



Kevin Karl, LCSW, PLLC

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CLIENT POLICY AGREEMENT

I ask that you read this important brochure and keep it for your reference. It contains a number of important, and sometimes mandatory, notices and agreements.

The Registration Form contains a signature line for all the policies contained in this agreement.

Your signature agreeing to these policies and notices is mandatory—regardless of insurance coverage—in order for me to treat you. The Limited Card Payment Authorization is optional.

QUESTIONS OR PROBLEMS

If you have any questions, concerns or problems with any of these policies, please be sure to discuss them with me.

INSURANCE RELEASE AND ASSIGNMENT

I authorize the release of any medical information necessary to process my insurance claims and to document the eligibility of treatment. I understand that this could entail the release of confidential information.

I authorize and request payment of benefits directly to Kevin Karl, LCSW, PLLC.

I agree that this authorization will cover all services rendered by Kevin Karl, LCSW, PLLC until such authorization is revoked by me.

I agree that a photocopy of this form may be used in lieu of the original.

I understand that my insurance company may place limits on the number of sessions for which they will pay.

I understand that insurance pays negotiated fees and that I am *responsible for all remaining non-covered contract fees*.

Non-covered fees must be paid at each session and may be paid by cash, check or credit card.

Insurance companies may require me, the insured, to return a Coordination of Benefits form. If I do not do this, I remain responsible for the total cost of the related sessions.

FINANCIAL AGREEMENT

I understand and agree that any and all charges not covered by my insurance carrier(s) will be my responsibility. I will make every effort to forward payment on outstanding charges to my account in a timely manner. I understand that not doing so may result in my delinquent account being turned over to a collection agency for further action.

All co-pay and deductible amounts are informed estimates until an Explanation of Benefits is received from my insurance.

Fees are \$75 a session. Co-pays and deductibles are due at each session. Appointments missed or canceled without a 24 hour notice may result in a \$40 fee which is not covered by insurance. Other services not covered by insurance include court reports, court testimony, disability application reports, child protective reports, etc.

There is a \$40 returned check fee in addition to any bank fees.

I understand and agree to the above fees and responsibilities and will notify Kevin Karl, LCSW, PLLC immediately of any change in my insurance coverage.

MANDATORY RELEASE OF INFORMATION

I acknowledge that Kevin Karl, LCSW is obligated by Kentucky law and his professional regulating agency to report to the appropriate authorities any information obtained regarding the following:

Incidents of abuse or neglect upon a child, either new or old, who is currently 16 years of age or under, that have never been reported to the Cabinet for Human Services, Child Protective Services. This will result in a mandatory investigation by a social worker within 72 hours. If there is a finding of abuse, there is mandatory involvement by the Court system and a case worker from the Cabinet of Human Services.

Current incidents of abuse upon an adult, either by a spouse or another person, that have never been reported to the Cabinet for Human Services, Adult Protective Services. This will result in a mandatory contact by a social worker inquiring whether the client would like to engage or decline their services. This can be done at the time of disclosure at the office.

Any specific threats to cause bodily harm to any identified individual(s) including oneself, where there is a plan, available method, and the client refuses to take appropriate actions to not follow through with the threat. This will result in a mandatory contact with the police department. In the case of suicidal behavior, the next of kin will be notified and a mental inquest warrant may be issued, resulting in a 72-hour hold in an inpatient setting for stabilization. In the case of homicidal behavior the intended

victim will also be notified. These actions may result in criminal charges.

Any breach of a court order, specifically a restraining order, no-contact order, or a failure to cooperate with treatment plans ordered by court, probation, parole, or the Department of Human Services, must be reported to the courts.

PRIVACY POLICY

Your personal health information (PHI) is used for treatment and to arrange payment for services. You have rights regarding your PHI.

You may ask me to communicate with you in a particular way or at a certain place that is private for you. For example, you may ask me to call you at home and not at work, if I need to contact you.

You have the right to ask me to limit what I tell people involved in payment for your care, such as family member and guardians.

You have the right to look at your PHI. You have the right to one free copy of you PHI. There is a charge for additional copies.

If you believe your PHI is incorrect or missing information, you may ask me to make changes. You have to make this request in writing and send it to my office. You must specify in writing the reasons you want to make the changes.

You have the right to a full and complete copy of this Privacy Policy. (A copy is posted in the office.) You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with my

office or with the Secretary of the U. S. Department of Health and Human Services. Complaints must be in writing. Filing a complaint will not change the care I provide to you any way.

CONTRACT AND CONSENT

I, the client or parent/guardian of the client, do hereby voluntarily consent and authorize Kevin Karl, LCSW, PLLC to administer psychotherapy. I am aware that the practice of psychotherapy is not an exact science, and I acknowledge that no guarantees have been made as to the result of evaluation and treatment.

I understand that Kevin Karl, LCSW, PLLC practices under the ethical guidelines set forth by the Commonwealth of Kentucky and the Kentucky Board of Social Work. I further understand that he will make appropriate referrals for me if I have needs that he is unable to address.

LIMITED CARD PAYMENT

(Optional for MC/V, Debit, or Health Savings Account)

To enable business procedures to be simple and straightforward, I strongly urge you to agree to a Limited Card Payment Authorization for co-pays, deductibles, etc.