



Reporting Practice Act Violations to the North Carolina Board of Physical Therapy Examiners (Updated – July 26, 2016)

The Board has the authority to discipline physical therapists or physical therapist assistants who violate the **North Carolina Physical Therapy Practice Act** or the Board's rules. The Board does not have the authority to resolve disputes over charges or to represent complainants in actions against licensees. For the Board to properly address a potential violation, the following information must be provided in writing and sent to the Executive Director.

- Name and address of licensee
 - Detailed statement of complaint
 - Names and contact information for persons who can and will testify in support of the complaint.
 - Name and address of complainant.
- ❖ *Anonymous complaints cannot be investigated.*

You can download a copy of the NC PT Board's complaint form in Adobe PDF format here: [Complaint.pdf](#)

If you do not have adobe, click here for Acrobat Reader.

Send to the following addresses:

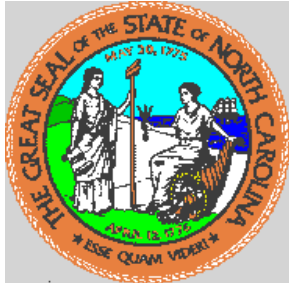
All inquiries, name and address changes, and reports of violations should be directed to:

Kathy Arney, PT, MA
Executive Director
NC Board of Physical Therapy Examiners
8300 Health Park, Suite 233
Raleigh, NC 27615

Telephone: 919-490-6393 / 800-800-8982
Fax: 919-490-5106
Email: karney@ncptboard.org
Web address: www.ncptboard.org

Legal Counsel for the Board:

David C. Gadd, Attorney
Satsky & Silverstein, LLP
415 Hillsborough St., Suite 201
Raleigh, NC 27603
Telephone: 919-790-9102
Fax: 919-790-1560
Email: dgadd@satskysilverstein.com
Website: www.satskysilverstein.com/



Complaint Form (updated 04-30-20)

North Carolina Board of Physical Therapy Examiners
8300 Health Park, Suite 233
Raleigh, NC 27615
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Fax: 919-490-5106
E-mail karney@ncptboard.org
Web page www.ncptboard.org

(Please type or print legibly in ink the information requested below.)

To review your complaint about a physical therapist or physical therapist assistant as fully as possible, the North Carolina Board of Physical Therapy Examiners needs a reasonably detailed summary of the facts as you understand them. Please feel free to use the back of this form and to attach additional pages if necessary. A copy of your complaint may be furnished to the licensee for response.

Date: _____ / _____ / _____

Your Name: _____

Your Address: _____

Your Telephone #: Day _____ Evening _____
Cell _____ Fax _____
E-mail _____

COMPLAINANT (Patient _____, Guardian _____, or other _____): *please check your response and sign.*

Signature of Complainant

If there is a patient involved who is not the complainant, please have the patient or legal guardian sign.

Printed Name of Patient

Signature of Patient or Legal Guardian

The foregoing information is true to the best of my knowledge and belief. I understand it may be necessary for a copy of this complaint to be furnished to the licensee.

COMPLAINANT (Patient____, Guardian____, or other_____): *please check your response and sign.*

Signature of Complainant

If there is a patient involved who is not the complainant, please have the patient or legal guardian sign.

Printed Name of Patient

Signature of Patient or Legal Guardian

If relevant, please complete the attached Medical Record Release Authorization.



MEDICAL RECORDS REQUEST AND RELEASE AUTHORIZATION

RE: _____

TO: _____

You are hereby authorized to release physician records, physical therapy medical records, and other patient information including physician prescriptions, billing records, and all correspondence between the physician and the physical therapists, related to treatment of _____ during the time period of _____ - _____ when he/she received care or treatment in your office or clinic.

You are further authorized to discuss his/her treatment with Kathy Arney, P.T. (Executive Director) or Mark Scott (Investigator) of the North Carolina Board of Physical Therapy Examiners, 8300 Health Park, Suite 233; Raleigh, NC, 27615, phone # 919-490-6393/ karney@ncptboard.org.

(Signature)

Sworn to and subscribed before me this

the _____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires:

I understand that this authorization is voluntary. I understand that the North Carolina Board of Physical Therapy examiners is not a health plan or health care provider, but is an agency charged with the responsibility to investigate complaints take disciplinary action against licensees and that the released information may no longer be protected by federal privacy regulations. Unless earlier revealed to me, this authorization shall expire one year from the date of notarization.