

Kentucky State Board of Psychology
PO Box 1360
Frankfort KY 40602

Telephone: (502) 782-8812

FAX: (502) 564-4818

Filing a Complaint

What are your rights?

You have a right to expect a professional standard of care and conduct from a psychologist. If you believe a psychologist has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky State Board of Psychology. As the body responsible for regulating the psychological profession and protecting the public in matters related to psychology, the Board will review your complaint and take appropriate action.

How does the complaint process work?

Complaints that have been received in writing at the Board office will be acknowledged immediately by letter. A copy of your complaint will be sent to the psychologist for a response. The complaint and response will then be reviewed by the Board members at a subsequent meeting. If no law appears to have been violated, you will receive notification from the Board. If the Board believes a law may have been violated, an investigation will take place. If the Board files formal charges against a psychologist as a result of the investigation, an administrative hearing may be held. This formal hearing involves lawyers, a court reporter, a hearing officer and witnesses. If the Board finds that the psychologist has not met the prescribed standard of care and conduct, it has the authority to impose penalties ranging from a reprimand to a suspension or loss of a license. A penalty may be reached by agreement between the Board and the psychologist.

What might I expect from filing a complaint?

The complaint process is a detailed and careful one, and you should expect some delay. In every case the psychologist will be informed that a complaint has been filed, provided with a copy of the complaint, the name of the complainant, and the disposition of the complaint. Not every complaint results in disciplinary action by the Board if the psychologist has not violated the laws governing the psychological profession. If charges are filed, a hearing may be held similar to a court trial, and it is open to the public. You may be subpoenaed as a witness to provide testimony regarding the case. In this event the Assistant Attorney General assigned to the Board will assist you in preparing for the hearing. If the Board orders a specific sanction, the psychologist has the right to appeal the decision to a court of law thereby resulting in a delay in the decision becoming final. While you may have an opinion regarding the process and outcome of processing your complaint, please remember that the decisions to dismiss or settle a case or propose disciplinary measures are solely the decision of the Board and may be subject to review by the courts.

If the Board files formal charges or takes formal action against a psychologist, most portions of the investigative file will become "public record" which can be viewed by any individual who requests, in writing to do so. The record may include your written complaint, transcripts, or reports of interviews, letters, and other reports. All testimony and evidence admitted in a formal hearing have the status of public record as well. Patient records obtained in the process of investigation usually can be protected from disclosure as public records.

Throughout the various stages of the complaint process, you will be kept informed. You will also be advised of the final outcome.

How do I make a complaint?

You should complete the complaint form that accompanies this information sheet. Make sure you give all pertinent information. Please sign the complaint form so that the Board may look further into your concerns. If your complaint refers to treatment of a specific patient, the patient must sign the "Client Agreement to Release Information" form as well. Complaints and release forms should be mailed to:

KENTUCKY BOARD OF PSYCHOLOGY
PO BOX 1360
FRANKFORT, KY 40602

Complaint No: _____

Date Received: _____

KENTUCKY BOARD OF PSYCHOLOGY Complaint Form

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: _____ Evening Phone: _____

Patient Information (If Applicable)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: _____ Evening Phone: _____

Relationship to person filing complaint: _____

Name of Psychologist

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: _____

Name and phone number of persons who may provide additional information

1. Name: _____ Telephone: _____ Type of Information: _____

2. Name: _____ Telephone: _____ Type of Information: _____

3. Name: _____ Telephone: _____ Type of Information: _____

4. Name: _____ Telephone: _____ Type of Information: _____

Brief Summary of Complaint

(Please be specific as possible regarding names, dates, locations, and action which you believe to be improper, unethical or unprofessional. Please attach copies of any documents or records pertinent to your complaint.)

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Signature: _____ Date: _____

If your complaint concerns your treatment by the psychologist, please sign and enclose the "Client Agreement to Release Information" form.

**Send to: KENTUCKY BOARD OF PSYCHOLOGY
PO BOX 1360
FRANKFORT, KY 40602**

**Phone: (502)782-8812
Fax: (502)564-4818**

Authorization for Release of Medical and Psychological Records to the Kentucky Board of Examiners of Psychology

I, _____, the undersigned,
print name here

do hereby authorize the full release of any and all medical and psychological records, correspondence, billing information, and medical and psychological reports and evaluations from _____

Licensed/Certified Psychologist, regarding the medical and psychological history, diagnosis, assessment, evaluation, and/or treatment of me to the Kentucky Board of Examiners of Psychology or any authorized agent or investigator of the Board.

I understand that the above records may be used by the Board in the investigation and possible disciplinary prosecution under KRS Chapter 319 against the psychologist. I further understand that the Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and Chapter KRS 13B, or other applicable law. This involves health oversight activities and administrative proceedings of the Board. As such, this disclosure is permitted under 45 C.F.R. Section 164.512(a), (d), and (e), the regulations implementing the Health Insurance Portability Accountability Act (HIPAA).

A photocopy of this authorization shall be deemed effective as an original.

This authorization shall be effective for one year from the date of signing unless retracted in writing by the undersigned.

Date

Signature of person, or parent/legal guardian if
person is under 18 years of age