



## Ethics Committee Patient Submission Form

Please fill out this entire form and attach any material about your challenge that you want the Ethics Committee to review. A “challenge” is the word we use to describe your complaint or concern. The Ethics Committee cannot review your challenge with an incomplete form. If your challenge is about eye care provided by an ophthalmologist who is a member of the American Academy of Ophthalmology, we may need to review your medical record as well. Please fill out and return the attached record release form with your submission.

Please note:

1. The Academy’s Ethics Committee can only review challenges about ophthalmologists who are Academy members. If your concern relates to an ophthalmologist who is not an Academy member, please send your concerns to your state medical board. Each state medical board’s contact information can be found on the web at this address: <http://www.fsmb.org/state-medical-boards/contacts>.
2. Please note that the Ethics Committee cannot investigate challenges about fees you have paid or have been asked to pay. However, if you are concerned that you were charged for services not provided or that the provided services were misrepresented by your eye doctor, please send us a completed submission form.

Our investigative process is confidential. Please do not talk about or make public the fact that a challenge has been filed or is ongoing.

By submitting this form, you agree that:

- 1) Your name and all the information you provide to the Ethics Committee about this challenge will be made available to the challenged Academy member.
- 2) It may be necessary for you to attend a non-legal, administrative hearing to resolve this challenge. These hearings are rare, but if one is needed, we will make every effort to minimize your time, expense, and potential anxiety.

### Part I. Your Contact Information

Your Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## Part II. Information about the Challenge

1. Please provide the name and contact information of the Academy member you are concerned about:

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2. What is the date that you saw or spoke to the Academy member you are concerned about? \_\_\_\_\_

3. Have you talked with an attorney, a state medical board or other group about your challenge? Yes / No If yes, please send us any official communication you have from any of those individuals or groups. The Ethics Committee has the right, in its sole discretion, to not accept or delay its investigation of your challenge until legal or other formal reviews of your challenge are complete.

## Part III. Specific Concerns

The Ethics Committee asks that you describe your challenge in detail. Please submit your TYPED challenge is as much detail as you are able. We are unable to accept hand written submissions.

Check this box if you agree to communicate with the Ethics Committee by email. Do not send any confidential or private health information about you or anyone else in an email message. All submissions to the Ethics Committee about confidential information not available to the general public must be submitted in writing and signed by you. E-mail will be used only for communications with you after your written submission is received.

All submission forms and supporting materials must be sent to:

The Ethics Committee  
American Academy of Ophthalmology  
655 Beach Street  
P.O. Box 7424  
San Francisco, CA 94120-7424

Following the initial written and signed submission, email may be sent to [ethics@aao.org](mailto:ethics@aao.org).

The Academy's Code of Ethics can be seen at this link: <http://one.aao.org/ethics-detail/code-of-ethics>.