



## Authorization to Release or Request Confidential/Health Information

I authorize East Texas Lighthouse for the Blind/Horizon Industries, Inc. (ETLB) to receive or disclose my confidential health information, as follows (describe the information in specific terms):

MY EYE REPORT SHOWING VISUAL ACUITY AND FIELD RESTRICTIONS

I authorize ETLB to receive or disclose my confidential health information from/to (name person(s) and/or entities that that you allow us to make the request to or request the information from):

*List eye doctor's name here*

I authorize the use of this information for the following purpose(s):

ELIGIBILITY FOR SERVICES

ETLB will not use or disclose your health information without your specific permission for most marketing purposes (except for those about the services offered by ETLB, face –to-face communications and nominal promotional gifts). Also, ETLB does not sell health information.

You may revoke this Authorization at any time in writing by contacting the Human Resource Department or the Client Services Division. You may not revoke this Authorization if the Agency has taken actions that required your Authorization.

ETLB cannot condition your ability to receive treatment, payment, enrollment or eligibility for benefits on your signing this Agreement unless the information that is going to be obtained from this Agreement is needed to determine your eligibility for those benefits.

There is the potential for health information disclosed from this Agreement to be re-disclosed and no longer be protected.

This authorization will expire on: \_\_\_\_\_  
(Specific Date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Representative (if necessary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Personal Representative to Individual

\_\_\_\_\_  
ETLB Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY: \_\_\_\_\_ REVOCATION or \_\_\_\_\_ EXPIRATION OF AUTHORIZATION:

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

IF THIS SECTION IS COMPLETED THIS AUTHORIZATION FORM IS NO LONGER VALID. A NEW AUTHORIZATION FORM MUST BE OBTAINED BEFORE ANY CONFIDENTIAL HEALTH INFORMATION MAY BE RELEASED OR REQUESTED. SUPPORTING DOCUMENTATION (IF ANY) IS ATTACHED. THIS FORM MUST BE RETAINED UNDER THE TERMS OF THE ETLB HIPAA DOCUMENT RETENTION AND DESTRUCTION POLICY.