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

**Integrative Psychotherapist**

**Statement of Understanding for Insurance Clients**

**Confidentiality/Data Privacy**

Your visits with Pamela J. Kowal, MS, LMFT and information discussed are classified as private by Minnesota law, and the HIPAA Privacy Rule. Private information can be communicated to others only with your informed written consent. The only exceptions to this are mandated by law and include a) reporting of abuse of children or vulnerable adults; b) a situation where disclosure of information is necessary to protect against the risk of imminent serious harm being inflicted by you on yourself or another person; and c) records subpoenaed by the court. Information concerning dependent minors is accessible to parents unless it is determined that such access would be harmful to the minor.

**Email Communication**

**Minnesota law and the HIPAA Privacy Rule does not cover email or text communication and is not considered “secure.”** However, if you would like to receive updates of classes offered by Pamela J. Kowal or communicate about appointments, email is the most efficient way to communicate. Providing your email address and signing below indicates that you understand the limitations to privacy in e-mail communication. Communicating via text is advisable only for immediate information about your appointment. In an emergency situation, if we agree upon an email or text consult, you will be charged for that time and you are agreeing to the understanding that the ensuing communication is not considered ‘secure’. If you choose to have a Skype or Facetime session due to inclement weather, illness, or out-of-state work/vacation, please know that by signing this form you are understanding that the session is not considered ‘secure.’

**Financial Responsibility & Fees for Service**

Fees for service must be paid in full at the time that services are rendered. Cash, checks, credit card/PayPal accepted. You will be charged for returned checks as determined by state law. Session fees are as follows:

**New Client Initial Consultation (60 mins) = $225**

**Individual Counseling (60 mins) = $175**

**Email/text consult - one exchange = $35**

**Late cancellation and missed appointment fee = $100**

**Cancellation Policy**

**I** ask that you give a **24-hour business day** notice if you cannot keep your appointment. If you do not give a 24-hour notice, you will be charged $100. Insurance does not pay this fee. This needs to be paid before scheduling or confirming your next appointment.

**Treatment Waiver - Reiki and Energy Healing**

Pamela J. Kowal, MS, LMFT, does offer complementary reiki and energy healing with her psychotherapeutic work. I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological aliment I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long-term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Pamela J. Kowal, MS, LMFT.

**I have read the above information and understand my obligations:**

Client Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_