



**TEXAS OPTOMETRY BOARD**  
333 GUADALUPE STREET, SUITE 2-420  
AUSTIN, TEXAS 78701-3942  
512/305-8500

**CONSUMER COMPLAINT FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip

Please fill out the following as completely as possible.  
Information about optometrist or person(s) being reported:

Name \_\_\_\_\_ License Number \_\_\_\_\_

Office Location \_\_\_\_\_

\_\_\_\_\_ City State Zip

Incident being reported. Clearly indicate the nature of your complaint. Please indicate what your desired results would be. Please enclose photocopies of supporting documentation. If more space is needed, attach additional sheets.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above statements are true to the best of my knowledge. I understand that I must fill out the release of patient records form in order for the Board to investigate this complaint.

\_\_\_\_\_  
Signature of Complainant Date

 **AUTHORIZATION TO RELEASE PATIENT RECORDS**  
*your signature is required in order to investigate your complaint*

I authorize the release of my optometric patient records (or the records of my dependent) to the Texas Optometry Board (Board) and its representatives, from any party or person possessing the records regardless of where the records are located. I understand that these optometric patient records may be used to conduct the investigation of the complaint I have presented and to support any disciplinary action taken by the Board. This investigation may require that these patient records be disclosed to Board staff, Board members, other state agencies, the legislature, optometrists from whom an opinion is requested by the Board, the Board's legal counsel, and any parties or participants in an administrative hearing or court proceeding regarding my complaint. My authorization is in effect during the investigation of this complaint.

I understand that any other use would require my additional consent. I may revoke my authorization to use the records as described in this paragraph in writing, but doing so may prevent the Board from investigating my complaint.

I understand the Board's policy regarding the privacy of these records is set out below on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please make a copy of this authorization for your records.

## PRIVACY NOTICE REGARDING PATIENT RECORDS

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Texas Optometry Board is not a covered entity as defined by federal government regulations regarding privacy of patient records. The Board is however, required by state law (Health & Safety Code Chapter 181) to comply with the federal regulations, to protect the privacy of identifiable patient health information and provide this notice. The Texas Optometry Act does not contain provisions regarding the privacy of patient records. The Board will not disclose any identifiable patient health information provided to it with the permission of a patient, except for those uses described in the next paragraph.

If you give permission for the Texas Optometry Board to obtain a copy of patient records covering your health care, the Board will use these records to investigate your complaint. This investigation may require that these patient records be disclosed to Board staff, Board members, other state agencies, the legislature, optometrists from whom an opinion is requested by the Board, the Board's legal counsel, and any parties or participants in an administrative hearing or court proceeding regarding your complaint. Any other use would require your additional consent. You may revoke your authorization to use the records as described in this paragraph, but doing so may prevent the Board from investigating your complaint.

The Board may revise this notice. If your records are still maintained by the Board, you will be sent a copy of the revised notice. The Board does not request, maintain or compile original patient records. Any questions regarding your patient records should be directed to your health care provider.

*Complaints* regarding violations of the privacy rights of persons authorizing the Board to obtain a copy of patient records may be made to the Texas Optometry Board or the Texas Attorney General. For further information, contact Roger Young, Investigator, Texas Optometry Board, 512-305-8500. This notice is effective April 14, 2003.