

NATIONAL VISION, INC. REQUEST FOR AMENDMENT TO DESIGNATED RECORDS

Effective _____ [date], I, _____ [Customer's name], request that the health information contained in the designated record set that National Vision, Inc. (the "Company") or a business associate of the Company maintains on my behalf be amended as follows [identify the information to be amended and the requested amendment as specifically as possible]:

_____ [] *check here if additional pages are attached*

I am requesting this amendment because: [please set forth your reason(s)]

If the Company agrees to my requested amendment, I would like the Company to notify the following individuals and organizations of this amendment [please provide names and addresses]:

Signature

-or-

Signature of Personal Representative of Customer

Date

Relationship of Personal Representative 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 health information and the authority of the individual to have access to the protected health information.

Signature of Retail Associate

Store Number

[see next page]

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

Patient notified in writing of response to Request on this date: (MO/DY/YR) ____/____/____

Fee charged for fulfilling this Request (if applicable): \$ _____

Name or Initials of Privacy Office Member processing this Request: _____