



3919 Old Lee Highway., #81B  
Fairfax, VA 22030  
Phone: 703-385-7133  
Fax: 703-385-7137

### Authorization for Release of Information

Identifying Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

This authorizes the release of any medical or other information necessary to determine and obtain benefits payable for an Eyegaze Communication System to LC Technologies, Inc., my insurance carrier or other medical entity. A copy of this authorization will be sent to the Health Care Financing Administration, my insurance company or other entity if requested. The original authorization will be kept on file by the organization.

By signing this document, I also acknowledge that I have received a copy of the organization's Notice of Privacy Practices. This acknowledgement is required by the Health Insurance Portability and Accountability Act (HIPPA) to ensure that I have been made aware of my privacy rights.

This authorization may be revoked in writing by the above individual at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Authority

Please sign, date and return to:

LC Technologies, Inc.  
3919 Old Lee Highway, Suite 81B  
Fairfax, Virginia 22030  
Attn: Nancy Roepke

For questions regarding this or any of the forms or for general questions about funding for Eyegaze Communication Systems, please call us at 703/385-7133.