

Mark A. Karpel, Ph.D.

Information and Consent for Treatment

Confidentiality: Your treatment is covered under the provisions of state laws regarding confidentiality. What you say and the records I keep will be private between you and I, and can only be released with your written permission unless there is a court order for the release of your records.

There are some special circumstances when disclosure of personal information is required by the law:

- If there is a reasonable suspicion of the abuse or neglect of a child, dependent or vulnerable adult, a report will be made to appropriate protective agencies.
- If you present/threaten grave bodily harm to others or to property, I have a legal duty to warn those threatened and to contact law enforcement.
- If you are actively suicidal or threaten significant bodily harm to yourself, I have a duty to obtain help from others to do what is necessary to keep you safe.
- Disclosure may be pursuant to legal proceedings. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain your therapy records.

What is said in individual sessions conducted as part of couples therapy can be discussed in the couples sessions. Records of couples therapy may not be released without the written authorization of both partners.

Insurance: Your health insurance may cover your sessions with me. Some insurance plans only approve treatment by providers within their network. Others allow out-of-network coverage. Some allow this only under certain conditions (for example, when certain forms are submitted). And some provide coverage for all licensed professionals.

I am a participating provider for many **Blue Cross Blue Shield** insurance plans and for the **Pioneer Health Network**. I may be eligible for insurance payments from other plans that offer their members out-of-network coverage.

I recommend that you **check with your insurance plan** about whether they will authorize coverage for your sessions with me. **You are responsible for knowing whether your insurance will cover me and whether they require specific authorizations to do so.** **If your insurance plan declines coverage, you are financially responsible for any unpaid balance.**

Cancellations and Missed Appointments: 24 hours notice is required for cancellation. If you are unable to give 24 hours notice, you will be charged in full for your appointment. Insurance does not cover missed appointments.

Fees: Fees are to be paid when service is rendered. Dr. Karpel will submit claims to your insurance company if he has a participating contract with that insurance network.

Questions and Concerns: At any point during therapy, please mention to Dr. Karpel any questions and concerns you may have so he will know best how to assist you and most fully respond to your needs.

By signing this consent I acknowledge that I have had the opportunity to discuss my treatment with Dr. Karpel, have read and accepted the above policies, and agree to and contract for treatment with him.

Signature: _____ Date: _____

Signature: _____ Date: _____