

NOTICE TO ALL PATIENTS

• Request for your Records

- **Talk to** call: 512-505-8500 email: reception@wholefamilychiropractors.com
 - **Requesting your records**
 - **Rule §76.2**
 - (a) A patient may request patient records be disclosed to another person or to the patient.
 - (b) A patient shall make the request for disclosure of patient records in writing.
 - (c) In a written request for disclosure of patient records, a patient shall include:
 - (1) the specific information or records to be disclosed; and
 - (2) the person to whom the records are to be disclosed.
 - (d) A patient or other person legally authorized to act on the patient's behalf shall sign the written request for disclosure of patient records.
 - (g) A licensee or other person may honor an oral request for disclosure if the licensee or other person documents:
 - (1) the patient's identity by valid government identification or legal documents that identify a person as the patient's legal representative; and
 - (2) the information required by subsections (c) and (d) of this section.
 - (h) A licensee or other person shall disclose patient records, after receiving any applicable fees for the records, within 15 business days from the date of the request, unless the request is denied under subsection (j) of this section.

• Contact the Applicable Licensing or Disciplinary Authority

- **Texas Board of Chiropractic Examiners**
<https://www.tbce.state.tx.us/>
(512) 305-6700
- **Office for Civil Rights (OCR)**
<https://www.hhs.gov/ocr/index.html>

• How to File a Consumer Complaint

- **Texas Board of Chiropractic Examiners**
1801 Congress Avenue Suite 10.500
Austin, Texas 78701
512-305-6700
https://db.tbce.texas.gov/fmi/webd/TBCE_Complaint_Portal?homeurl=https://tbce.state.tx.us