CA• BVI
Building Brighter Futures
for People with Vision Loss

2045 Gilbert Avenue, Cincinnati, Ohio 45202 • Phone: 513-221-8558 • Fax: 513-221-2995

AUTHORIZATION TO SECURE/RELEASE INFORMATION
ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I give The Cincinnati Association for the Blind & Visually Impaired permission to contact the named individual, company or agency to secure or release the following information for the intended use indicated:

THE NAMED INDIVIDUAL, COMPANY OR AGENCY:

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THE INFORMATION REQUESTED:

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THE INTENDED USE OF INFORMATION:

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I give The Cincinnati Association for the Blind & Visually Impaired my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies or other funding sources. I have read and/or been offered a copy of the CABVI Privacy Notice.

I understand that CABVI has the right to change their privacy practices, and that I may obtain any revised notices.

I also understand that I may revoke this consent at any time by making a request in writing, except for information already used or disclosed.

_____ _____

Signature Date

_____

If signed by a client representative, state relationship to client.