

John McConnell Ph.D.

Psychology License PSY10673
(619) 993-3397

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Please bring in the last page – signed - to you first appointment.

CONTRACT REGARDING RECORDS, PRIVACY & CONFIDENTIALITY

This is a legal contract regarding your participation in therapy with Dr. John McConnell. Despite the length and complexity of this document, the reality is that Dr. McConnell has been required to break confidentiality only a handful of times in 25 years.

Most information in this document is required by a federal law known as HIPAA (Health Insurance Portability and Accountability Act.). The full HIPAA regulations are on the web at: <http://www.hhs.gov/ocr/privacysummary.pdf>

I. Both law and professional ethics protect the confidentiality of ALL information you share with Dr. McConnell, except for the kinds of situations outlined in this document.

II. Use or Disclosure of Your Information that does NOT Require Your Consent

Dr. McConnell may use or disclose your private health information without your consent or authorization in the following circumstances:

- 1. Child Abuse, Abandonment or Neglect:** The law requires Dr. McConnell report current, past or threatened future instances of this to the California Department of Child and Family Services if he has knowledge, suspicion, or reasonable cause to suspect.
- 2. Adult and Domestic Abuse:** If Dr. McConnell knows, or has reasonable cause to suspect, that a vulnerable adult (disabled, dependent, or elderly) has been or is being abused, neglected, or exploited, then he is required by law to immediately report such knowledge or suspicion to Adult Protective Services.
- 3. Health Oversight:** If a complaint is filed against Dr. McConnell with the California Board of Psychology (the state licensing board for psychologists), then that department has the authority to subpoena confidential mental health information from Dr. McConnell relevant to that complaint.
- 4. Legal, Judicial or Administrative Proceedings:** Other government agencies may also have the power to obtain your information, e.g., under the so-called Patriot Act. If you are involved in a court proceeding involving alleged criminal or civil liability Dr. McConnell may be court ordered to release treatment information and/or records. If you are seeking damages for emotional or mental suffering in a lawsuit, the other party has the right to review all your treatment records. The privilege of confidentiality does not apply when you are being evaluated for a

third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

5. **Serious Threat to Health or Safety to you:** When a patient threatens to harm himself/herself, Dr. McConnell may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
6. **Serious Threat to Others.** If a patient communicates a clear and immediate probability of physical harm to an identifiable victim, or to society, Dr. McConnell is required by law to notify the potential victim and contact the police. He may also seek hospitalization of the patient, or contact others who can assist in protecting the victim.
7. **Worker's Compensation:** If you file a worker's compensation claim, Dr. McConnell must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.

III. Use of Your Information you Consent to By Signing This Document

1. **Overdue Fees:** Disclosure will be made to health insurers or to collection agencies or others to collect fees overdue past 60 days.
2. **Couples and Family Therapy: Information you share with Dr. McConnell during couples or family therapy may be disclosed to your partner or family if they are participating as co-clients in the treatment. This is not to say that he will share "everything" you tell him, but he will not agree to hold secrets from your partner. If there are issues that you feel you want to work on but can not share with your partner at this time, ask Dr. McConnell for a referral to a therapist who is independent of your couple or family treatment, and who will consult with Dr. McConnell regarding the broad issues but not about the specifics of your treatment.**
3. **Consultation:** Dr. McConnell regularly consults with peer professionals about his work and your treatment. During consultation, he avoids revealing details that may identify you, e.g. he may change your name or profession. The professionals he consults with are legally required to keep your information confidential. Unless you ask otherwise, Dr. McConnell will not tell you about these consultations unless he feels it is important to the work.
4. **If a patient files a complaint or lawsuit against Dr. McConnell,** Dr. McConnell may disclose relevant patient information in order to protect himself or his reputation.
5. **If a patient threatens physical harm to Dr. McConnell or his property,** Dr. McConnell may disclose the threat and relevant information to legal authorities and other individuals with the narrow goal of protecting himself and property.
6. **If you meet or see Dr. McConnell outside the office** then he will not approach or acknowledge you. This is done to protect your confidentiality. You may not

want others present to know that you have a relationship with him. However, if you approach or initiate contact in these situations then he will reciprocate.

7. **If Dr. McConnell dies or becomes incapacitated** your clinical records will be transferred to a licensed mental health professional designated in Dr. McConnell's estate plan and/or power of durable attorney. That professional will have full access to your records. Your confidentiality and your access to your records will continue to be protected by that professional.

- IV. **You may wish Dr. McConnell to communicate about your treatment with persons who are not elsewhere covered in this document, for instance your psychiatrist, physician, or a family member. There may also be times that Dr. McConnell receives a request for your Personal Health Information by people who are not covered by this document, such as your psychiatrist. In these situations Dr. McConnell will not disclose any information about you until you first sign a written authorization allowing him to do so. Typically this is done on a "Release of Information" form.**

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Dr. McConnell has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

COUPLES & FAMILY THERAPY: When adults are seen together as a couple or as part of a family, the signature of ALL adults is required in order to release information under this section.

- V. **Electronic Communication**

Dr. McConnell sends invoices and communicates with clients by e-mail, e-texting, and by other electronic means. He also keeps notes about your treatment on his computer, and accesses these notes remotely. While he makes every reasonable effort to secure your digital information, be aware that no electronic communication is entirely secure **By signing this document I release and indemnify Dr. McConnell from all liability resulting from inadvertent release of electronic communication.**

- VI. **Minors**

If you are under eighteen years of age, you will want to be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them. If possible and prudent, before giving your parents any information I will discuss the matter with you, and do my best to accommodate any objections you may have to releasing the information.

VII. Questions

Please discuss any questions about confidentiality or this document before signing it. The laws governing confidentiality are quite complex and change from time to time. While Dr. McConnell has a fair understanding of the current laws in this area he is not an attorney and thus not qualified to provide legal advice. Where specific legal advice is required, you are advised to consult an attorney.

VIII. Patient's Rights Regarding Records

If you are concerned that Dr. McConnell has violated your privacy rights, or you disagree with a decision Dr. McConnell made about access to your records, or have a complaint about Dr. McConnell, you may contact

Dr. McConnell at 619.993.3397

OR

Board Of Psychology, State of California
2005 Evergreen Street, Suite 1400
Sacramento CA 95815
www.psychboard.ca.gov

IX. Psychologist's Duties Regarding Records

Dr. McConnell reserves the right to change the privacy policies and practices described in this notice. Unless he makes a good-faith effort to notify you of such changes he will keep to the terms currently in effect. If he revises his policies and procedures, you will be notified at your next office visit, by telephone communication, or by mail.

X. Telephone Contact Policy

If Dr. McConnell calls your number and gets voice mail or if someone else answers then he will:

- Ask to speak to you, or leave a message, give his name but not identify his profession.
- If the person answering the phone asks for more identifying information, he will say that it is personal call. He will tell his name, but NOT identify his profession, the name of the office or the nature of the call.

XI. INITIAL HERE:

Dr. McConnell can send automatic appointment reminders by email or text but cannot guarantee that these communications will be secure. Do you wish to receive reminders?

By Email: **Yes**_____ **No**_____

By text message: **Yes**_____ **No**_____

By phone: **Yes**_____ **No**_____

Dr. McConnell may send you an occasional newsletter created by him, usually be e-mail.

Initial one: **Yes**_____ **No**_____

In the event of your unexpected death or incapacity, do you want the executor of your estate to have access to your clinical records? (This shall take precedence over the next clause if there is a conflict)

Initial one: **Yes**_____ **No**_____

In the event of your unexpected death or incapacity, do you want your legal next of kin to have access to your clinical records?

Initial one: **Yes**_____ **No**_____

Dr. McConnell regularly videotapes sessions. Videotaping is helpful in many ways. Sometimes videos are played back during the session so that clients can better understand their reactions and their effects on others. As well, Dr. McConnell regularly consults with a small group of professionally licensed colleagues – typically 2 or 3 at a time - to discuss client dynamics and therapy interventions; and participates in advanced certification and training. This is part of his commitment to ongoing learning. Consultation can be an invaluable tool in moving treatment forward. It brings additional trained eyes to understanding your sessions. The result is treatment works better for clients and treatment is shortened.

I consent to being videotaped in session for the purpose of professional consultation:

Initial one: **Yes**_____ **No**_____

XII. Consent to Confidentiality Policies:

I have read this document. I understand and consent to the privileges and limits of confidentiality as Dr. McConnell’s patient. I release and indemnify Dr. McConnell from liability related to inadvertent release of electronic communication. I agree to transfer of my records to another psychologist if Dr. McConnell does or becomes incapacitated. I understand that I can ask for more information at any time.

Print Patient’s name

Patient’s signature

Date