

Notice of Right to Request Confidential Communications

Pursuant to Cal. Ins. Code § 791.29(b), you have the right to request that EyeMed Vision Care LLC and/or First American Administrators, Inc. (EyeMed Vision Care LLC and First American Administrators, Inc. collectively referred to herein as “EyeMed”) send your protected health information (PHI) to you at an alternative address or in an alternative format.

EyeMed will implement restrictions concerning confidential communications upon your request, subject to reasonable conditions based on payment arrangements and specific information provided about the alternative address or method of contact. You may request an alternative address to be used by (i) sending us an email at privacyoffice@eyemed.com, or to the address below:

Privacy Office
EyeMed Vision Care LLC
4000 Luxottica Place
Mason, OH 45040

Please include the completed [request form](#).

EyeMed will make every effort to send all bills and attempts to collect payment, notice of adverse benefits determinations, explanation of benefits notices, requests for additional information concerning a claim, notices of contested claims, names and addresses of providers, descriptions of services provided, any information related to a visit, and any other written, oral, or electronic communication containing PHI related specifically to the individual making the confidential communication request, subject to applicable law, at the alternative address provided or in the alternative format requested.

EyeMed will respond to your request no later than 7 business days after date of receipt.

Please submit your requests to:

privacyoffice@eyemed.com, or to the address below:

Privacy Office
EyeMed Vision Care LLC
4000 Luxottica Place
Mason, OH 45040