	STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION COMPLAINT FORM	STATE BOARD OF CHIROPRACTIC EXAMINERS PO BOX 672, 3605 MISSOURI BOULEVARD JEFFERSON CITY MO 65102 TELEPHONE NUMBER: 573-751-2104 FAX NUMBER: 573-751-0735

All complaints must be submitted in writing and signed by the complainant in the presence of a notary. **PLEASE NOTE**: All required fields must be filled in or this form will be returned to you for completion. **TYPE OR PRINT IN BLACK INK.** The licensee named in the allegation(s) has a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT INFORMATION)

COMPLAINANT NAME Last, First, Middle (REQUIRED)	TELEPHONE NUMBER (REQUIRED)

ADDRESS (STREET, CITY, STATE, ZIP CODE) (REQUIRED)

WITNESS INFORMATION – USE ADDITIONAL SHEET OF PAPER TO EXPLAIN)

WITNESS NAME RELATIONSHIP TO COMPLAINANT	**ADDRESS**	**TELEPHONE NUMBER**

INFORMATION ABOUT THE CHIROPRACTOR BEING REPORTED

FULL NAME OF CHIROPRACTOR (REQUIRED)	**LICENSE NUMBER (IF KNOWN)**

CHIROPRACTOR'S ADDRESS (IF KNOWN)

CHIROPRACTOR'S TELEPHONE NUMBER (IF KNOWN)

PLEASE CHECK ONE REGARDING YOUR RELATIONSHIP TO THE CHIROPRACTOR (IF ANY)

☐ PATIENT ☐ EMPLOYER ☐ CO-WORKER ☐ OTHER _____

HAVE YOU CONTACTED THE CHIROPRACTOR CONCERNING YOUR COMPLAINT?

☐ YES ☐ NO If yes, briefly describe how and when the chiropractor was contacted by you.

_____

HAVE YOU CONTACTED AN ATTORNEY? ☐ YES ☐ NO If yes, please list attorney contact information below

HAS A LAWSUIT BEEN FILED? ☐ YES ☐ NO If yes, below please list case number and court where lawsuit has been filed.

_____

DESCRIBE THE DETAILS OF YOUR COMPLAINT. PLEASE ATTACH A COPY OF ANY RELATED DOCUMENTATION SUCH AS MEDICAL RECORDS, BILLS, & CORRESPONDENCE. IF ADITIONAL SPACE IS NEEDED TO DESCRIBE YOUR COMPLAINT, PLEASE USE AN ADDITIONAL SHEET OF PAPER AND ATTACH IT TO THE COMPLAINT FORM.

THIS FORM MUST BE SIGNED IN THE PRESCENCE OF A NOTARY. ***ECTION 575.060 RSM OF THE LAW STATES. WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY MAY BE GUILTY OF A CLASS B MISDEMEANOR*****.**

SIGNATURE OF COMPLAINANT

NOTARY PUBLIC EMBOSSER SEAL or STAMP	**STATE OF**	**COUNTY (OR CITY OF ST. LOUIS)**
	SUBSCRIBED AND SWORN BEFORE ME, THIS **DAY OF 20**	
	NOTARY PUBLIC SIGNATURE	**MY COMMISSION EXPIRES**
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

MISSOURI STATE BOARD OF CHIROPRACTIC EXAMINERS COMPLAINT PROCESS

Complaints may be filed by a patient, patient's legal guardian, another licensed professional, or any federal, state, or local official. A complaint MUST BE SUBMITTED IN WRITING and SIGNED by the person filing the complaint. Contacting the state board office by telephone or sending a letter without sending a complaint form may result in delaying review of the complaint.

A complaint must include the following:

- Correct spelling of the chiropractor's full name
- A clear, concise description of the complaint
- When applicable, witnesses to the alleged incident(s) and contact information for each witness
- Consent to release patient information
- The chiropractor will receive a copy of the complaint and consent forms and will be requested to provide a written response to the board. Complaints are considered closed records and cannot be disclosed without the chiropractor's written permission. This means your complaint, the chiropractor's response, any documents or investigation cannot be given to anyone without the chiropractor's written permission. It is recommended that the complainant keep a copy of their complaint form, consent form, and any documents submitted with the complaint. Finally, the board cannot guarantee that the complaint form, to include the complainant's and witnesses name(s) will be kept confidential.

Mail Complaint & documentation to: Missouri State Board of Chiropractic Examiners
PO Box 672
3605 Missouri Boulevard
Jefferson City MO 65102-0672

REMINDER: Please keep these instructions and a copy of what was submitted with your complaint for your information. Send the original complaint and consent forms along with any documentation to the board office.

WHAT HAPPENS WHEN THE BOARD RECEIVES A COMPLAINT?

Complaints are electronically tracked by receipt date and complaint number and scheduled for review at a board meeting or conference call. Following the initial review, the board will request a written response from the chiropractor regarding the allegations, along with documentation such as patient records, bills, or x-rays. The consent form is needed from the complainant because that form authorizes the chiropractor to release records, respond to allegation(s) of the complaint and questions from the state board.

WHAT HAPPENS ONCE THE BOARD HAS ALL DOCUMENTATION OR INFORMATION IT NEEDS ?

The Board reviews the complaint, licensee's response, any documentation submitted and investigative report (if applicable). The timeframe for completing the complaint process depends upon the complexity of the allegation, response from the chiropractor, and investigation of the complaint. For example, the board may request and investigator interview the complainant and/or chiropractor.

If the board determines there is adequate evidence of a violation of the licensure law and/or regulations the Board may refer the case to its attorney to pursue discipline on the license.

The Missouri State Board of Chiropractic Examiners can seek discipline for certain specific types of conduct that are set out in the licensure law or regulations. The Board must be able to prove the allegation(s) of the complaint with legally admissible evidence. The Board does not have the authority to order a licensee to refund fees paid by a complainant, or pay restitution or monetary damages to a complainant. Finally, complainants need to be aware that the board is not a substitute for resolving a complaint by contacting the chiropractor or obtaining legal advice from a complainant's attorney.

If there is insufficient evidence of a violation of the law or regulations the board may close the complaint and send the chiropractor a letter of concern.

CAN A COMPLAINANT'S NAME BE KEPT CONFIDENTIAL?

The board cannot guarantee a complainant's name will not be disclosed to the licensee. However, should the board pursue a disciplinary action, the complainant's initials are used whenever possible.

WHAT INFORMATION IS AVAILABLE TO THE COMPLAINANT CONCERNING A COMPLAINT?

Section 620.010.14 (7) of Missouri law addresses what is considered open and closed records. The law specifically states*, "All...complaints, investigatory reports, and information pertaining to any person who is an applicant or licensee of any agency assigned to the division of professional registration or department of economic development are confidential and may not be disclosed to the public or any member of the public, except with the written consent of the person whose records are involved. The agency which possesses the records or information shall disclose the records or information if the person whose records or information is involved has consented to the disclosure."* This law prohibits the board from providing information to the complainant regarding the chiropractor's response, documentation received, investigatory results, or board deliberation. If the board pursues a disciplinary action on the license, the discipline and corresponding violation of the law and regulations can be disclosed.

WHAT IS A DISCIPLINARY ACTION?

Disciplinary action may include censure, denial of an application for licensure, probation, suspension, or revocation of the license. Also, the board may impose conditions relating to a probated license such as continuing education, drug screening, counseling, or period patient record review.

HOW DOES DISCIPLINE AFFECT A CHIROPRACTOR'S ABILITY TO PRACTICE?

If the discipline is censure or probation, the chiropractor may continue to practice. If the Board suspends the license for a period of time, the chiropractor shall not practice until the period of suspension is completed. A licensee shall not practice while their license is revoked.

IS DISCIPLINARY ACTION PUBLIC INFORMATION?

The disciplinary order or agreement is public information and a copy can be obtained by contacting the board office. Also, the board reports disciplinary actions to a national practitioner databank.

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Patient: _____ Social Security No: _____ Date of Birth: _____

1. I authorize the use and disclosure of protected health information as described below; and,

2. Authorize and request: _____ (name of health care provider)

3. TO RELEASE THE FOLLOWING INFORMATION: any and all billing records; medical records charts; medical reports; chart notes; clinical notes; x-rays and/or radiographic studies and reports of the same; reports of consultation; patient histories/patient questionnaires; reports and records of laboratory testing and other testing; any and all correspondence (in any format) and any other records and documents contained in my file; or, if applicable, for each admission, whether In-Patient, Out-patient, or Emergency Room, the entire record for each admission, to include admitting history & physical; discharge summary; reports of consultation; reports and records of laboratory testing and other testing; reports of consultation; x-rays and radiographic studies and reports of the same; and other records and documents for each admission;

4. ☐ Covering all past, present, and future periods of health care; OR ☐ Covering the period of health care from _____ to _____.

5. The requested information is to be mailed to the MO State Board of Chiropractic Examiners (Board), PO Box 672, Jefferson City, MO 65102.

6. The requested information is to be used or disclosed for the purpose of oversight activities authorized by law, including audits; civil, administrative, or criminal investigations, inspections, licensure, or disciplinary proceedings or actions; or other activities necessary for the Board or entities subject to government regulatory programs for which information is necessary for determining compliance with program standards.

7. This authorization shall be in force and effect and not expire until (a) I exercise my right of revocation, as described below, (b) the occurrence of the following date/event _____, or (c) one year from the date of execution, whichever occurs first. A photocopy of this authorization is as valid as an original.

8. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so by communicating in writing, with specific reference to this authorization, to the health care provider named in paragraph 2, above, and to the Board. I understand that the revocation will not apply to information that has already been released in response to this authorization.

9. I understand that I may refuse to sign this authorization. I further understand that the health care provider named in paragraph 2 may not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on whether I sign this authorization.

10. I understand that after information is disclosed pursuant to this authorization, it is possible that the information may be redisclosed by the recipient and would no longer be protected by applicable medical privacy laws.

11. I understand that the information in the requested health record may include information relating to Hepatitis B or C, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), and/or human immunodeficiency virus (HIV). It may also contain information about behavioral or mental health services, psychiatric and/or psychological evaluation testing and/or treatment, and treatment for alcohol and drug abuse.

12. I understand that any information disclosed pertaining to alcohol/drug abuse is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit the recipient of such information from making any further disclosure unless further disclosure is expressly permitted by my written consent or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is <u>not</u> sufficient for this purpose. The Federal rules restrict any use of such information to criminally investigate or prosecute any alcohol or drug abuse patient.

_____ _____

Signature of Patient, Parent/Guardian or Authorized Representative — Date

_____ _____

Relationship to Patient — Signature of Witness (optional)

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

NOTARY (optional)

On the _____ day of _____, 20____, before me personally appeared the above-named Patient, Parent/Guardian, or Authorized Representative, known to me to be the person described in and who executed the foreqoing instrument, and acknowledged that he or she executed the same as his or her free act and deed. In testimony thereof, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, the day, month, and year above written.

_____

Notary Public