

# MARY A. CONNELL, ED.D., ABPP

*Board Certified in Forensic Psychology by the*

*American Board of Professional Psychology*

100 East Fifteenth Street, Suite 635

Fort Worth, Texas 76102-6566

Telephone: (817) 334-0035

Fax: (817) 334-0297 Email: [mary@maryconnell.com](mailto:mary@maryconnell.com)

## Acknowledgment of Receipt of Notice of Privacy Practices

By my signature below, I acknowledge that I have received Mary A. Connell's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date

### Who may we give information to regarding your examination?

Husband/Wife: \_\_\_\_\_ Phone \_\_\_\_\_  
Name

Son/Daughter: \_\_\_\_\_ Phone \_\_\_\_\_  
Name

Other: \_\_\_\_\_ Phone \_\_\_\_\_  
Name

Is there anyone who should NEVER have this information?

### How may we contact you?

Home number: \_\_\_\_\_ May we leave a message Yes No Answering Machine Yes No

Work number: \_\_\_\_\_ May we leave a message Yes No

Cell Phone: \_\_\_\_\_ May we leave a message Yes No

Pager: \_\_\_\_\_ May we leave a message Yes No

#### For Staff Use Only:

Client Refused to sign \_\_\_\_\_

Date \_\_\_\_\_ Employee Signature \_\_\_\_\_