

INSTRUCTIONS FOR COMPLETING THE COMPLAINT FORM

COMPLAINT FORM

Clearly **print** or **type** all information.

Page 1:

1. Fill in the full name and address of the optometrist your complaint is against.
2. Fill in your name and address.
3. Provide the reason for your initial visit to the optometrist and a **brief** reason for your complaint (you may use the section for complaint details to provide us with the full summary of the complaint).
4. Indicate if you have discussed this matter with the optometrist and if you have taken any other steps to attempt a resolution. Furthermore, indicate if you have taken action with Small Claims Court to resolve a fee dispute. Note that the California State Board of Optometry does not have statutory authority to set or modify fees charged by optometrists, or to compel refunds.

Page 2 :

1. Write your complaint and include as many **specific** details as possible (who, what, when, where, how, why). Include the date(s) of treatment and specific examples of the problems with the care and treatment. **Please use extra sheets of paper, if needed.** Send us copies of any documents that substantiate your complaint. This may include patient records, photographs, correspondence, billing statements, reports, etc.
2. Sign and date the complaint form at the bottom of the front page and keep a copy for your records.

MEDICAL RECORDS AUTHORIZATION FORM

Complete the "Authorization for Release of Records" as follows:

- This document is a legal authorization for the California State Board of Optometry to obtain information about the patient's care from the doctor involved in the treatment. **ANY EXTRA COMMENTS, NOTATIONS, ETC., MAKE THE FORM VOID, AND WE WILL HAVE TO ASK YOU TO FILL OUT ANOTHER RELEASE FORM. If you wish to provide us with additional information, please do so on the complaint form or a separate piece of paper.** This form, when it is filled out and signed, allows the Board of Optometry to get records from **ONLY** the doctors you list on this records release form.
- **Print or type the patient's name and date of birth.**
- **Print or type the names and addresses of all the patient's health care providers** you want the Board to consult regarding this complaint. Put the name of the person you are complaining about in the first section. Then use the other sections for the other health care providers.
- **Sign the release form.** The release form must be signed and dated by either the patient or the individual legally authorized to make medical decisions for the patient. If the patient is unable to sign the release, the form may be signed by: 1) the parent of a minor child (parent must have legal custody of child) or 2) the person named by the patient in a signed "Power of Attorney" granting the person authority to make **medical decisions** for the patient (provide a copy of this document).



CONSUMER COMPLAINT FORM

Please Print or Type

COMPLAINT REGISTERED AGAINST				
1. Last Name	First	Middle Initial		
Office/Facility Name:	Website or Email:	Phone Number: ()		
Street Address:	City	County	State	Zip Code
PERSON REGISTERING COMPLAINT				
2. Mr. <input type="checkbox"/> Last Name	First	Middle Initial		
Ms. <input type="checkbox"/>				
Mailing Address:	City	County	State	Zip Code
Home phone: ()	Daytime phone: ()	Email:		
Patient's Name (If different than above): <input type="checkbox"/> Patient is a Minor <input type="checkbox"/> I, _____ have Power of Attorney	<input type="checkbox"/> Patient is a senior citizen ("senior citizen" means any person over 65) <input type="checkbox"/> Patient is disabled <small>Pursuant to Business and Professions Code Section 17206.1(a)(2), "Disabled" means any person who has physical or mental impairments which substantially limits one or more major life activities.</small>			
INITIAL SUMMARY OF COMPLAINT				
3. Initial reason for visit: _____ Date: _____	4. What is the reason for your complaint (Please use next page for details)? _____ _____			
5. Have you discussed this matter with the optometrist? YES <input type="checkbox"/> NO <input type="checkbox"/> When: _____ Result: _____ _____ _____	6. What other steps have you taken to resolve this issue? (i.e. Have you discussed this matter with an eye care professional, another healthcare professional or primary care doctor, the local optometric society, or another organization?) Whom: _____ When: _____ Result: _____ _____			
7. Have you contacted an attorney or filed a claim in Small Claims Court? YES <input type="checkbox"/> NO <input type="checkbox"/>				
The California State Board of Optometry has no statutory authority to set or modify fees charged by licensed optometrists or to compel refunds. Complaints with unresolved fee disputes may be referred to Small Claims Courts.				

Notice on Collection of Personal Information

Collection and Use of Personal Information. The California State Board of Optometry collects the information requested on this form as authorized by Business and Professions Code Sections 325 and 326. The Department uses this information to follow up on your complaint.

Providing Personal Information. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help you resolve your complaint.

Access to Your Information. You may review the records maintained by the Department that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice, or the Department's Privacy Policy, you may need to contact the Information Security Office in the Department of Consumer Affairs, 1625 N. Market Blvd., S202, Sacramento, CA 95834, or email privacy@dca.ca.gov.

For access to your records, you may contact the Board of Optometry at 2450 Del Paso Road, Suite 105, Sacramento, California, 95834.

BOARD OF OPTOMETRY

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Patient Name: _____

Date of Birth: _____

I, the undersigned hereby authorize:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| _____ | _____ |
| _____ | _____ |
| 2. _____ | 4. _____ |
| _____ | _____ |
| _____ | _____ |

to disclose records made in the course of my diagnosis and treatment, and prognosis with respect to any optometric or medical condition and/or treatment of me or my minor children to give the CALIFORNIA STATE BOARD OF OPTOMETRY or its legal representative any and all such information. This disclosure of records authorized herein is required for official use including investigation and possible administrative proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid until the California State Board of Optometry completes its investigation and proceedings arising out of the investigations.

A copy of this authorization shall be as valid as the original. I understand that I have a right to receive a copy of this authorization if requested by me. I understand that I have the right to revoke this authorization by sending written notification to the Board of Optometry, 2450 Del Paso Road, Suite 105, Sacramento, CA 95834. My written revocation will be effective upon receipt by the California Board of Optometry but will not be effective to the extent that such persons have acted in reliance upon this Authorization. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

Signature: _____ Date _____
Patient

Legal Representative Relationship Date
(Sign here only if you are NOT the patient)

NOTE: Failure by an optometrist to provide the requested records within 15 days, or a health care facility in 30 days, of receipt of this request and authorization may constitute a violation of Section 3110, of the Business and Professions Code and Health and Safety Code 123110. This release is compliant with the requirements of HIPAA and Civil Code Section 56.11.

THE COMPLAINT AND DISCIPLINARY PROCESS:

1. Introduction

The California State Board of Optometry (Board), is part of the Department of Consumer Affairs (DCA) and conducts disciplinary proceedings in accordance with the Administrative Procedure Act, Government Code Section 11370, and those sections that follow.

The Board of Optometry conducts investigations and hearings pursuant to Government Code Sections 11180 through 11191.

The following information is intended to inform consumers about:

- The procedure for filing a complaint against an optometrist
- The Board's process for reviewing and investigating complaints; and
- The types of disciplinary actions and dispositions available to the Board.

2. Procedure For Filing A Complaint Against An Optometrist

If your complaint is against an **optical business** or an **ophthalmologist**, you should contact the Medical Board of California at 916-263-2382.

Anyone who believes an optometrist engages in unprofessional conduct related to his or her professional responsibilities should file a complaint. The Board reviews each complaint, regardless of the source.

Complaints must be submitted in writing. The most effective complaints are those containing firsthand, verifiable information. **Anonymous complaints** will be reviewed; however, they may be impossible to pursue unless they contain documented evidence of the allegations.

Third-party complaints filed by someone other than the patient may prove impossible for the Board to pursue because each patient has the legal right to confidentiality of their medical records. Unless all persons are willing to be contacted, and to provide authorizations for release of information, the Board may be unable to investigate and prosecute a complaint. The Board notifies consumers in writing about the status of their complaints, or any actions taken.

When filing, please explain clearly the nature of your complaint. Include as many details and as much documentary evidence as possible; for example, bills, statements, cancelled checks, correspondence and court documents.

Whenever possible, please include the name, address and phone number of any witness or person who can corroborate issues or events described in your complaint, as well as dates, times and locations of occurrences. It is unnecessary to refer to specific sections of law that may have been violated. The emphasis should be on details, rather than conclusions.

If you have seen other health care providers, subsequent to being treated by the subject of your complaint, please complete, sign and submit the **Authorization for Release of Patient Health Information form**.

The release form authorizes the licensee to respond to Board inquiries concerning the complaint, and to share confidential information about the complainant or patient. **Failure to provide a signed release** precludes the Board from contacting the licensee. A release must be completed for each optometrist, ophthalmologist, healthcare provider, hospital and insurance company.

The complaint form may be obtained by calling 916-575-7170 or by downloading it from <http://www.optometry.ca.gov/formspubs/complaint.pdf>. Mail the completed form and supporting documents to the California Board of Optometry, 2450 Del Paso Road, Suite 105, Sacramento, CA 95834.

3. Board's Process For Reviewing and Investigating Complaints

After receiving a complaint, the Board notifies the optometrist, requests permission to review the patient's file and contacts the patient to resolve a complaint. If it appears that a violation of the Optometry Practice Act has occurred, the Board may open an investigation to verify facts and gather necessary evidence for the Attorney General's review, and possible initiation of legal proceedings.

If the facts surrounding a complaint do not justify legal action, the Board may refer the complaint to another jurisdictional agency that will provide the most effective means of securing relief.

The Board has **no statutory authority to set or modify fees charged by licensed optometrists or to compel refunds**, so complaints with unresolved fee disputes may be referred to Small Claims Court.

4. Types of Disciplinary Actions And Dispositions Available to the Board

The Purposes of the disciplinary process are to:

- Ensure quality optometric care for consumers; and
- Preserve high standards of practice in the state of California.

Through the Board's enforcement staff, DCA's Division of Investigation (DOI) and the Office of the Attorney General (AG), the Board takes appropriate action against optometrists who, through their conduct, expose themselves to disciplinary action. The Board's enforcement staff reviews all complaints. If proven to constitute grounds for disciplinary action, complaints containing allegations may be sent to DOI for investigation.

If the investigation confirms the alleged misconduct, the Board may submit the matter to the AG's Office to determine whether sufficient evidence exists to pursue disciplinary action against the subject. If it is determined sufficient evidence exists, the Board prepares an accusation and serves the subject, who may request a hearing to contest the charges.

Acts subject to disciplinary action – such as revocation, suspension or probationary status of a license - include, but are not limited to:

- Unprofessional conduct
- Sexual misconduct
- Gross negligence
- Conviction of a substantially related crime
- Substance abuse; and
- Insurance fraud

After the Board files an accusation, the case may be resolved by a stipulated settlement, which is a written agreement between parties to which the person is charged admits to certain violations and agrees that a particular disciplinary order may be imposed.

Stipulations are subject to adoption by the Board. If a stipulated settlement cannot be negotiated, the Board holds a hearing before an Administrative Law Judge of the Office of Administrative Hearings. After the hearing, the judge issues a proposed decision, submitted to the Board for adoption as its decision in the matter.

If the Board does not adopt the proposed decision, Board members obtain a transcript of the hearing, review the decision and decide the matter based upon the administrative record. The respondent may petition for reconsideration if dissatisfied or file a writ of mandate in the appropriate superior court to contest the decision.

If a case goes to hearing, the disciplinary process generally takes two years, from receipt of the complaint until a final decision is rendered. Accusations and final decisions of cases are matters of public record. As such, they are available from the Board.