



KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING

P.O. Box 1360, Frankfort, Kentucky 40602

500 Mero Street 2SC32 Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 782.8803 | Fax: (502) 564.4818 | Website: lpc.ky.gov | Email: LPC@KY.GOV

COMPLAINT FORM WITH INFORMATION SHEET AND AUTHORIZATION FOR RELEASE OF MEDICAL AND CLIENT RECORDS

Information on Filing a Complaint

What are your rights?

You have a right to expect a professional standard of service and conduct from a licensed professional clinical counselor or a licensed professional counselor associate. If you believe a counselor has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky Board of Licensed Professional Counselors. As the body responsible for regulating the professional counseling profession and protecting the public in matters related to professional counseling, the Board will review your complaint and take appropriate action.

How does the complaint process work?

Written complaints **signed by the person making the complaint** (“Complainant”) on the Complaint Form included within the DPL-LPC-011, Complaint Form with Information Sheet and Authorization for Release of Medical and Client Records, after this Information, and received in writing at the Board office will be acknowledged upon receipt, or at least no later than two (2) business days following receipt at the Board’s administrative office, by letter, or email, if applicable. Additionally, acknowledgment will be made in like manner in which the complaint was received. Notice of the complaint, along with a copy of the written complaint, will be sent to the licensee (“Respondent”) for their response. The Respondent has twenty (20) days from the date they receive notice of the complaint to file a response. Once the response is received, you will receive notice, along with a copy of the response, and you must reply within seven (7) days of receipt. The complaint, response, and any reply will be reviewed by the Board’s Complaint Screening Committee at the next scheduled board meeting. If no law appears to have been broken, you will receive notification from the Board that the complaint has been dismissed. If the Board believes a law may have been broken, the Board may order that an investigation take place. If the Board files a formal administrative complaint against a Respondent 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 Respondent has not met the prescribed standard of service and conduct, it has the authority to impose penalties ranging from suspension or loss of a license to an admonishment. A penalty may also be reached by an informal settlement agreement between the Board and the Respondent at any time during these proceedings.

PLEASE NOTE THE BOARD IS NOT STATUTORILY AUTHORIZED TO ACCEPT ANONYMOUS COMPLAINTS OR WITHHOLD YOUR NAME, AS A COMPLAINANT, FROM THE RESPONDENT.

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 Respondent will be informed that a complaint has been filed, the name of the complainant, and the disposition of the complaint. Not every complaint results in disciplinary action by the Board if the Respondent has not violated the laws governing the practice of professional counseling. 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 attorney assigned to the Board will assist you in preparing for the hearing. If the Board orders a specific sanction, the Respondent has the right to appeal to the Franklin Circuit Court, and a final decision may be delayed in the courts. While you may have an opinion



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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 Respondent, most portions of the investigative file will become a “public record” which can be viewed by any individual who requests 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. **Client 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.

Release of Medical Records

If the complaint relates to services provided to the person signing this complaint by a Respondent, the person signing the complaint must complete the Authorization for Release of Medical and Client Records located at the end of this form for the Board to obtain records necessary for the investigation of the complaint. If the person signing this complaint does not complete the Authorization for Release of Medical and Client Records contained this form, if applicable, or the complaint relates to a client other than the person signing the complaint, the board investigator or another authorized agency representative may contact the person signing the complaint, or the client, and request an Authorization for Release of Medical and Client Records, DPL-LPC-012, as authorized by Section 9 of this administrative regulation and 45 C.F.R. Section 164.512(a), (d), and (e).

How do I make a complaint?

You should complete the complaint form, DPL-LPC-011, that accompanies this information sheet.

Make sure you give all pertinent information and provide any evidence you have to support your complaint, including the names and contact information of individuals who may have information about the complaint.

Please sign the complaint form so that the Board may look further into your concerns. Complaints should be mailed to:

**KY Board of Licensed Professional Counselors
PO Box 1360
Frankfort, KY 40602**

**Phone: (502) 782-8803
Fax: (502) 564-4818**

Complaints may also be transmitted to the Board via email at lpc@ky.gov. Please take note that any medical records or other confidential information should be transmitted electronically only when using secure encryption.



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COMPLAINT FORM

NOTE: THE COMPLAINT MUST BE IN WRITING AND SIGNED BY THE PERSON OFFERING THE COMPLAINT. 201 KAR 36:050.
COMPLAINANT INFORMATION

Complainant Name:

Mailing Address: Street

City:

State:

Zip Code:

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Telephone Number:

Email Address:

RESPONDENT INFORMATION

KY Professional Counselor Your Complaint is Against:

Mailing Address: Street

City:

State:

Zip Code:

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Telephone Number:

Email Address:

Have you filed this complaint with other agencies?

If yes, list the agencies:

☐ YES

☐ NO

BRIEF SUMMARY OF COMPLAINT

Please attach copies of any supporting documentation and a list of the names and contact information of others who may have information pertaining to the complaint. NOTE: A copy of your complaint will be sent to the counselor asking for a response. Your complaint and response will be presented to the board at the next scheduled meeting following receipt of the response. Please note there must be enough evidence to warrant a formal investigation of the complaint.

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

Signature (Required) :

Date:

Printed Name:



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Authorization for Release of Medical and Client Records

I, the undersigned, authorize the full release of any and all medical and psychological records, billing information, and medical and psychological reports from _____, a [] Licensed Professional Clinical Counselor [] Licensed Professional Counselor Associate and any medical records I provide as part of my complaint regarding the medical and psychological history, diagnosis, and treatment of _____ while a client of said counselor to the Kentucky Board Licensed Professional Counselors or any authorized agent or investigator for the Board, that regard the referral, my medical history, diagnosis, and treatment.

I understand my records may be used by the Board during an investigation and possible disciplinary prosecution under Kentucky Revised Statutes (“KRS”) Chapter 335 and 201 KAR Chapter 36 against the licensee counselor. This involves health oversight activities and administrative proceedings of the Board and 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). Information released in response to this authorization may be re-disclosed to other parties. I further understand that the Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and KRS Chapter 13B, or other applicable law.

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

This authorization shall be effective for one year from the date of signing. I may revoke this authorization at any time in writing, except to the extent information released has been released in reliance upon the authorization.

Signature of client or parent/legal guardian
of client under 18 years old

Printed name of client or parent/legal guardian
of client under 18 years old

Date