

Complaint No: \_\_\_\_\_

Date Received: \_\_\_\_\_

## KENTUCKY LICENSING BOARD FOR HEARING INSTRUMENT SPECIALISTS 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 Licensed Hearing Instrument Specialist

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.)

Be sure to include a copy of the following: 1) purchase agreement; 2) delivery statement; 3) any receipt or canceled check; 4) any other document you think will help the Board understand 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: \_\_\_\_\_

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Send to: KENTUCKY LICENSING BOARD FOR HEARING  
INSTRUMENT SPECIALISTS  
PO BOX 1360  
FRANKFORT, KY 40602-1360

Phone: (502) 564-3296  
Fax: (502) 696-5230

**Authorization for Release of Medical and Client  
Records to the Kentucky Licensing Board for  
Specialists in Hearing Instruments**

I, \_\_\_\_\_, the undersigned, do hereby authorize the full release of any and all medical and client records, billing information, purchase agreement, delivery statement, audiogram, signed medical waiver, record of service to the patient, and hearing evaluations from, \_\_\_\_\_, licensed Hearing Instrument Specialist, regarding the history, diagnosis, and treatment of me while a patient of the specialist, to the Kentucky Licensing Board for Specialist in Hearing Instruments 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 335 against the specialist. 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 client, or parent/legal guardian if client is under 18 years of age.