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CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA

4600 Kietzke Lane, M-245 | Reno, Nevada 89502-5000

Phone: (775) 688-1921 | Fax: (775) 688-1920

Website: <http://chirobd.nv.gov> | Email: chirobd@chirobd.nv.gov

Dear Sir or Madam:

To file a complaint with this Board, please complete and submit to our office at the above address the enclosed complaint form and authorization to release information.

Most complaints concerning fee disputes and/or billing procedures are not within this Board's purview. If it is determined that your complaint is not valid or does not fall within this board's jurisdiction, you will be informed of such.

If the Board determines that your complaint is well founded, you may expect to be contacted by a Board appointed investigator or a designated member of the Board.

Sincerely,

Julie Strandberg

Julie Strandberg
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
4600 Kietzke Lane, Suite M245, Reno, NV 89502 • 775-688-1921

COMPLAINT FORM (Please print or type)

Name and address of the chiropractor against whom you are filing this complaint:

Name, address and phone number of person filing this complaint:

Phone No: _____

Phone No: _____

Describe your complaint, including dates and locations. Please provide as much detail as possible with regard to the conduct or actions of the chiropractor that make up the basis of your complaint. Please describe any harm or injury that you believe resulted from the chiropractor's conduct or actions. Attach any paperwork in support of this complaint. Add additional pages if necessary.

Names, address and phone numbers of witnesses to and/or others who can corroborate the above:

1) _____

(2) _____

Phone: _____

Phone: _____

I hereby attest that the above information is true and accurate to the best of my knowledge.

___ Yes ___ No *If required, I will appear & testify at a hearing in this matter.*

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any licensed physician, hospital, clinic, or health professional or facility to release information from my patient records,

_____ patient's name)

To the Chiropractic Physicians' Board of Nevada, its employees or agents.

I understand that this release is granted subject to the following conditions:

1. This information will be used only in the conduct of authorized responsibilities of the Chiropractic Physicians' Board of Nevada.
2. All information may be released. This includes history, mental or physical condition, diagnosis, prognosis and treatment, laboratory reports, diagnostic imaging and billing data and;
3. This release shall be valid for one year.

Date

Signature of Patient

Date

Signature of Parent or Guardian (if needed)

Date

Signature of Witness