**Referral to the RNIB Eye Clinic Liaison Officer (ECLO) based at the Royal United Hospital, Bath.**

**Note: Please make sure the patient knows that this is a referral to RNIB.**

Patient Name:

Contact Telephone Number(s):

Contact email (if preferred):

I confirm that:

* I wish to be referred to the RNIB ECLO.
* I agree to be contacted by the RNIB ECLO

I understand that:

* It may be necessary for the RNIB ECLO to access NHS Health Records to help me.

I give permission for the sharing of personal health information between the relevant organisations for this referral to be supported.

Signed:

Print Name:

Date:

RNIB is committed to protecting your privacy and we want to assure you that your personal information is safe with us.

We store your information on our secure database and in accordance with the Data protection Act 2018, General Data Protection Regulations and current UK data protection legislation.

We do not share your information for marketing or trade purposes with RNIB or anyone else.

A copy of our full privacy statement is available on our website: [www.rnib.org.uk/privacy-notice](http://www.rnib.org.uk/privacy-notice)

**Reason you are referring:**

**To the person referring –**

Please provide this form and the reason for your referral to the RNIB ECLO.

If you have an nhs.net email address you can refer to the ECLO direct at [ruh-tr.batheclo@nhs.net](mailto:ruh-tr.batheclo@nhs.net)

If not, please send the email securely to the above mailbox.

Please **DO NOT** use the eye clinic referral email route.

**If someone needs an LVA appointment, please refer as normal as this is completed by the eye clinic.**

RNIB Helpline: 0303 123 9999 or [helpline@rnib.org.uk](mailto:helpline@rnib.org.uk)

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