

HIPAA VIRTUAL TRY ON AUTHORIZATION

The Ditto® Try Online tool allows you to virtually try on prescription eyeglasses and sunglasses using your smartphone or the camera attached to your computer.

The Ditto Try Online tool is powered by Ditto Technologies, Inc. (“Ditto”), our business partner. By clicking the “Accept & Continue” button, you are authorizing us to disclose information to Ditto and you are agreeing to the Ditto Privacy Policy, which is available here: <https://ditto.com/privacy-policy/>. When we say “our”, “us”, “we”, or “Company” in this Authorization, we are referring to For Eyes.

I understand that:

- (1)** The Ditto Try Online tool will capture a picture of my face, so that the Try Online tool can create a facial reconstruction (which is a biometric identifier) to show virtual eyeglasses and sunglasses on my face and provide me with customized information about eye glasses and sunglasses. I understand that Ditto may also collect other information about me and my use of the Ditto Try Online tool, such as, for example, my IP address, the type of browser and mobile device I am using, and page view statistics. I can learn more about the information Ditto collects and Ditto’s privacy practices by reviewing the Ditto Privacy Policy. The Ditto Privacy Policy is controlled by Ditto and not by Company or any of Company’s related or affiliated entities.
- (2)** I understand that the information disclosed to Ditto or collected by Ditto may not be protected under the HIPAA Privacy Rule. Some or all information disclosed pursuant to this Authorization may be subject to re-disclosure by Ditto, in which case it may no longer be protected under the HIPAA Privacy Rule. Also, I understand that I may have or may consent to additional uses by Ditto. For example, I understand that installing the Ditto app on my mobile device is subject to additional terms and conditions that are controlled by Ditto and not Company or any of Company’s related or affiliated entities.
- (3)** I may refuse to agree to this Authorization and that my acceptance of this Authorization is strictly voluntary. If I refuse to agree, my health care and the payment for my health care will not be affected.
- (4)** I may revoke this Authorization at any time by giving written notice to Company using the means described in the Company’s Notice of Privacy Practices. I may obtain a copy of the Notice of Privacy Practices from the Company’s website or by contacting the Company as described in paragraph 10 below. If I revoke my consent, it will not impact any actions taken by Company prior to Company receiving the revocation. My revocation will be effective on the date Company receives my revocation notice. I also understand that my revocation is limited to Company and will not impact any consents I provide to Ditto.
- (5)** While Company calls its business partners ‘partners’, the parties are independent companies and are not partners, agents, or employees of each other. This means, for example, that Company has no control over Ditto’s employees and Ditto has no control over Company’s employees.
- (6)** This Authorization is limited. Company may have additional communication rights as described in the Company’s Notice of Privacy Practices.
- (7)** I have additional rights under HIPAA, including the right to request restrictions on certain uses and disclosures of my health information, the right to inspect and copy my health information (for a reasonable fee if allowed by state law), and the right to request amendments to my health information. These rights are further explained in the Company’s Notice of Privacy Practices.
- (8)** I may create my own paper copy of this Authorization by printing it using my browser’s print function and saving the document to my hard drive, or by taking a screenshot or screen capture using my mobile device. I may have an electronic copy of this Authorization emailed to me by providing my email address in the notice screen that contains a link to this Authorization. (I will check my spam folder if I do not see the email in my inbox.) I may also request a paper copy of this Authorization by following the requirements in the eSign Disclosure and Consent or by contacting Company at the email address in paragraph 10 below.
- (9)** This Authorization will expire when I finish using the Ditto Try Online tool through the Company’s website, or sooner if I revoke it. I understand that if I install the Ditto app on my mobile device, I will need to uninstall it.

(10) I can contact customer service by phone: For Eyes, call 1-800-FOR-EYES. If I have questions about this Authorization or the Company's Notice of Privacy Practices, I can contact the Company by email at privacyoffice@luxotticaretail.com. (Please include *FE HIPAA Virtual Try On Authorization* in the subject line.)

By clicking the "Accept & Continue" button, **(a)** I confirm that I have read and understand this Authorization, **(b)** I authorize the Company to use and disclose my information in the manner described above, **(c)** I affirm that am at least 19 years of age, and have the legal capacity to sign this Authorization, **(d)** I understand that Ditto may retain my biometric information for three years following collection, and **(e)** I consent to sign this Authorization electronically and acknowledge receipt of the eSign Disclosure and Consent.

v. 10.26.2021