

**Pamela J. Kowal, MS., LMFT**  
**Integrative Psychotherapist**  
**STATEMENT OF UNDERSTANDING FOR PRIVATE PAY 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 AND SERVICES**

**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 do choose to have virtual sessions, you are asked to sign my Informed Consent for Telehealth Services.

**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 (through my website), and venmo (@Pamela-Kowal) accepted. You will be charged for returned checks as determined by state law. Session fees are as follows:

**Individual Therapy/ Therapeutic Coaching = \$165**  
**Late cancellation and missed appointment fee = \$100**

**(Please note that a \$50 discount has already been applied to my individual client rates,  
so no further sliding fee will be provided)**

**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 business day notice, you will be charged \$100. This needs to be paid before scheduling or confirming your next appointment.

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

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

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

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