

Consumer Access to Health Records and Complaints

Required Disclosure Under Texas Health & Safety Code §181.105

How to Request Your Health Care Records

You have the right to access your health care records. To request your records from our company, you may submit your request by mail to 4635 Southwest Freeway, Suite 635, Houston, TX or, by phone at 713-850-0049.

When submitting your request, please include your full name and date of birth, your current contact information including address, phone number, and email, a description of the specific records you are requesting, the date range of records if applicable, and a photo ID or other verification of your identity.

We will respond to your request within 15 business days of receiving it. If we need additional time to fulfill your request, we will notify you in writing of the delay and the expected completion date.

How to Contact Our Licensing and Disciplinary Authority

Our clinicians, including Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors and Licensed Marriage and Family Therapists, are licensed and regulated by the Texas State Board of Examiners of Psychologists. You may contact this authority at 1801 Congress Ave., Ste. 7.300, Austin, Texas 78701, by phone at (512) 305-7700 (main number) or Investigations/Complaints 24-hour, toll-free system (800) 821-3205, through their website at <https://bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/> or <https://bhec.texas.gov/contact-us/>. You may contact this authority with questions about our clinicians' licensing status or to report concerns about our practices.

For Physicians and Physician Assistants

<https://www.tmb.state.tx.us/resources/for-the-public>

Physical/Delivery Address: 1801 Congress Avenue, Suite 9.200, Austin, TX 78701

General Mailing Address: P.O. Box 2018, Austin, TX 78768

(512) 305-7030

For Nurse Practitioners

<https://www.bon.texas.gov/public.asp.html>

1801 Congress Avenue, Suite 10-200 Austin, TX 78701

(512) 305-7400

How to File a Consumer Complaint

If you have concerns about access to your health records or other privacy issues, you have the right to file a complaint. You will not face retaliation for filing a complaint.

Filing a complaint with our facility: You may contact our Privacy Officer by phone at 713-850-0049, ext. 1082, by email at privacy@spchealth.com, or by mail at 4635 SW Freeway, Suite 635, Houston, TX, 77027. Our Privacy Officer will investigate your concern and respond to you in a timely manner.

Filing a complaint with Texas state authorities: You may file a complaint with the Texas Attorney General's Consumer Protection Division by calling (800) 621-0508, visiting their website at www.texasattorneygeneral.gov, submitting an online complaint form at <https://www.texasattorneygeneral.gov/consumer-protection/file-consumer-complaint/consumer-privacy-rights/medical-privacy>, or mailing your complaint to Office of the Attorney General, Consumer Protection Division, P.O. Box 12548, Austin, TX 78711-2548.

Filing a complaint with federal authorities: You may file a complaint with the U.S. Department of Health & Human Services Office for Civil Rights by calling (800) 368-1019, visiting their website at www.hhs.gov/ocr, using their online complaint portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or mailing your complaint to U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201.

Your Rights Under Texas and Federal Law

Under Texas and federal law, you have the right to receive a copy of your health records. You have the right to request corrections to your records if you believe they contain errors. You have the right to know who has accessed your records. You have the right to file a complaint without fear of retaliation. Your records are protected under the Health Insurance Portability and Accountability Act (HIPAA) and the Texas Medical Records Privacy Act.

This information is provided in compliance with Texas Health & Safety Code §181.105

Last Updated: 2/20/2026



Name (optional): _____

I wish to remain anonymous.

Preferred Contact Info (optional): _____

Telephone: _____ Email: _____

1. Relationship to Senior PsychCare (patient, family rep, facility staff, employee, provider, vendor, other): _____

2. Type of Concern: Please describe the concern in as much detail as possible, include dates, locations, individuals involved, and any relevant circumstances: _____

3. Date of incident or concern: _____

4. How did you become aware of this concern? _____

5. Supporting documentation or evidence? Do you have any supporting documentation, records, screenshots, emails, or other info related to this concern?

YES NO

If YES, please describe: _____

6. Additional witnesses or individuals with relevant information? _____

7. Additional comments or suggestions? _____



Senior PsychCare

Leaders in the Mental Health of Seniors

COMPLAINT / COMPLIANCE CONCERN FORM

Confidentiality and Non-Retaliation Statement

Senior PsychCare (SPC) will make reasonable efforts to maintain confidentiality consistent with applicable laws, regulations, and the needs of the investigation process. Reports submitted in good faith will be reviewed appropriately.

SPC prohibits retaliation against any individual who reports a concern, participates in an investigation, or raises a complaint in good faith.