

EYEXAM of California Inc.

A Licensed Vision Care Service Plan

Authorization for the Release of Personal and Medical Information

I understand and agree that EYEXAM of California, Inc. (EYEXAM) may use and disclose to LensCrafters, Inc. (LensCrafters), an affiliate of EYEXAM, my personal and medical information (including my name, address, member identification number, spectacle and/or contact lens prescription and/or type of products or services provided, prescribed or recommended) to permit LensCrafters to perform administrative services for EYEXAM, provide me with vision care products and services, process my vision care claims, and communicate with me regarding vision care products and services available from EYEXAM or LensCrafters. Information pertaining to me shall not be used for any other purpose.

To protect the confidentiality of a subscriber or enrollee's medical information, a protected individual is not required to obtain the primary subscriber or enrollee's authorization to receive sensitive services or submit a claim for sensitive services if the protected individual has the right to consent to care.

The confidential communication is valid until the subscriber or enrollee submits a revocation of the request or a new confidential communication request is submitted, without an annual renewal requirement. I understand that EYEXAM may not condition treatment, payment, enrollment, or eligibility for benefits on the execution of this Authorization. I understand that LensCrafters has agreed to maintain the confidentiality of all data pertaining to me, but that there is a potential that information which is disclosed pursuant to this Authorization could be subject to redisclosure by LensCrafters. I understand that I have a right to receive a copy of this Authorization.

Signature of Patient, Guardian or Legal Representative

Date

Print Name

(White) Office Copy

(Yellow) Patient Copy