

IN THE SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL,	:	No. 1892 Disciplinary Docket No. 3
Petitioner	:	
	:	No. 172 DB 2012
v.	:	
	:	Attorney Registration No. 83524
MARK T. SCHAPPELL,	:	
Respondent	:	(Lebanon County)

ORDER

PER CURIAM

AND NOW, this 16th day of December, 2014, upon consideration of the Recommendation of the Three-Member Panel of the Disciplinary Board dated September 12, 2014, the Joint Petition in Support of Discipline on Consent is hereby granted pursuant to Rule 215(g), Pa.R.D.E., and it is

ORDERED that Mark T. Schappell is suspended on consent from the Bar of this Commonwealth for a period of five years, and he shall comply with all the provisions of Rule 217, Pa.R.D.E.

A True Copy Patricia Nicola
As Of 12/16/2014

Attest: 
Chief Clerk
Supreme Court of Pennsylvania

BEFORE THE DISCIPLINARY BOARD OF THE
SUPREME COURT OF PENNSYLVANIA

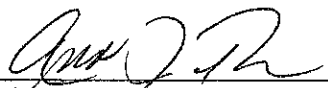
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Petitioner	:	
	:	No. 172 DB 2012
v.	:	
	:	Attorney Registration No. 83524
MARK T. SCHAPPELL	:	
Respondent	:	(Lebanon County)

RECOMMENDATION OF THREE-MEMBER PANEL
OF THE DISCIPLINARY BOARD OF THE
SUPREME COURT OF PENNSYLVANIA

The Three-Member Panel of the Disciplinary Board of the Supreme Court of Pennsylvania, consisting of Board Members Andrew J. Trevelise, Brian J. Cali, and Douglas W. Leonard, has reviewed the Joint Petition in Support of Discipline on Consent filed in the above-captioned matter on July 24, 2014.

The Panel approves the Joint Petition consenting to a five year suspension and recommends to the Supreme Court of Pennsylvania that the attached Petition be Granted.

The Panel further recommends that any necessary expenses incurred in the investigation and prosecution of this matter shall be paid by the respondent-attorney as a condition to the grant of the Petition.



Andrew J. Trevelise, Panel Chair
The Disciplinary Board of the
Supreme Court of Pennsylvania

Date: 9/12/2014

BEFORE THE DISCIPLINARY BOARD
OF THE SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL, : No. 1892 Disciplinary Docket No. 3
Petitioner :
: No. 172 DB 2012
v. :
: Atty. Registration No. 83524
MARK T. SCHAPPELL, :
Respondent : (Lebanon County)

JOINT PETITION IN SUPPORT OF DISCIPLINE ON CONSENT
PURSUANT TO Pa.R.D.E. 215(d)

Petitioner, the Office of Disciplinary Counsel (hereinafter, "ODC"), by Paul J. Killion, Chief Disciplinary Counsel, and Julia M. Frankston-Morris, Disciplinary Counsel, and the Respondent, Mark T. Schappell, Esquire, (hereinafter, "Respondent") file this Joint Petition in Support of Discipline on Consent under Rule 215(d) of the Pennsylvania Rules of Disciplinary Enforcement ("Pa.R.D.E.") and respectfully state and aver the following:

1. Petitioner, whose principal office is located at Pennsylvania Judicial Center, 601 Commonwealth Avenue, Suite 2700, P.O. Box 62485, Harrisburg, PA 17106-2485, is invested, pursuant to Rule 207 of the Pennsylvania Rules of Disciplinary Enforcement, with the power and the duty to investigate all matters involving alleged misconduct of an attorney admitted to practice law in the Commonwealth of Pennsylvania and to

FILED

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Office of the Secretary
The Disciplinary Board of the
Supreme Court of Pennsylvania

prosecute all disciplinary proceedings brought in accordance with the various provisions of the aforesaid Rules.

2. Respondent, Mark T. Schappell, was born in 1965 and was admitted to practice law on May 19, 1999.

3. Respondent's mailing address is 232 S. 3rd Avenue, Lebanon, Pennsylvania, 17042.

4. Respondent is subject to the disciplinary jurisdiction of the Disciplinary Board of the Supreme Court of Pennsylvania.

5. By Order dated December 20, 2012, the Supreme Court of Pennsylvania granted Respondent and ODC's Joint Petition to Temporarily Suspend an Attorney Pursuant to Pa.R.D.E. 208(f) ("Joint Petition for Temporary Suspension"). As more fully set forth *infra*, the Joint Petition for Temporary Suspension related that, *inter alia*, ODC: was advised by the Court Administrator of Lebanon County that Respondent had voluntarily entered an inpatient treatment facility due to substance abuse and related problems and that a complaint may have been filed in the local Magistrate's office for misuse of estate funds; discovered, through ODC's own investigation, multiple instances of Respondent's misappropriation of client funds; and received three complaints involving inability of clients to contact Respondent and/or who contended that they were owed the return of unearned fees.

SPECIFIC FACTUAL ADMISSIONS AND
RULES OF PROFESSIONAL CONDUCT VIOLATED

Matters Contained in the Joint Petition for Temporary Suspension

6. Four (4) complaints were identified in the caption in the Joint Petition for Temporary Suspension.

a. In matter C3-12-578, the Complainant alleged that Respondent was appointed as PCRA counsel following Complainant's filing of a PCRA Petition. According to Complainant, Respondent subsequently filed two applications for extensions of time to file a brief in the matter. Thereafter, Respondent failed to file the brief and the appeal was dismissed.

b. In matter C3-12-623, ODC opened a file on Respondent based on information from the Court Administrator in Lebanon County. ODC discovered that prior to entering a rehabilitation program, Respondent did not notify any current clients of his planned absence from his practice; rather, he placed an outgoing message on his voicemail indicating that he was experiencing a medical emergency. During the course of investigating, ODC subpoenaed Respondent's office and IOLTA checking accounts and an interest bearing non-IOLTA trust account. These accounts revealed that Respondent had to borrow large amounts from family members in order to make disbursements

from his IOLTA account. Subsequent investigation indicated that Respondent's parents deposited the following amounts into Respondent's IOLTA account since late 2010: \$15,000; \$15,000; \$20,000; and \$42,000. ODC discovered that Respondent engaged in a course of conduct by which he misappropriated funds from his IOLTA account by transfers of funds from the IOLTA account to his general account, constituting commingling of trust and non-trust funds. In total, ODC documented 33 transfers totaling \$56,000. ODC extrapolated that Respondent's misappropriation of funds caused substantial delays in making distributions of funds to entitled parties. Payments from Respondent's family members were needed in order for Respondent to disburse funds to rightful recipients. During its investigation, ODC also discovered a pending civil complaint against Respondent from a client who alleged that Respondent, his attorney in an estate matter, wrote a check for \$2,500 to himself from the estate of the decedent for whom the client was the executor (forging the client's signature).

c. In matter C3-12-761, Complainant alleged that he engaged Respondent to handle his divorce. After paying Respondent \$920, he was unable to contact him to inquire as to the status of the divorce.

d. In matter C3-12-814, Complainant alleged that her husband had engaged Respondent to handle their divorce and neither party had been able to contact Respondent. After contacting Complainant's husband, ODC learned that he had paid Respondent \$750 to handle the divorce but had not heard anything from Respondent since both parties signed the paperwork. Complainant's husband also informed ODC that he heard that his file was being transferred to another attorney but had not heard anything else.

7. In the Joint Petition for Temporary Suspension, Respondent acknowledged that his conduct included, but was not limited to, violations of Rule of Professional Conduct 8.4(c), which prohibits engaging in conduct involving dishonesty, fraud, deceit, or misrepresentation.

**ADDITIONAL PENDING COMPLAINTS RECEIVED SUBSEQUENT TO THE
PETITION FOR EMERGENCY TEMPORARY SUSPENSION**

8. Following the filing of the Joint Petition for Temporary Suspension, ODC received five (5) complaints alleging misconduct similar to the matters contained in that Petition.

a. In matter C3-12-918, Complainant alleged that she engaged Respondent to represent her son in a criminal matter and subsequently was unable to contact him to request a copy of the file.

b. In matter C3-12-935, Complainant alleged that he hired Respondent to represent him in a custody matter and paid a \$2,500 retainer. Complainant alleged that following a mediation hearing, Complainant was unable to contact Respondent regarding the status of the matter and the return of any unearned funds.

c. In matter C3-12-995, Complainant alleged that he paid Respondent a \$3,500 retainer to represent him in a criminal matter. Thereafter, Complainant was unable to contact Respondent regarding any upcoming hearings or the status of his matter. Complainant subsequently learned that there was a bench warrant out for Complainant's arrest because he had failed to appear at a hearing.

d. In matter C3-12-1022, Complainant alleged that she engaged Respondent to represent her in a custody/divorce matter and paid him a \$3,500 retainer. Complainant alleged that Respondent: billed her \$400 for transcripts and never provided them; misappropriated a check for \$729.36 from the Prothonotary that was intended for her; and failed to respond to her communications.

e. In matter C3-13-54, Complainant alleged that he engaged Respondent to handle his divorce and paid a retainer of \$1,000. Complainant asserted that following an initial settlement meeting, he was unable to contact

Respondent and was informed that Respondent was suspended from practicing law. After engaging a new attorney, Complainant unsuccessfully attempted to obtain an accounting and a return of unearned funds.

9. Respondent was sent a DB-7 Request for Statement of Respondent's Position regarding these five (5) complaints, notifying him of the allegations and charged Rule violations. Respondent responded to the allegations, acknowledging and admitting many of the allegations and denying certain others.

DISCIPLINARY RULE VIOLATIONS

10. The Respondent admits to violating the following Rules of Professional Conduct in these matters:

a. RPC 1.3, which states that a lawyer shall act with reasonable diligence and promptness in representing a client;

b. RPC 1.4(a)(3), which states that a lawyer shall keep the client reasonably informed about the status of the matter;

c. RPC 1.4(a)(4), which states that a lawyer shall promptly comply with reasonable requests for information;

d. RPC 1.15(e), which states that a lawyer shall promptly deliver to the client any property that the client is entitled to receive and, upon request by the client,

shall promptly render a full accounting regarding the property;

e. RPC 1.16(d), which states that upon termination of representation, a lawyer shall surrender papers and property to the which the client is entitled and refund any advance payment of fee or expense that has not been earned or incurred;

f. RPC 8.4(b), which states that it is professional misconduct for a lawyer to commit a criminal act that reflects adversely on the lawyer's honesty, trustworthiness or fitness as a lawyer in other respects;

g. RPC 8.4(c), which states that it is professional misconduct for an attorney to engage in conduct involving dishonesty, fraud, deceit, or misrepresentation; and

h. Pa.R.D.E. 217(b), which states that a formerly admitted attorney shall promptly notify all clients who are involved in pending litigation or administrative proceedings of the suspension and consequent inability of the formerly admitted attorney to act as an attorney after the effective date of the suspension.

SPECIFIC JOINT RECOMMENDATIONS FOR DISCIPLINE

11. The Petitioner and Respondent jointly recommend that the appropriate discipline for Respondent is a Suspension for a period of five (5) years, with no retroactivity. Respondent

hereby consents to the discipline being imposed upon him by the Supreme Court of Pennsylvania. Attached to this Petition is Respondent's executed Affidavit required by Pa.R.D.E. 215(d), stating that he consents to the recommended discipline and including the mandatory acknowledgments contained in Pa.R.D.E. 215(d)(1) through (4).

12. In support of the Petitioner and Respondent's Joint Recommendation, it is respectfully submitted as follows:

a. The aggravating circumstances are that Petitioner currently has five open complaints involving neglect of client matters and misappropriation of client funds. Additionally, Respondent's license to practice law is currently suspended pursuant to a Joint Petition for Temporary Suspension which resulted from four complaints. Further, ODC is informed by the Pennsylvania Lawyers Fund for Client Security that there are currently two pending claims, related to two ODC complaints, for reimbursement of funds brought on account of Respondent. Respondent failed to comply with the requirement in the Rules of Disciplinary Enforcement that he notify his clients of the Temporary Suspension. Finally, Respondent has prior discipline; in 2010, Respondent received an Informal Admonition for the following RPC violations in three client matters: RPC 1.3

(diligence); RPC 1.4(a)(3) (communication); 1.4(b) (communication); and RPC 8.4(d) (misconduct).

b. The mitigating circumstances are as follows:

i. Respondent admits to engaging in misconduct and violating the charged Rules of Professional Conduct and Rule of Disciplinary Enforcement;

ii. Respondent is remorseful for and embarrassed by his conduct and understands he should be disciplined, as is evidenced by his consent to receiving a five-year suspension; and

iii. Respondent has obtained the attached report of Michelle D. Batz, LCSW, Mazzitti & Sullivan. Ms. Batz writes that Respondent was diagnosed with the following disorders: Bipolar Affective Disorder Type II, Generalized Anxiety Disorder and Panic Disorder, Alcohol Dependency, Major Depressive Disorder, and Adult Attention Deficit Disorder. Ms. Batz describes Respondent's harrowing bouts with alcoholism and extreme depression for over a decade. During this period, Respondent experienced multiple separations from his wife and family and struggled with suicidal ideation, even looking

into whether suicide would void his life insurance policy. Respondent's recent attempts at sobriety and wellness followed three suicide attempts in a twenty-four hour period. Ms. Batz provides that Respondent's misconduct was the result of his alcoholism and illnesses. She explained that, Respondent's daily alcohol use and inability to concentrate (due to his Depression and Bipolar Disorder) led to diminished productivity (which included his inability to provide adequate representation to clients). Ms. Batz continues that diminished productivity led to a decrease in office billings, which in turn, heightened his depression, as he struggled financially. Thereafter, Respondent withdrew funds from clients' accounts for his personal use. Ms. Batz explained that Respondent's three failed suicide attempts resulted in his recent recommitment to sobriety and getting proper medications for his illnesses. Ms. Batz stated that as of August 2014, Respondent will have one year of sobriety and his mood disorders have stabilized as a result of Respondent's commitment to taking his

medications, something he was unwilling to do in the past. Respondent attends weekly outpatient sessions, including individual, marital, and family therapy. She continues that he participates in AA meetings, and is in regular communication with a sponsor. At this point, Ms. Batz concludes, Respondent is compliant with treatment and is "fully engaged and motivated in this process with marked positive outcomes." Respondent's goal is for disease maintenance with eventual return to work and a better quality of life.

Ms. Batz also includes a Psychiatric Summary from Dr. M. Corazon G. Fernando, MD, dated August 21, 2013, and a Psychiatric Evaluation from Dr. Frank J. Munoz, dated March 27, 2014, both of which confirm the above-mentioned diagnoses and Respondent's struggles with his illnesses and alcoholism.

13. Misappropriation of entrusted funds is a serious offense that may warrant disbarment. See *Office of Disciplinary Counsel v. Robert S. Lucarini*, 472 A.2d 186 (Pa. 1983); *Office of Disciplinary Counsel v. Robert Dishington Monsour*, 701 A.2d 556 (Pa. 1997); *Office of Disciplinary Counsel v. Suber W.*

Lewis, 426 A.2d 1138 (Pa. 1981). The Supreme Court has determined that disbarment is an appropriate discipline for cases involving misappropriations less egregious than in this instance. In **Office of Disciplinary Counsel v. Arlin Ray Thrush**, 160 DB 2011 (D.Bd. Rpt. 8/9/12) (S.Ct. Order 1/10/13), the Court ordered disbarment in a matter where the respondent, who had no prior discipline, misappropriated funds from the estates of two decedents, totaling \$27,322.50, neglected the administration of one estate, and failed to communicate with the executor of an estate.

14. Aside from the misappropriations, Respondent's neglect of his clients in eight matters warrants serious discipline. In **Office of Disciplinary Counsel v. Robert S. Fisher**, 52 DB 2005 (D.Bd. Rpt. 5/18/2006) (S.Ct. Order 9/19/2006), the respondent mishandled twelve client matters over four years. He neglected his clients, failed to communicate, engaged in deceptive behavior, and failed to withdraw from the representation when he purportedly became ill. Respondent Fischer was disbarred. Disbarment has been viewed as an appropriate discipline for egregious neglect of clients and their matters. See **Office of Disciplinary Counsel v. Kenneth J. Roe**, 64 DB 1998 (D.Bd. Rpt. 5/23/2003) (S.Ct. Order 7/30/2003) (imposing a disbarment where Respondent abandoned his practice without refunding unearned fees, withdrawing his appearance or finding substitute counsel);

In re Anonymous, 23 Pa.D.&C.4th 168 (Pa. 1994) (disbarring an attorney who walked away from his practice).

15. Despite the severity of the misconduct, Respondent has presented mitigation, as set forth in an expert report, sufficient to mitigate Respondent's misconduct and to support a reduction of the discipline to be imposed from disbarment to a five (5) year suspension.

16. Respondent presented clear and convincing evidence that he suffers from a psychiatric disorder and alcoholism which substantially caused his misconduct. See ***Office of Disciplinary Counsel v. Seymour H. Braun***, 553 A.2d 894 (Pa. 1989). By way of expert report from Ms. Batz, Respondent provided ODC with evidence that he suffers from a disorder which substantially caused his misconduct. The Supreme Court of Pennsylvania has held that where the evidence of record supports the finding that a mental disorder was a substantial factor in causing professional misconduct, such evidence may be considered in mitigation of discipline. See ***Office of Disciplinary Counsel v. John F. Mizner***, 46 DB 2007 (D.Bd. Rpt. 3/14/2008) (S.Ct. Order 8/29/2008) (determining that respondent was entitled to mitigation after demonstrating that his undiagnosed, untreated, and severe form of obsessive compulsive disorder culminated in such financial distress that he misappropriated funds from his law firm; imposing discipline of a five-year stayed suspension

with probation requirements); **Office of Disciplinary Counsel v. Michael D. Rentschler**, 33 and 127 DB 2009, (D.Bd. Rpt. 6/30/10) (S.Ct. Order 8/27/10) (finding that the respondent, who was found to have neglected and abandoned two clients, was able to offer expert testimony concerning his depression and alcoholism sufficient to meet the Braun standard and mitigate the extent of discipline; two years of probation with sobriety monitor); **Office of Disciplinary Counsel v. James Robert Michael**, 48 DB 2008 (D.Bd. Rpt. 12/18/09) (S.Ct. Order 4/8/10) (holding that the respondent was able to offer evidence that met the Braun standard in a matter where he commingled and misappropriated approximately \$100,000 of client funds, based on expert testimony concerning his major depressive disorder; three year suspension).

17. Respondent's misconduct is substantial and, absent Braun mitigation, would support disbarment. However, it is also apparent that Braun mitigation is present and that a suspension of five (5) years will serve the goal of the disciplinary system of protection of the public and allow for Respondent, who is only in his 40's, to return to his career once he completes the period of suspension and can demonstrate fitness.

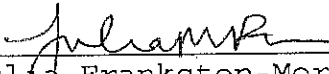
WHEREFORE, the Petitioner and Respondent respectfully request that:

a. Pursuant to Pa.R.D.E. 215, the three-member panel of the Disciplinary Board review and approve the above Joint Petition in Support of Discipline on Consent and file its recommendation with the Supreme Court of Pennsylvania in which it is recommended that the Supreme Court of Pennsylvania enter an Order:

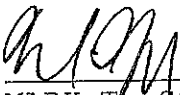
- i. suspending Respondent from the practice of law for five (5) years;
- ii. directing Respondent to comply with all the provisions of Pa.R.D.E. 217; and
- iii. directing that Respondent pay the costs of investigation and prosecution of the matter.

Respectfully submitted,

Date: 7/24/14

By: 
Julia Frankston-Morris
Disciplinary Counsel
District III
Atty. Registration No. 308715
Pennsylvania Judicial Center
601 Commonwealth Ave, STE 5800
P.O. Box 62675
Harrisburg, PA 17106
(717) 772-8572

Date: 7-21-14

By: 
MARK T. SCHAPPELL
Respondent
Atty. Registration No. 83524
232 S. 3rd Avenue
Lebanon, PA 17042
(717) 273-3405



June 16, 2014

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Attorney Julia M. Frankston-Morris
Disciplinary Counsel
Office of Disciplinary Counsel- District III
Pennsylvania Judicial Center
601 Commonwealth Avenue Ste 5800
PO Box 626675
Harrisburg, PA 17106

Regarding: Mr. Mark Schappell

Dear Attorney Frankston-Morris,

I am responding to your request for clinical information surrounding the aforementioned client's Suspension with the Joint Petition. It is my professional opinion that Mr. Schappell's chronic psychological disorders account for the reckless and self-destructive behaviors surrounding this Suspension.

Mr. Schappell presented to Mazzitti and Sullivan as a self-referral for an evaluation around alcohol and mental health concerns. He completed a full assessment on the date of June 24, 2014, at our 345 East Chocolate Avenue, Hershey PA. At that time, Mr. Schappell was diagnosed with Alcohol Dependency, Early Remission, Major Depressive Disorder, Recurrent, Severe, without Psychotic Features, and Adult Attention Deficit Disorder, Inattentive Type (see attached diagnoses criteria). Additionally he was evaluated by two psychiatrists, Dr. M. C. Fernando, M.D., August 2013, and Dr. Frank J. Munoz, M.D., April 2014. (see attached psychiatric evaluations). Additional diagnoses were given of Bipolar Affective Disorder, Type II, Most Recent Episode-Depressed, Generalized Anxiety Disorder and Panic Disorder without Agoraphobia by these psychiatrists.

Mr. Schappell relates he had been drinking excessively for about 15 years. As a result of his drinking, there were several separations from wife and family beginning in 1999. He indicates he began to suffer bouts of extreme depression over issues with family and finances. During these severe periods of depression, Mr. Schappell experienced suicidal ideation and he planned various methods of suicide, and investigated whether suicide would void his life insurance policy. These subjective complaints are consistent with his subsequent diagnoses of Major Depressive Disorder, Generalized Anxiety Disorder, Bipolar II Disorder

and Alcohol Dependence. During this time frame, Mr. Schappell indicates he withdrew funds from his clients' "escrow account" for personal use considering such withdrawals a loan. He relates he did so because his office billings decreased as a result of diminished productivity stemming from daily alcohol abuse and an inability to concentrate. Higher executive cognitive functioning is impaired in alcohol dependent persons. See: Lindemann, et al., *Swiss Medical Review*, July 2011; 7(302): 1450-2, 1454. Mr. Schappell indicates he intended to repay the "loan". Studies have indicated individuals suffering from addiction are more likely to engage in risky behaviors. Evidence also indicates greater impulsivity and reduced inhibition in individuals suffering from alcohol dependence. See: Lawrence, et al., Impulsivity and Response Inhibition in Alcohol Dependence and Problem Gambling, *Psychopharmacology*, Nov. 2009; 207(1): 163-172. These behaviors also correlate with the criteria of Bipolar II.

Mr. Schappell further relates sometime in 2009, the depression became extreme with recurring suicidal ideation culminating in the purchase of a handgun during the fall of 2010. In October of 2010, after contemplating suicide again, he confessed both his personal and professional condition and subsequent behaviors to his estranged wife. Mrs. Schappell contacted Timothy Bennett, M.A., who the couple previously utilized for family counseling. Mr. Bennett also specialized in addiction counseling. Mr. Bennett instructed Mrs. Schappell to contact Crisis Intervention. After consulting a representative from Crisis Intervention at the Good Samaritan Hospital Emergency Room, Mr. Schappell admitted himself to Roxbury Treatment Center in Shippensburg, a behavioral health facility. These subjective representations are consistent with the criteria of Alcohol Dependency, Major Depressive Disorder, Generalized Anxiety Disorder and Bipolar II.

Mr. Schappell indicates he was released from Roxbury after three days and directed to commence Intensive Outpatient Counseling. He began counseling with Timothy Bennett, M.A. who advised him to attend Alcoholics Anonymous (AA) meetings four times a week. Mr. Schappell relates he was noncompliant and discontinued the counseling after a few months. Ignoring the substantial risks of noncompliance and the consequences of such a choice is criteria for Alcohol Dependency and Bipolar II.

After several months Mr. Schappell relates he began drinking again. As a result of the renewed drinking Mrs. Schappell demanded he leave their home, but permitted his return based upon his promise to seek help again. In May of 2011, with the return of suicidal ideation, Mr. Schappell admitted himself to Philhaven Behavioral Health where he was treated for several days, diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder and prescribed Celexa by Dr. Mosley, his treating physician. He was advised to seek inpatient treatment for substance abuse. Mr. Schappell discovered that inpatient treatment was not covered by his health insurance, and then began treatment at Retreat of Lancaster County's Intensive Outpatient Treatment program. Mr. Schappell treated four times per week for several months, then three days for several more months. During this treatment he suffered several relapses, which again correlates with the criteria for Alcohol Dependency. Counseling was reduced to two days a week because Mr. Schappell informed his counselors he was adhering to the recovery

regimen but was actually drinking daily. He indicates he was noncompliant with his medications and dishonest with his counselors. This is a typical cycle seen in individuals with addictions and also with co-occurring Mental Health and Drug and Alcohol diseases.

In August 2012, after several months of daily drinking and continued suicidal ideation, Mr. Schappell was admitted to Retreat of Lancaster County as an inpatient. Since health insurance did not cover the treatment, Mr. Schappell borrowed funds from his family to cover the room and board expense. While an inpatient, Mr. Schappell indicates he was prescribed Celexa and Hydroxyzine. Following successful completion of 30 days of inpatient treatment, additional intensive outpatient treatment at Retreat was directed. In September of 2012, Mr. Schappell indicates he was contacted by Disciplinary Counsel and advised to suspend his practice. He agreed. Although he had accumulated nine months of sobriety and was attending daily AA meetings, again he relapsed. Mrs. Schappell again demanded he leave the family home. Mr. Schappell relates he vacated the marital residence and continued drinking while residing at his mother's home. The symptomology during this period is consistent with the aforementioned diagnoses.

In May 2013, following several months of heavy daily drinking, Mr. Schappell attempted suicide three times in a 24 hour period and was admitted to Philhaven Behavioral Health. He was treated for ten days and again advised to seek inpatient substance abuse treatment. Mr. Schappell was again prescribed Celexa for depression and anxiety which he had stopped taking months earlier. Mr. Schappell indicates he had not worked significantly for several months, was unable to afford inpatient treatment and could not locate a facility that offered sufficient aid or grants for such treatment. As a result he related that he began intensive outpatient treatment at Gaudenzia in Harrisburg, then transferred directly to Mazzitti & Sullivan also in Harrisburg for dual diagnoses intensive outpatient treatment. Mr. Schappell attended three, three hour sessions per week during which urine screenings were performed. Additionally he participated in individual weekly sessions, AA daily and obtained an AA sponsor and home group. Mr. Schappell was discharged to individual counseling one day per week, after completing five months of intensive outpatient treatment.

In August 2013, Mr. Schappell, to further aid in his recovery, arranged accommodations at Just For Today recovery house in Mechanicsburg for a six months commitment. At Just for Today, Mr. Schappell continued with an AA sponsor and attended 90 AA meetings in 90 days. There were restrictions such as curfews and random urine screening. Mr. Schappell was compliant with these directives and continued to attend weekly individual and marital counseling at Mazzitti and Sullivan, as well as participate in the 12-step process, with AA meetings daily, a sponsor and home group.

During his treatment at Mazzitti & Sullivan Mr. Schappell was advised to seek a psychiatric evaluation as the treatment team believed Mr. Schappell suffered from undiagnosed mental health disorders. Diagnoses and subsequent medications, Lamictal 150mg qd and Seroquel 150mg qd were prescribed by Dr. M. C.

Fernando, M.D., August 2013, and started on a graduated basis. Mr. Schappell indicates he was compliant with these medications. Mr. Schappell then sought a second psychiatric opinion at the suggestion of this writer from Dr. Frank J. Munoz, M.D., April 2014. There have been no medications changes to date.

The length and regularity of Mr. Schappell's suicidal ideation is consistent with Major Depressive Disorder, which was only compounded by his continued abuse of alcohol. All of these conditions, but particularly Alcohol Dependency, affected Mr. Schappell's cognitive functioning. Alcohol Dependency has significant effects on higher cognitive functioning. See: Alcohol Alert, *National Institute on Alcohol Abuse and Alcoholism*, July 2001; Vol. 53. The effects of alcohol abuse on the brain's frontal lobe are also well documented. See: Mosehly, Frontal Lobe Changes in Alcoholism, A Review of the Literature, *Alcohol & Alcoholism*, 2001; 36(5):357-358. Mr. Schappell's impulsivity, recklessness and reduced inhibition can also be attributed to his abuse of alcohol. Alcohol Dependency negatively affects Bipolar disorder as well. Alcohol Dependency negatively correlates with performance in verbal memory and several executive function (frontal lobe) measures in persons suffering from Bipolar Disorder. See: van Gorp, et al., *Archive of General Psychiatry*, 1998; 55(1):41-46.

Mr. Schappell will have one year sober as of August 3, 2014. Mr. Schappell's mood disorders have been stabilized. He continues to attend weekly outpatient sessions, individual, marital and family, participate in the 12-step process with AA meetings, home group, and sponsor. He has been compliant with all treatment recommendations and is fully engaged and motivated in this process with marked positive outcomes. The goal is for disease maintenance with eventual subsequent return to the work force, and an overall better quality of life.

Sincerely,

A handwritten signature in dark ink, appearing to read "Michelle D. Batz", written in a cursive style.

Michelle D. Batz, LCSW

Attachments

Cc: M. Schappell

**M.C. Fernando, M.D. & Associates**

Behavioral Medicine & Psychology

M. Corazon G. Fernando, M.D.

Psychiatric Summary**Mark Schappell**
DOB: 12/17/1965**8/14/2013**
(99205, 90833)

CONFIDENTIAL
For Professional Use Only
"This information has been disclosed to you
in a confidential manner and is protected by
State Law. State regulations limit your right to
make any further disclosure of this information
without the prior written consent of the person to
whom it pertains."

Identifying Information:

Mark is a 47-year-old, separated, white male who was referred through his insurance company. He came alone to the appointment and currently lives in a D&A halfway house in Mechanicsburg. He last worked as a self-employed attorney in August 2012.

Chief Complaint:

"I have symptoms of depression and anxiety that I need help with."

History of Present Illness:

Mark described mood symptoms from his teens. He said he had a happy childhood until the onset of his parents' fighting in his teens. They separated and eventually divorced. His mother is an active alcoholic in denial. His family history was significant for D&A and affective disorders. Mark initially got involved with alcohol in grade 10. It became a problem in his late teens. At the height of his alcoholism, he consumed 1 1/2 L vodka every day. He also abused marijuana and cocaine in college. However, his drug of choice was alcohol.

Because of his alcoholism, Mark and his wife separated 3 times -- in 2002, in 2012 and in May 2013. He said he kept alcohol at home and in the office. He scheduled his clients and court hearings around drinking alcohol. He abused it in isolation. Mark's wife left with the children after an argument they had over his drinking in May 2013. He became very depressed and attached a vacuum hose to the tailpipe of his car to suffocate. He coughed uncomfortably and decided to turn off the car. He went into the house and turned on the gas stove, laid on the floor waiting to die. He called his father. The next day, his wife returned home, smelled gas and saw him on the floor. She called 911 and Mark was taken to the ER before being admitted to Philhaven. He felt glad to be alive. He now lives in a halfway house apart from his family. Mark had previous inpatient and intensive outpatient D&A treatments. He struggled to be sober. The last time he became intoxicated was in August 2013 despite active outpatient rehab.

Money was a problem. His license to practice law was suspended for mismanaging clients' funds. He spent about \$80,000 of escrow funds over the years on family vacations, office expenses, nice clothing, new equipment, home improvement, bills, etc. After extensive investigation, he faced disciplinary action with license suspension. He currently has no way to generate income to keep pace with bills that were due.

Mark experienced vegetative symptoms. He was in bed by 11 PM but did not fall asleep until 1:30 AM. His thoughts raced. He rehearsed the day's events and planned the next day's activities. He thought much about the future. He usually wakes up at 6 AM after 5 1/2 hours of interrupted sleep. He tossed and turned and had awakenings. Once awake, he had trouble falling back to sleep. Despite this, he had energy the next day. He did not nap. By 3:30 PM, he was tired but kept on with his routine. He denied any crying spells but felt hopeless and helpless. He struggled with fleeting suicidal ideas. He denied any active suicidal plans and intents.

Mark admitted to being moody and irritable. He had periods of really feeling great over the years but could not sustain this. He would crash and become depressed or anxious. There were times he felt better than the

**M.C. Fernando, M.D. & Associates**

Behavioral Medicine & Psychology

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rest. He spent the money he did not have leading to his law license suspension. He denied hearing voices in his head. He was never paranoid in the past. Mark had angry outbursts when he screamed, yelled, swore and cursed. He threw and broke things and punched walls. He admitted to being verbally threatening towards his wife. He was never violent towards other people, when angry.

Anxiety symptoms included palpitations, muscle tightness, sweating, racing thoughts, inner restlessness, jitteriness and shakiness. Mark denied experiencing lightheadedness, dizziness, nausea, vomiting, diarrhea, shortness of breath, tremors and chest pain, when anxious. He worried about his marriage, his career, losing family support, finances, etc. He denied any compulsions.

Mark recalled daydreaming and zoning out in high school and college. He had to read and reread information to grasp content. He lost his spot on the page. His mind drifted. He could selectively focus in subjects that interested him. Otherwise, he was bored and distracted. He was in detention for goofing off in class. He denied being in suspension. Mark would start and stop tasks and left loose ends pending. He was impatient and could not wait in-line or sit in traffic. He was also impulsive and would act and talk with little thought. He procrastinated doing work especially those that were mentally tedious or mundane. Mark said he could have done better academically if he truly applied himself in his work.

Since May 2011, Mark has been on Celexa 20 mg Q HS. It used to help with his sleep but the benefit wore off. His mood symptoms persisted despite compliance on it. Mark made arrangements to come to this appointment through his insurance company to achieve better symptom control.

Review of Systems:

Allergic, Immunologic: unremarkable

Cardiovascular: unremarkable

Constitutional: 47-year-old, well-built and nourished white male in no acute distress.

ENT: unremarkable

Endocrine: unremarkable

Eyes: wears eyeglasses

Gastrointestinal: unremarkable

Genitourinary: unremarkable

Hematologic, Lymphatic: unremarkable

Integumentary: unremarkable

Musculoskeletal: torn meniscus on right knee from basketball injury in 2006.

Neurological: hand tremors and numbness-tingling sensation, likely anxiety related.

Psychiatric: depressed and anxious

Respiratory: unremarkable

Past Psychiatric History:

Mark was at Philhaven Hospital in May 2013 following suicide attempt by carbon monoxide poisoning. In 2011, he was also at Philhaven Hospital for 3 days of alcohol detox. He attended outpatient D&A rehab at The Retreat in Ephrata in June 2011 after discharge from Philhaven. He had a relapse and was at The Retreat inpatient program between August and October 2012. He went to intensive outpatient treatment 4 days/week between 9:30 AM and 1:30 PM. Mark was sober until his relapse in May 2013. He sees Michelle Batz, LCSW for outpatient D&A rehab at Mazetti and Sullivan every Friday. He denied any recent contacts with a psychiatrist and caseworker. Mark's drug of choice was alcohol. He first tasted alcohol in grade 10. It became a problem in his late teens. For 6-7 months in 2002, he drank 1 ¾ L of vodka every day. He last abused alcohol on 8/3/2013. He recreationally smoked marijuana and abused cocaine in college. Mark denied nicotine abuse.

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Past Medical History:

Mark sees Kenneth Lopone, M.D. at West Cornwall Family Practice for physical problems. He has urticaria and is on Clarinex tablets PRN. He denied any other major past and present medical illnesses. He had surgery for a right knee bone cyst on 8/7/2013. He had repair of torn right knee meniscus from playing basketball in 2006. Mark also had wisdom teeth extracted in 1985. He denied any other history of significant surgery and injuries. He did not have problems with anesthesia. He had no allergies to food and drugs.

Family History:

Both Mark's parents are living. His mother is 66 years old and has hypertension. She worked as the realty appraiser for Sears for many years until she retired. She is an active alcoholic in denial. She's in treatment for depression and anxiety. Mark's father is 74 years old and is healthy and well. He worked for the federal government as data analyst and traveled around the country to check if computer systems operated well. He retired at age 66. He does not have any D&A and psychiatric history. Mark's parents were married for 24 years. They divorced in 1986 when Mark was 21. From the same set of parents, Mark is the eldest of 3 sons. His younger brother, Scott is 45 years old, married and has 3 children. He works as a pharmacy advertising company and lives in Devon, PA. He does not have any D&A and psychiatric history. Mark's youngest brother, Stephen is 40 years old, married and has one child. He works for Maersk Logistics and lives in Houston, Texas. He had no information about D&A and psychiatric history in Stephen. His father remarried in the 1980s and his mother remarried in the 1990s. He has no half siblings from his parents' remarriage. Mark was born in Lebanon, PA where the family lived until he was 3 years old. They moved around the country because of his father's job and lived in Washington DC and North Carolina. He denied any history of physical, emotional and sexual abuse in childhood. He recalled verbal abuse from his father in his teens as they argued about everything. Mark said his childhood was okay until his late teens when his parents often fought. He had friends growing up in childhood. In high school, he played baseball and swam. In college, he swam, played volleyball and water polo. He was never involved in music.

Social History:

Mark and his wife have been married for the last 16 years now. His wife is 43 years old and works as a manager for Verizon. She does not have any D&A and psychiatric history. They have a rocky relationship because of his alcoholism and financial problems. They first separated in 2002 and again in 2012. They recently separated for the third time in May 2013 following his alcohol relapse. Mark has 3 children with his wife. Sydney is 11 years old and is in grade 6. She goes to Lebanon Middle School. Harrison is 10 and in grade 5 at Southeast Elementary School. Elliott is 4 and is in pre-K. All his children do well academically and do not have behavior problems. Mark graduated from high school in 1984 and from college with his BS in economics management in 1996. He earned his JD in 1999. He last worked as a lawyer in August 2012. He belongs to the Cornwall United Methodist Church. Mark denied any military service. He has no history of bankruptcy. He has few friends. He enjoyed cooking and spending time with his children, as his hobby.

EXAMINATION:

Vital Signs: BP - 113/73; PR - 76, regular; RR - 20/minute; Temperature - 97.9°; Height - 5 feet tall; Weight - 185 pounds; BMI - 25.

Gen. Appearance: alert, oriented times 3, cooperative, verbal, clean, casually dressed, well-built and nourished, 47-year-old, married, white male who looked his stated age and maintained good eye contact.

Musculoskeletal: Gait and station normal. No weaknesses, tremors, stiffness and akathisia noted.

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Psychiatric Examination:

Speech was spontaneous. There was no loosening of associations or flight of ideas noted. Talk centered on his frustration with ongoing stresses and symptoms. His mood was neutral to low and his affect was depressed and anxious. He denied any auditory/visual hallucinations, delusions and any present suicidal/homicidal ideas, plans and intents. He worried about practical problems but denied any compulsions. Cognitive functions were intact. Recent memory was 2/3 after 5 minutes. Remote memory was good. He was able to do simple arithmetic calculations. Level of intelligence was high average. Fund of information was adequate. Verbal judgment was intact. Reality testing was good. Impulse control was fair. He showed some insight into his problems.

Diagnosis:

- Axis I** Bipolar Affective Disorder, Type II, Most Recent Episode-Depressed
Generalized Anxiety Disorder
Panic Disorder without Agoraphobia
Alcohol Dependence, in Early Remission
Residual Adult Attention Deficit Disorder, Inattentive Type
- Axis II** Obsessive-Compulsive Personality Traits
- Axis III** Urticaria, by History
- Axis IV** 4, severe; i.e., chronic and recurrent symptoms, significant family history of D&A and affective disorders, legal problems with disbarment from law practice, financial problems, separation from family,
- Axis V** Current GAF 48; Highest GAF in past Year 75

Medical Decision Making:**Data Points:**

- 1) Zung Self-Rating Depression scale indicated moderate-marked depression.
- 2) Liebowitz Social Anxiety scale was negative.
- 3) ASRS symptom checklist indicated severe inattention and moderate hyperactivity-impulsivity.
- 4) Mood Disorder Questionnaire positive for bipolar disorder.
- 5) Reviewed lab test done by PCP on 1/2/2013 including liver enzymes and PSA that were normal.

Problem Points:

Problem 1: Bipolar Type II Disorder – I started Mark on Lamictal 25 mg Q 6 PM for 7 days and then increase to 50 mg Q 6 PM for another 7 days. Towards his 3rd week, he would be on Lamictal 75 mg Q 6 PM for 7 days and then 100 mg Q 6 PM thereafter. To decrease his anxiety and agitation, slow down his thoughts and help with his sleep as well as better modulate mood symptoms, I also put him on Seroquel XR 50 mg Q 6 PM for 4 days and then increase to 100 mg Q 6 PM for another 4 days. By his 2nd week and thereafter, he would be on Seroquel XR 150 mg Q 6 PM. Antidepressant treatment in bipolar patients could further destabilize mood. I stopped his Celexa altogether. Dosage of medicines will need to be titrated depending on clinical symptoms. I reviewed risks and benefits of medication management with Mark. I informed him about side effects he might experience on his regimen; including, a rash on Lamictal. Should this occur, I instructed him to stop his Lamictal ASAP and for him to call me. He could also take Clarinex

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or Benadryl, PRN. I alerted him about dermatological precautions on Lamictal and he agreed to comply. I informed Mark about G.I. discomfort, headache, sedation, hypotension, dizziness, etc. he might have on Seroquel XR. Mark agreed to stay on his medicines, for now, I gave him enough samples and prescriptions for them to last until I see him again in 2 weeks. Should he need to see me sooner, I instructed Mark to call the office. I discouraged him from making unilateral medication adjustments without consulting with me first. He agreed.

Problem 2: Generalized Anxiety, Panic and Worry – I informed Mark that his symptoms might improve on Seroquel XR. Should they persist, I would consider putting him on Zoloft once he stable on his Lamictal-Seroquel XR combination.

Problem 3: Residual Adult Inattentive Type ADD – I will treat him for ADD once his mood symptoms were well-controlled.

Problem 4: Alcohol Dependence, in Early Remission – Mark will continue in outpatient D&A rehab. He also sees Michelle Batz, MSW for his weekly therapy appointments. I advised him to take B complex with folate vitamins and multivitamin supplements and he agreed. I would consider putting him on Campral or ReVia in his subsequent appointments should he have problems dealing with alcohol cravings. Mark recognized how his alcoholism significantly contributed to marital problems and recent separation from his family.

Problem 5: Insomnia – I encouraged Mark to take melatonin 5-10 mg Q HS for sleep disruptions. We discussed good sleep hygiene; inclusive of, caffeine restriction 12 hours before bedtime, dinner and strenuous activities no later than 3 hours before bedtime, setting a sleep schedule, sleeping in a dark and quiet room with temperature between 68-70°, logging off TV and computer 1-2 hours before bedtime because of intense LED light signaling to the brain, etc. Mark agreed to comply.

Problem 6: Therapy Issues – Mark will need to cope more effectively with stresses and symptoms. Self-harm was not an option. Abusing alcohol was not acceptable. He will need to express his feelings more appropriately. Acting on them was not an option. He has self-esteem issues to work through. He and his wife could benefit from joint sessions to work out conflicts. Mark plans to address these issues with Michelle Batz, MSW.

Problem 7: Safety Risk Assessment – Should Mark's symptoms intensify as to further interfere with his day-to-day functioning or endanger his safety, I will not hesitate to increase level of care in the future, as appropriate.

Chona Fernando MD
8-21-13 CL

Chona G Fernando, M.D.

Frank J. Muñoz, M.D.
405 East Chocolate Avenue
Hershey, PA 17033

Tel: (717) 533-4920
Fax: (888) 506-4168
Date: 3-27-2014

Psychiatric Evaluation

Name: Schappell, Mark
DOB: 12-17-65

Chief Complaint: "I'm not sure about my bipolar diagnosis."

History of the Present Illness: 48year old, married, employed male who has been referred by Ms. Michelle Batz for further evaluation and treatment of alcohol dependence and possible bipolar disorder and attention deficit disorder. He describes battling alcoholism since 2010 or so when his drinking escalated. He has had several attempts at recovery which included inpatient substance abuse treatment as well as mental health treatment. His course included periods of suicidal ideation and at one point he tried to end his life using carbon monoxide, and when that failed, oven gas. His wife discovered him in the home and from there he entered Philhaven last summer for ten days. He has been sober ever since and after seeing Dr. Fernando last September he started treatment with lamictal and seroquel for bipolar disorder. Attention deficit disorder was diagnosed as well but pharmacotherapy for this has been postponed. Mood has been stable since he has been using the lamictal and seroquel and he feels he has been doing better than he has in years. He attends AA daily and he has a sponsor. He also sees Ms. Batz every Monday. He notes that he has a strong tendency to relapse when his wife is out of town, however, "this time when she went to Pittsburgh, I was proactive and talked to my sponsor about it ... he said to call him daily and get to meetings every day."

Interest/enjoyment: he has begun to enjoy his family again.

Mood: stable and in a healthy range: "I've been discouraged lately by how hard it has been to find work."

Sleep: he sleeps well from six to eight hours.

Energy: intact

Guilt/worthlessness: both are noted

Weight or appetite change: he has gained a little weight and appetite is at a good level.

Impaired conc/indecisive: he finds his concentration is improving.

Thoughts of death/suicide: none

Review of Systems: ☐ Eating disorder ☐ Dissociation ☐ Avoidance ☐ Somatic
symptoms ☐ Hallucinations ☐ Irritability/elation ☐ Paranoia ☐ Hopelessness

☐ Obsessive-compulsive symptoms

Past Psychiatric History: He recalls having "shakes" if he did not drink in the morning. He had hot and cold flashes as well but "no full on seizures or DT's." At its peak he was drinking ½ gallon vodka daily. He recalls having racey thoughts at night and in the morning which centered on numerous worries which

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Name: Schappell, Mark
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intensified over the years as drinking progressed: "I felt an uneasiness ... a weight ... and depressed." He worried if his wife was aware of his drinking and whether she would find out: "I thought she didn't know but now I know she did." He can recall having to reread text two or three times "before it would sink in ... but in law school I didn't have time for that and it still turned out alright ... I passed the bar examination on my first try." He reports a longstanding tendency to procrastinate which intensified while he was drinking: "I couldn't function while drinking so my productivity really went down and I put things off more."

Psychotropic History: celexa reduced racey thoughts and also produced an adverse reaction to alcohol. Campral was used for a few months despite the lack of urges to drink: "but I stopped it after that because it was expensive."

Suicide/self-injury/violence: he attempted suicide by carbon monoxide and oven gas poisoning as noted above. Another time he had considered using a firearm which he had purchased but in the end was able to abort this attempt.

Drug and alcohol / CAGE / IVDA: he used "some marijuana and mushrooms in college ... and cocaine rarely in and after college but not since law school ... it's been some 20 years."

Abuse / trauma: denies.

Family History: he suspects his oldest son has attention deficit disorder. There is a family history of prostate cancer. He is not aware of any bipolar disorder in family members.

Personal / Developmental History: He will soon be married 18 years and they have three children ages 11, 10, and 5. He voluntarily suspended his attorney's license in August 2012 after comingling client and personal funds. He hopes to have this restored in coming years. He is currently on a long term disability but would like to return to work soon as he feels he is now capable of this.

Past Medical-Surgical History: he is free of medical problems apart from "some joint arthritis ... getting to that age." Remarkably his liver function tests have been normal. Thyroid balance has also been normal.

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Psychiatric Evaluation

Name: Schappell, Mark
DOB: 12-17-65

Allergies: NKDA

Tobacco: none

Herbs/caffeine: no herbals but two to three cups of coffee daily.

Closed head injury or seizure: He had a concussion in fourth grade: "if I passed out it would have been very short."

Glaucoma/eye d/o: none

Current prescriptions: Seroquel 150 mg qhs since Sept 2013

Lamictal 200 mg qdinnertime since Sept 2013

MSE: Weight: 200 lbs; Height: 6 ft even

The patient is casually dressed, well-groomed, cooperative and pleasant. Psychomotor activity is within normal range. No abnormal, involuntary movements are seen. Speech shows normal rate, volume, and tone with good spontaneity. Mood is "pretty good" and affect is appropriate, stable and neutral.

Thought content is reality-based. Suicidal and homicidal thoughts are absent. Thought process is goal-directed without flight of ideas or tangentiality. The patient is attentive and oriented to person, place, time, location, and situation. Short and long term memory are good. Language is intact. Fund of knowledge is broad.

Intelligence is at least average based on vocabulary and syntax. Abstraction is intact. Insight and judgment are good. Muscles show no posturing or dystonia and gait and station are unremarkable.

Multiaxial DSM-IV Diagnosis/Complete problem list:

Axis I Alcohol dependence, in early, full remission (since September 2013 or so)

Depressive disorder, nos

Features of attention deficit disorder and generalized anxiety disorder

Axis II Deferred

Axis III See past medical history above

Axis IV Financial stress, chronic alcohol dependence, marital stress, unemployed

Axis V Current: 75

Treatment Plan: I do not identify bipolar disorder, however, he appears to have had some benefit from his current medications which he tolerates well. I suggested he carry on with the current medication.

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Name: Schappell, Mark
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combination and look to begin a slow wean of one of them at 12 months of treatment assuming he continues to do well. These agents can have therapeutic effects in depressive and anxiety states as well as bipolar disorder. He appears to be doing well from the standpoint of stress tolerance and concentration, however, it will be important to assess the stability in these areas once he returns to work. If inattention becomes a problem, treatment for the attention deficit features can be considered. He notes Dr. Fernando has released him to return to work, and I believe this is a reasonable decision. He will consider transferring his psychiatric care to this writer and once he discusses this with his wife and perhaps his therapist, he will let me know what he decides.

Referral for psychotherapy: he will continue with Ms. Batz.

The patient is in agreement with the above treatment plan. The risks and benefits of pharmacotherapy were discussed and the patient expresses understanding of same.

Frank J. Munoz, M.D., electronic signature


BEFORE THE DISCIPLINARY BOARD
OF THE SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL, : No. 1892 Disciplinary Docket No. 3
Petitioner :
: No. 172 DB 2012
v. :
: Atty. Registration No. 83524
MARK T. SCHAPPELL, :
Respondent : (Lebanon County)

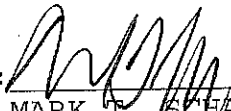
VERIFICATION

The statements contained in the foregoing Joint Petition in Support of Discipline on Consent Pursuant to Pa.R.D.E. 215(d) are true and correct to the best of my knowledge or information and belief and are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Date: 7/24/14

By: 
Julia Frankston-Morris
Disciplinary Counsel
District III
Atty. Registration No. 308715
Pennsylvania Judicial Center
601 Commonwealth Ave, STE 5800
P.O. Box 62675
Harrisburg, PA 17106
(717) 772-8572

Date: 7-21-14

By: 
MARK T. SCHAPPELL
Respondent
Atty. Registration No. 83524
232 S. 3rd Avenue
Lebanon, PA 17042
(717) 273-3405

BEFORE THE DISCIPLINARY BOARD
OF THE SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL, :No. 1892 Disciplinary Docket No. 3
Petitioner :
:No. 172 DB 2012
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MARK T. SCHAPPELL, :
Respondent : (Lebanon County)

RESPONDENT'S AFFIDAVIT UNDER RULE 215(d) OF THE
PENNSYLVANIA RULES OF DISCIPLINARY ENFORCEMENT

I, Mark T. Schappell, Respondent in the above-captioned matter, hereby consent to the imposition of a five year suspension with no retroactivity, as jointly recommended by the Petitioner, Office of Disciplinary Counsel, and myself, in a Joint Petition in Support of Discipline on Consent and further state:

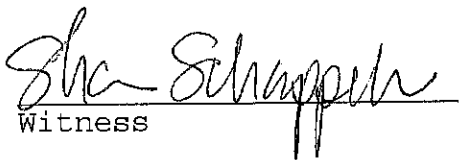
1. My consent is freely and voluntarily rendered; I am not being subjected to coercion or duress; I am fully aware of the implications of submitting the consent;

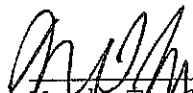
2. I am aware there is presently an investigation into allegations that I have been guilty of misconduct as set forth in the *Joint Petition*;

3. I acknowledge that the material facts set forth in the *Joint Petition* are true;

4. I consent because I know that if the charges against me were prosecuted I could not successfully defend against them; and

5. I acknowledge that I am fully aware of my right to consult and employ counsel to represent me in the instant proceeding. I have not retained, consulted and acted upon the advice of counsel in connection with this decision to execute the within Joint Petition.


Witness



Mark T. Schappell
Respondent
Atty. Registration No. 83524
232 S. 3rd Avenue
Lebanon, PA 17042
(717) 273-3405

BEFORE THE DISCIPLINARY BOARD
OF THE SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL, : No. 1892 Disciplinary Docket No. 3
Petitioner :
: No. 172 DB 2012
v. :
: Atty. Registration No. 83524
MARK T. SCHAPPELL, :
Respondent : (Lebanon County)

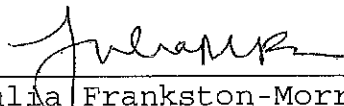
CERTIFICATE OF SERVICE

I hereby certify that I am this day serving the foregoing document upon all parties of record in this proceeding in accordance with the requirements of Pa.R.A.P. 121.

First Class Mail, as follows:

Mark T. Schappell
232 S. 3rd Street
Lebanon, Pennsylvania, 17042

Dated: 7/24/14



Julia Frankston-Morris
Disciplinary Counsel
District III
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