



**Michael Karp, M.A.**  
*Licensed Marriage and Family Therapist*  
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**Release of Information**  
Concerning My Health Plan

Insurance companies are required by their regulatory agencies to monitor for quality of care and may, from time to time, request to review records. Additionally, it is necessary to share some information with your health plan in order to secure the sessions you need and to process claims for payment.

I authorize the release of information to process claims and for certification, case management, quality improvement, benefit administration and other purposes related to my health plan.

I authorize payment of benefits by my Health Plan to my therapist.

This release expires one year from the conclusion of treatment or immediately at my request.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

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