**Pamela J. Kowal, MS, LMFT**

**Integrative Psychotherapist**

**HIPAA NOTICE of Client’s Rights, Confidentiality, & Informed Consent**

Pamela J. Kowal, MS, LMFT, is committed to the professional ethics of the American Association of Marriage & Family Therapists and related psychotherapy associations through the HIPAA Privacy Practices, Client’s rights, Informed Consent, Authorization for Release of Information, and Transfer Plan. Every client has a right to be treated with dignity and respect. Persons are served within a context that is nondiscriminatory and fully accepting of individuals regardless of race, creed, beliefs, gender, religion, sexual orientation, national origin, source of payment or disability.

As consumers of Mental Health services you have the right:

* To expect that a therapist has met the minimal qualifications of training and experience required by state law
* To examine public records maintained by the various boards which contain the credentials of the therapist
* To obtain a copy of the rules of conduct from the State Register and Public Division of the Department of Administration
* To be informed of the cost of professional services before receiving the services
* To privacy as defined by rule and law
* To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving psychological services
* To release your records to others and to revoke this authorization.
* To inspect and obtain a copy of your information contained in your medical records.
* To add or amend information that you feel is incorrect or incomplete.
* To request restrictions on uses and disclosures of your health information.

**Confidentiality Statement**

The information gathered from you, directly or from others, with your permission and on your behalf, is used in diagnosis, evaluation and in carrying out appropriate treatment programs. The information you provide is voluntary, and you are not required to release information. Under Minnesota Law: Your records must be kept confidential unless the law permits disclosure. Your records may not be released without your consent, unless the law allows for it. If you believe your privacy rights have been violated, you may file a complaint or grievance with the Federal Department of Health and Human Services.

**Exceptions of Confidentiality**

Without your consent, your health information may be used as follows:

* As required by law. Any incident or knowledge of suspected neglect, physical or sexual abuse of children to Child Protection Services. Any maltreatment of vulnerable adults as specified in the Vulnerable Adults Act. Court-ordered reports of treatment. In an effort to save your life or someone else’s life; whatever can possibly be done to prevent suicide or homicide will be done.

I confirm that I have read the above statement concerning nondiscrimination, confidentiality, client’s rights, grievances, informed consent, and release of information on me or my family while in treatment. I have received information describing services and cost of treatment.

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Client Signature Date

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Signature of Witness (required) Date