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JULIE STRANDBERG
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245
Reno, Nevada 89502-5000
Fax (775) 688-1920

Telephone (775) 688-1921
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,

A handwritten signature in black ink, appearing to read "Julie Strandberg", written over a circular stamp or seal.

Julie Strandberg
Executive Director

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