

## Home Residence Permit Consumer Notice

**Your Name and License Number:**

**Email Address:**

**Telephone Number:**

**Primary Business Address:**

**Normal Business Hours:**

### CONSUMER NOTICE

The practice of optometry in California is regulated by the California State Board of Optometry. The Board of Optometry receives and investigates all consumer complaints involving the practice of optometry. Complaints or grievances involving a California-licensed optometrist or optician should be directed in writing to:

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS  
BOARD OF OPTOMETRY  
2540 DEL PASO ROAD, SUITE 105  
SACRAMENTO, CA 95834  
PHONE: 1-866-585-2666 OR 916-575-7170  
EMAIL: OPTOMETRY@DCA.CA.GOV  
WEBSITE: OPTOMETRY.CA.GOV

### PRESCRIPTIONS

Optometrists are required to provide patients with a copy of their ophthalmic lens prescriptions as follows:

- Spectacle prescriptions: Release upon completion of exam.
- Contact lens prescriptions: Release upon completion of exam or upon completion of the fitting process.

### VOLUNTARY RELEASE OF PATIENT'S MEDICAL INFORMATION

The patient may choose to release their medical information related to the optometrist's provision of optometry services to the Board of Optometry. This authorization is voluntary, and the medical information will only be used to investigate complaints and to conduct the Board of Optometry's enforcement duties under Optometry Practice Act.

**Patient Name:**

**Patient Acknowledgment and Signature:**

OR

**Guardian Name:**

**Guardian Acknowledgment and Signature:**

**\*An electronic or in-person consumer notice must be provided to the patient. The signed consumer notice must be retained in the patient's file.\***