Only: Date Received: (MO/DY/YR) Disposition of Request: GRANTED DENIED PARTIALLY DENIED	-	-			
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Privacy Officer National Vision, Inc. 296 Grayson Highway Lawrenceville, GA 30045 For National Vision, Inc. Use Only: Date Received: (MO/DY/YR)/ Disposition of Request: GRANTED DENIEDPARTIALLY DENIED				Store Nun	nber
Date Received: (MO/DY/YR)/ Disposition of Request: GRANTED DENIEDPARTIALLY DENIED			N 29	Privacy Offic National Vision 96 Grayson Hig	cer a, Inc. ghway
Disposition of Request: GRANTED DENIED PARTIALLY DENIED	-	-			
Patient notified in writing of response to Request on this Date: (MO/DY/YR)//_					
For alread for fulfilling this Dogwood (if applicable).		-	-		
Fee charged for fulfilling this Request (if applicable): \$ Name or Initials of Privacy Office Member processing this Request:					

Form No. 8 Effective 4/14/03 Policy No. 13 ©2003 National Vision, Inc.