

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

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by the American Board of Professional Psychology

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### Notice of Privacy Practices

Effective Date: April 14, 2003

**This notice describes how information about you may be used and disclosed and how you may obtain access to your information. Please review and read carefully.**

This notice describes the practices of Mary A. Connell, Ed.D., ABPP, in connection with the use and disclosure of your information and your rights and certain obligations we have regarding the use and disclosure of your information. *The Health Insurance Portability and Accountability Act* applies to health care professionals, and while Dr. Connell does not provide health care *per se*, she does engage in evaluation and may formulate diagnostic and prognostic opinions, make recommendations for psychological or psychiatric treatment, and may exchange information with those who have provided or will provide medical or psychological/psychiatric treatment to you. Because of this, we have elected to attempt to maintain compliance with HIPAA privacy practices. It should be clear, however, that when your services have been provided as a result of court order or in your effort to obtain employment, some or all of the following rights may not be owed to you. Our effort will be to comply with reasonable requests to protect your privacy. There are individuals, including employees, staff, and other personnel working in our offices, who are or will be involved in providing your services and/or who are authorized to enter information into your records. Unless otherwise provided by court order or agency contract, we are required by law to maintain the privacy of your information and to provide you with this notice describing our privacy practices. We are required to abide by the terms of this Notice, as it is modified from time to time. We may make changes to this notice in the future, and any of the terms of this notice are changed will apply to all of your information. If we change our notice, you may obtain a copy of the revised notice by requesting it in person at our office or by sending a written request for a copy to our privacy officer at the address above.

### How We May Use or Disclose Your Information

We are permitted or required to use your information for various purposes. We cannot describe every possible use or disclosure of your information in this Notice. However, uses that we are permitted or required to make will generally fall within one of the following categories:

*For Treatment-* We may use and disclose information about you in order to ensure that you receive proper treatment. For example, we may disclose your health information to another health care provider involved in your care.

*For Payment-* We may use and disclose information about you so that we may obtain payment for the treatment and services we provide to you or to another party for whom you have financial responsibility. For example, we may need to give your attorney, the agency who referred you, or the Court who referred you, information about your diagnosis and descriptions of the care that we provided to you in order to receive payment for your care.

*For Health Care Operation-* We may use and disclose information about you and our health care operations. Healthcare operations are activities that are necessary to run our offices, maintain licensure, and to make sure that our patients receive quality care. For example, we may use your information to review our service agreement to provide services to you.

*Appointment Reminders-* We may contact you or your personal representative with a reminder that you have an appointment with us.

*Treatment Alternatives-* We may tell you or your representative about or recommend possible treatment options or alternatives that may be of interest to you.

*Individuals involved in your care of payment for your choice-* We may discuss your care with family members or close personal friends who are involved in your care or payment for that care. You have the right to restrict or refuse any of these uses or disclosures.

*As Required By Law-* We will disclose information about you when required to do so by federal, state, or local law.

*To Avert a Serious Threat to Health or Safety-* We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of a public or another person. Any disclosure, however, would only be to someone able to help prevent the threatened harm.

*Workers' Compensation-* We may release information about you for workers' compensation or similar programs that provide benefits for work related injuries or illness as required or permitted by law if you are injured at work.

*Health Oversight Activities* We may disclose your information to a health oversight agency such as licensing boards for activities authorized by law.

*Lawsuits and Disputes-* We may disclose information about you in a response to a court or administrative order, a subpoena, discovery request, or other lawful process, but only if efforts or disclosures have been made to tell you about the request or to obtain an order protecting the information requested.

*Law Enforcement*-Under certain circumstances, we may release information about you if asked to do so by a law enforcement official.

*Coroners, Medical Examiners and Funeral Director*-Under certain circumstances, we may release information to coroner, medical examiner or funeral director.

*Government Purposes*-We may release your information under limited circumstances if you are a member of the armed forces or foreign military personnel, or for intelligence, counterintelligence or other national security activities authorized by law.

*Incidental Uses and Disclosures*-We may use or disclose your information if it is a by-product of any of the uses or disclosures described above and it could not be reasonably prevented.

*Limited Data Sets*-We may use or disclose certain information that does not directly identify you for research, public health or health care operations if the recipient of that information agrees to protect the information. Certain types of health information are subject to more stringent protections under state law than those described above. For example, mental health records, HIV related information and drug and/or alcohol abuse or dependence information are subject to special protections.

## **Disclosures with Your Authorization**

We must obtain your authorization before we release psychotherapy notes. We also are required to obtain your authorization to use or disclose health information in those situations not otherwise described in this Notice. If you do authorize us to use or disclose your information, you have the right to revoke that authorization at any time. Of course, if the disclosure has already occurred, your revocation does not apply to the information already disclosed.

## **Your Rights in Connection with Your Information**

You have the following rights in connection with the information we maintain about you:

*Right to Inspect and Copy*-You have the right to inspect and copy your information that is in our possession. ***You may not, however, have access to psychotherapy notes or information that is put together for use in civil, criminal or administrative proceedings.*** To inspect or copy your information, you must submit your request in writing to our Office. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect or copy your health information in certain very limited circumstances. If you are denied access to your information, you may be able to request that the denial be reviewed.

*Right to Request Amendment*-If you feel that your information is incorrect or incomplete, you may ask us to amend that information. You may have the right to

request an amendment for as long as the information is kept by us for out office. To request an amendment, your request must be made in writing and submitted to our office. You must explain why you believe that the information is incorrect or incomplete. If we deny your request, you have a right to give us a short statement to be placed with your information or to have us include your request for amendment with your information.

*Right to an Accounting of Disclosures*- You have the right to request, and we may be required to provide you with, a list of certain of our disclosures of your information. We are not required to include on that list disclosures to carry out your treatment, payment for your care, and our health care operations and certain other disclosures. To request this list or accounting of disclosures, you must submit your request in writing to our office. Your request must state a time period covered by your request. That time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will, if fulfilled, be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before and costs are incurred.

*Right to Request Restrictions*- You may have the right to request a restriction or limitation on the information we use or disclose about you if it is determined that information is related to treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** To request restrictions, you must make your request in writing to our office.

*Right to Request Confidential Communications*- You have the right to request that we communicate with you about certain matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. To request confidential communications, you must make your request in writing to our office. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

*Right to a Paper Copy of this Notice* You may request a copy of this notice at any time by written request or in person at our office. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our office in writing. You will ***NOT*** be penalized for filing a complaint. If you have any questions about this notice, please contact our Privacy Officer at the address above.