

## NOTICE TO PATIENTS

### ACCESS TO HEALTH RECORDS & CONSUMER COMPLAINT INFORMATION

In accordance with Texas Health & Safety Code 181.105, patients are entitled to instruction regarding:

- Requesting medical records
- Contacting the applicable licensing authority
- Filing a consumer complaint

#### HOW TO REQUEST YOUR MEDICAL RECORDS

Step 1: Submit a written request to our office by:

Email: [info@texasfhc.com](mailto:info@texasfhc.com)

Fax: (214)-269-7547

Mail: Texas Functional Health Centers

411 N. Washington Ave STE 7500

Dallas, Tx 75246

Or

In person during normal business hours

Step 2: Include the following information:

Full Name

Date of Birth

Phone Number

Date of Treatment requested

Specific records requested

Signature and date

Step 3: Provide a Copy of a valid government- issued photos ID

Step 4: Our office will process your request in accordance with applicable Texas Law and HIPAA regulations. Reasonable copying and mailing fees may apply as permitted by law.

For questions regarding records request, contact our office at Phone: 469-334-0624

## 2. HOW TO CONTACT THE CHIROPRACTIC LICENSING AUTHORITY

Texas Chiropractors are regulated by the: Texas Board of Chiropractic Examiners

Website: TBCE.com

Phone: (512) 305-6700

Mailing Address: Texas Board of Chiropractic Examiners  
333 Guadalupe Street, Ste. 3-825  
Austin, Texas 78701

You may contact the board regarding:

- Licensing questions
- Disciplinary matters
- Professional conduct concerns
- Filing complaint against a chiropractor

## 3. HOW TO FILE A CONSUMER COMPLAINT

Patients may file a consumer complaint regarding protected health information, privacy rights, or health care concerns under Texas Health & Safety Code 181.103.

Step 1: Visit the Texas Attorney General Consumer Protection Website

[www.texasattorneygeneral.gov](http://www.texasattorneygeneral.gov)

Step 2. Complete the online complaint form or request a paper complaint form.

Step 3. Provide:

Your contact information

Name of the provider or facility

Description of the complaint

Relevant dates and supporting documents

Step 4: Submit the complaint through the Attorney Generals Website or by mail.

Mailing Address: PO BOX 12548  
Austin, TX 78711-2548

Attorney General Consumer Protection Division  
Phone: (800) 621-0508

This Notice is provided pursuant to Texas Health & Safety Code 181.103 and 181.05