



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):

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):

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

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.

ETLB cannot condition your ability to receive services, 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.

You may revoke this Authorization at any time in writing by contacting the Human Resource Department or the Client Services Division. Your revocation does not affect any action based on this release. You may not revoke this Authorization if the Company has taken actions that required your Authorization.

This authorization will remain valid while a client of ETLB or until revoked by me.

Print Name

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: _____