

Optical Consumer Complaints Service

FORM OF AUTHORISATION

**To: Optical Consumer Complaints Service
PO Box 219
Petersfield
GU32 9BY**

I understand that the optical records that my Optician holds for me are confidential between me and him/her and that my authorisation is required in order to have a third party see those records. Therefore, in order to assist the Optical Consumer Complaints Service in its mediation of the dispute between myself and my Optician.

I,

..... (*name & address*),

authorise the Optical Consumer Complaints Service to obtain details of my optical records
from

.....

..... (*name & address of optician*).

I seek only a contractual settlement through OCCS.

I understand that the Optical Consumer Complaints Service will maintain a record of my personal data, including details about my health. I fully consent to this data being retained, processed and fairly disclosed for the purposes of mediating any dispute that I may refer to the Optical Consumer Complaints Service. I understand that the information about me will be used for the purpose of mediating disputes between me and third parties and will be retained only for the purpose of providing you with the background information that you and your Optical Advisers need to arrive at a satisfactory resolution of the complaint.

Please complete and sign

FULL NAME of signatory

Telephone number:

Signed..... **Date**