

## 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: \_\_\_\_\_