

REQUEST YOUR MEDICAL RECORDS



It's easy to request your medical records.
Just email our office using the steps below.

STEP
1



OPEN YOUR EMAIL

Open a new email message to our office.

STEP
2



ENTER OUR EMAIL ADDRESS

Address the email to:
corehealth@spinerehabpartners.com

STEP
3



ENTER THE SUBJECT LINE

Type the following as the subject line:
Medical Records Request

STEP
4



INCLUDE YOUR INFORMATION

In the body of your email, please include:

- Your full name
- Date of birth
- Phone number
- A brief description of the records you are requesting

STEP
5



SEND YOUR EMAIL

Review your email for accuracy, then click Send.

STEP
6



RECEIVE CONFIRMATION

You will receive a confirmation email once we have received your request.



WE'VE GOT YOU COVERED.

Once we receive your email request, **your records will be delivered within 5 business days.**

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

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



HOW TO FILE A CONSUMER COMPLAINT

- o 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



WE ARE HERE TO HELP. If you have any questions, please contact our office.

