



Alabama State Board of Chiropractic Examiners

1700 Yellowleaf Road, Clanton, AL 35045

Phone: 205-755-8000 Fax: 205-755-0081

1-800-949-5838

COMPLAINT FORM

Name of Complainant

Patient Name

Your Work Address

Home Address

City, State, Zip

City, State, Zip

Phone: _____

Phone: _____

Email Address _____

By signing this form, I authorize the Board, its agents and/or its duly authorized representatives to disclose this information to any necessary individual or entity. I also agree to execute any releases or other related or necessary documents in order for the Board to process and investigate my complaint

Statement of complaint:

Name of Doctor

Address

City, State, Zip

Phone _____

ASBCE USE ONLY

Complaint # _____

Received Stamp:

Include dates, name(s), of witness(es) and attach documents (if any)

[illegible]

I request that I be informed of the final outcome of my complaint.

Signature of Complainant

date

AUTHORIZATION FOR RELEASE OF RECORDS

To: Custodian of Records

Patient Name: _____

Patient SSN: _____

Patient D.O.B. _____

The undersigned hereby authorizes and approves the release of the Alabama Board of Chiropractic Examiners, or any representative thereof, any and all records and patient's files in your possession which refer relate or pertain to the above-referenced patient, **including, but not limited to the** following:

Patient charts, x-rays, patient histories, health insurance claim forms, group claim forms, pre-estimates, pre-determinations, billing records, account information, invoices, checks, remittance notices, correspondence, notes, memoranda, letters, appointment notices or cards.

Dated: _____, 20____

Patient: _____

WITNESS: _____

COMPLAINT INFORMATION AND PROCESS

The Alabama State Board of Chiropractic Examiners (ASBCE) is sending the enclosed in response to your request regarding submission of a complaint against a doctor of chiropractic.

The ASBCE is a State Board created by the Alabama legislature to regulate and enforce the practice of chiropractic in the State of Alabama pursuant to statute and rules. The statute is known as The Alabama Chiropractic Practice Act (Act). The Act allows the Board to adopt rules to enforce the provision of the Act.

Upon receipt of a complaint against any individual licensed by the Board, the following process takes place.

Step 1:

The ASBCE receives a written complaint and other related documents. The complaint will not be processed unless the Complaint Form and all other related documents are fully completed and signed.

Step 2:

The ASBCE will acknowledge receipt of the complaint by letter and request the complainant to complete and sign any other documents necessary to investigate the complaint.

Step 3:

The office of the ASBCE will request, utilizing signed releases and authorizations, and necessary documents and records.

Step 4:

Depending on the nature and circumstances of the complaint, the complainant or other individuals may be interviewed by the Board or its duly authorized agents or representatives.

Step 5:

The complaint and all documents and information obtained are then assigned to a probable cause committee consisting of two chiropractic members of the ASBCE. The probable cause committee then determines whether probable cause exists to support a violation of any of the provision of the Act or Board Rule. If there is a determination of no probable cause, the complainant and the chiropractor is so notified. If there is a determination that probable cause exists, the administrative disciplinary process is, instituted which includes, among other things, a notice of charges and hearing before the Board.

Step 6:

At the conclusion of the hearing, the Board renders a decision. If there is a determination of guilt, the Board has disciplinary options including revocation, suspension or probation of the chiropractic license, fines and / or the imposition of costs.

Step 7:

The ASBCE strives to complete the complaint process as expeditiously as possible; however, for a variety of reasons, it is not uncommon for the complaint process to take a considerable amount of time.

AUTHORIZATION FOR RELEASE OF INSURANCE RECORDS

To: Custodian of Records

Insured: _____

Patient Name: _____

Patient SSN: _____

Patient D.O.B: _____

Contract No.: _____

The undersigned hereby authorizes¹ and approves the release of the Alabama Board of Chiropractic Examiners, or any representative thereof, any and all records and patients files in your possession which refer, relate or pertain to the above-referenced patient, including, but not limited to the following:

Patient charts, x-rays, patient histories, health insurance claim forms, group claim forms, pre-estimates, pre-determinations, billing records, account information, invoices, checks, remittance notices, correspondence, notes, memoranda and letters.

Dated: _____, 20____.

Patient: _____

WITNESS: _____