

General Optical Council

Obtaining copies of relevant optical records

To consider your complaint we may need to get copies of relevant optical records. To do this, we need to have the consent of the patient, their guardian or legal representative. We also need you to tell us the name(s) of the optical practice, GP practice or hospital holding the records that are relevant to the matter you are complaining about.

We may not need copies of these records, but if we do it will save time if you give us your consent at this stage. If you are the patient please sign and date this section.

I give permission for the General Optical Council (the GOC) to see copies of my optical records for the period the GOC considers relevant to this complaint.

I give my permission for all patient's records held relating to me to be provided by those listed in the Schedule of Record Holders to: the GOC and the GOC registrant who is the subject of my concerns, the legal representatives of the GOC and the registrant and any person appointed by the GOC to assess the professional performance of that registrant. I also give permission for these records to be provided to the CHRE, if that organisation wishes to review the decision of the GOC.

Name of patient _____

Signature of patient _____

Date _____

If the patient is under 16 years old, a parent or guardian must fill in this section.

My name is _____

and I give permission for the General Optical Council (the GOC) to see copies of the optical records of

The patient's name _____

The patient's date of birth _____

for the period the GOC considers relevant to this complaint.

I give my permission for all patient's records held relating to the person named above to be provided by those listed in the Schedule of Record Holders to: the GOC and the GOC registrant who is the subject of my concerns, the legal representatives of the GOC and the registrant and any person appointed by the GOC to assess the professional performance of that registrant. I also give permission for these records to be provided to the CHRE, if that organisation wishes to review the decision of the GOC.

Signature _____

Date _____

Who I am (for example, patient, patient's relative, patient's next of kin, patient's solicitor etc)

If the patient has died, their next of kin or legal representative must fill in this section.

My name is _____

and I give permission for the General Optical Council (the GOC) to see copies of the optical records of

The patient's name _____

The patient's date of birth _____

for the period the GOC considers relevant to this complaint.

I give my permission for all patient's records held relating to the person named above to be provided by those listed in the Schedule of Record Holders to: the GOC and the GOC registrant who is the subject of my concerns, the legal representatives of the GOC and the registrant and any person appointed by the GOC to assess the professional performance of that registrant. I also give permission for these records to be provided to the CHRE, if that organisation wishes to review the decision of the GOC.

Signature _____

Date _____

Who I am (for example, patient's next of kin, legal representative etc. You may need to provide evidence of this, e.g. power of attorney)

Schedule of Record Holders

Name and address of each optical practice/GP practice/hospital where records are held (if you know this information)

1. Record Holder _____

Address _____

2. Record Holder _____

Address _____

3. Record Holder _____

Address _____