

## Authorization for Use and Disclosure of Protected Health Information

By signing this Authorization, you authorize [INSERT PRACTICE] (“Company”) to use and disclose your protected health information (“PHI”), including your name, your email address, and information about the vision care you received (such as examinations, contact lenses, and glasses), to TeamVision, so that TeamVision can provide you with information about products and services that may interest you.

Additionally, you acknowledge and agree to the following:

- I understand that I do not need to sign this Authorization in order to receive treatment, services, or materials from Company.
- I understand that Company may receive direct or indirect remuneration from another party in connection with the use or disclosure of my PHI for the purpose described above.
- I understand that I may receive a copy of this Authorization by emailing Company at [Insert Practice Email Address] or writing Company at:  
[Insert Practice’s Physical Address]
- I understand that the PHI subject to this Authorization may be protected by law. I understand that such PHI may be re-disclosed by TeamVision and no longer protected by the federal health information privacy law known as HIPAA. However, certain state laws may prohibit TeamVision from further disclosing my information to another party, unless another authorization is obtained from me or unless the further disclosure is specifically permitted or required by law.
- I understand that I have the right to revoke this Authorization in writing at any time by emailing Company at [Insert Practice Email Address] or writing Company at:  
[Insert Practice’s Physical Address]

Revoking this Authorization will not have any effect on actions in reliance on the Authorization before the notice of my revocation was received.

- I understand that this Authorization will terminate two (2) years from the date on which I agree to this Authorization, unless I revoke it sooner.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_