

**KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPISTS
Complaint Form**

Person Filing Complaint

Name: _____

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

Day Telephone: _____ Evening Telephone: _____

Patient Information

(if applicable)

Name: _____

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

Day Telephone: _____ Evening Telephone: _____

Relationship to person filing complaint: _____

Name of Licensed Professional Art Therapist

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 as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.)

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 this art therapist, please sign and enclose the "Client Agreement to Release Information" form.

Send to: KENTUCKY BOARD OF LICENSURE FOR
PROFESSIONAL ART THERAPISTS
ATTN: COMPLAINT PROCESSING
PO BOX 1360
FRANKFORT KY 40602-1360

Phone: (502) 892-4258
Fax: (502) 564-4818

**Authorization for Release of Medical and Psychological
Records to the Kentucky Board of Licensure for Professional Art Therapists**

I, _____ , the undersigned, do hereby authorize the full
(print name here)
release of any and all medical and psychological records, billing information, and medical and psychological
reports from _____ , Licensed Professional Art Therapist, regarding
the medical and psychological history, diagnosis, and treatment of me while a patient of the Art Therapist
to the Kentucky Board of Licensure for Professional Art Therapists 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 art therapist. 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 effective as an original.

This authorization shall be effective for one year from the date of signing.

Date

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

Kentucky Board of Licensure for Professional Art Therapists
PO Box 1360
Frankfort KY 40602

Telephone: (502) 892-4258

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 an art therapist. If you believe an art therapist has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky Board of Licensure for Professional Art Therapists. As the body responsible for regulating the art therapy profession and protecting the public in matters related to art therapy, 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. The complaint will then be reviewed by the Board members at their next meeting. If no law appears to have been broken, you will receive notification from the Board. If the Board believes a law may have been broken, 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 suspension or loss of a certificate or license to a reprimand. A penalty may be reached by agreement between the Board and the art therapist.

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 art therapist 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 art therapist has not violated the laws governing art therapy. 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 art therapist has the right to appeal, and a final decision may be delayed in the courts. 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 an art therapist, 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. *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 LICENSURE FOR
PROFESSIONAL ART THERAPISTS
ATTN: COMPLAINT PROCESSING
PO BOX 1360
FRANKFORT KY 40602-0456**

**Phone: (502) 892-4258
Fax: (502) 564-4818**