



PATIENT RIGHTS & COMPLIANCE NOTICE

In accordance with Texas Health and Safety Code Section 181.105 (HB 4224)

At **Hill Family Chiropractic**, we are committed to protecting your privacy and ensuring you have full access to your health information and consumer rights. Under Texas law, you have the right to request your records, contact our licensing board, or file a consumer complaint.

1. How to Request Your Medical Records

You have the right to access and receive copies of your health care records. To request your records:

- **Submit a Request:** Please submit a written request in person at our clinic or email us at hillchiropractic@aol.com
- **Form Required:** You may be asked to fill out our standard Medical Records Release Form to verify your identity.
- **Timeline:** We will process and provide your records in accordance with Texas regulatory timelines.

2. Licensing and Disciplinary Authority Contact Information

Our chiropractors are licensed and regulated by the state of Texas. If you have questions, concerns, or inquiries regarding professional licensing and standards, you may contact our oversight board:

- **Authority:** Texas Board of Chiropractic Examiners
- **Address:** 1801 Congress Avenue, Suite 10.500, Austin, TX 78701
- **Phone:** (512) 305-6700

3. How to File a Consumer Complaint

If you believe your privacy rights have been violated, or if you have a complaint regarding the care or services received, you have the right to file an official consumer complaint:

- **File with the Board:** You can file a formal complaint directly with the Texas Board of Chiropractic Examiners Complaint Page.
- **File with the State:** You may also file a consumer complaint through the Texas Attorney General Consumer Protection Division.

medical release form

From: Jason Hill (jhillchiro@sbcglobal.net)
To: hillchiropractic@aol.com
Date: Wednesday, June 10, 2026 at 09:36 AM CDT

MEDICAL RECORDS RELEASE AUTHORIZATION

Sulphur Springs Chiropractic

[Insert Clinic Address, e.g., 1400 Mockingbird Ln, Sulphur Springs, TX 75482]

Phone: [Insert Phone] | Email: [Insert Email]

1. Patient Information

- Patient Full Name: _____
- Date of Birth (MM/DD/YYYY): ____ / ____ / ____
- Phone Number: _____
- Email Address: _____

2. Authorization to Release Information

I hereby authorize **Sulphur Springs Chiropractic** to release the health records specified below to:

- Recipient Name / Facility: _____
- Attention (Name/Dept): _____
- Mailing Address: _____
- City, State, Zip: _____
- Phone: _____ Fax: _____
- Email / Secure Delivery: _____

3. Information to Be Released (Check all that apply)

- Complete Health Record (All charts, notes, X-rays, and billing)
- Progress / Daily Treatment Notes Only
- X-ray Reports and Images Only
- Billing Records Only
- Other (Please specify date range or specific records): _____

4. Purpose of Disclosure

- Personal Use
- Continuation of Care / Referral to another doctor
- Legal / Attorney Request
- Insurance Claim / Workers' Comp
- Other: _____

5. Patient Rights and Acknowledgments

- **Right to Revoke:** I understand that I have the right to revoke this authorization in writing at any time, except to the extent that action has already been taken.
- **Voluntary Signing:** I understand that signing this form is voluntary and my treatment or payment will not be conditioned upon my signing this authorization.
- **Redisclosure:** I understand that once my health information is disclosed to the recipient listed above, it may no longer be protected by federal or state privacy regulations and could be subject to redisclosure by the recipient.
- **Expiration:** This authorization will automatically expire **one (1) year** from the date signed below, unless otherwise specified here: _____

6. Signature & Verification

By signing below, I validate that I am either the patient or the legally authorized representative.

- **Patient / Representative Signature:** _____
- **Date Signed:** ____ / ____ / _____
- **Printed Representative Name (if applicable):** _____
- **Relationship to Patient (e.g., Parent, Legal Guardian):** _____