

**SABH of Arizona, Incorporated d/b/a  
CONTACT BEHAVIORAL HEALTH SERVICES**

**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Contact Behavioral Health Services (“Contact”) is a managed behavioral health care organization. We have clinics and a network of providers that provide behavioral health care. We also provide administrative services to insurance companies and employer health plans to administer behavioral health benefits. In our relationship with you, we may be acting as your health care provider, the administrator of your behavioral health benefits, or both.

**What do we do with your medical information?**

**The Member Solution Center:** Contact Member Solution Center representatives are trained to answer your calls. They sometimes must see your medical information to answer your questions.

**Treatment:** As your health care provider, Contact uses your medical information to treat you. We also may give your medical information to other health care providers involved in your treatment or rehabilitation. For example, we may allow your physician to access your record for follow-up care.

As the administrator of your behavioral health benefits, we may use your information to help manage your care or to decide what treatment is covered by your benefits. We may also tell you about available benefits or services and send you appointment reminders. In addition, we may give your medical information to providers for treatment purposes.

**Payment for your treatment:** As your health care provider, Contact uses your medical information to bill for our services. For example, we may give your information to the insurance company or your employer group health plan to get paid.

As the administrator of your behavioral health benefits, we may use and disclose your medical information to pay other providers that treat you. We also may provide your information to others to help us administer claims, coordinate with insurance companies, or assist in utilization review.

**Family and friends:** Contact may give your medical information to a family member or friend who is actively participating in your care, treatment, or supervision, or who is paying for your care. **If you do not want us to**

**give your medical information to family members or friends that are helping you, please let us know.** You can reach us at the address and phone number at the end of this notice.

**Health care operations:** As your health care provider, Contact may use your medical information for its health care operations. For example, we may look at your information to do quality improvement audits to make sure you are receiving appropriate care. We also may allow accreditation agencies to have access to patient information.

As the administrator of your behavioral health benefits, we may use or disclose your medical information for health care operations. For example, we may use your medical information to do review the medical necessity of the care provided.

**Required by Law:** Sometimes the law requires us to disclose your medical information. For example, we are required to report elder and child abuse and neglect. We also may be required to disclose medical information as ordered by a court, search warrant or grand jury subpoena.

**Oversight:** We may release information to the Arizona Department of Health Services, the federal Medicare agency, the AHCCCS program, the Department of Insurance, or other federal and state agencies to evaluate our services. We also may release information to agencies that license health professionals and to human rights committees that monitor mental health services.

**Research:** We may use or release your medical information for research projects. To do this, we will either ask your permission or we will follow state and federal rules to protect your identity in the research.

**Substance abuse treatment:** Federal laws and regulations protect records involving alcohol and drug abuse treatment. If you are receiving substance abuse treatment, we may not tell a third party that you attend a substance abuse treatment program or release information that you are an alcohol or drug abuser without your consent. However, we may release this information in response to a court order, or whenever the release is to medical personnel in an emergency or to qualified personnel for research, audit, or program

evaluation. Federal law and regulations do not protect information about a crime committed by a patient at the program or against any person who works for the program or information that a patient threatens to commit such a crime that we believe poses an immediate and serious threat.

**Information about treatment of minors:** Arizona law allows minors who are twelve years of age or older to receive substance abuse treatment without permission from parents. Contact will keep minors' medical information private according to federal and state laws.

**Your employer:** Where your employer is the "sponsor" of your group health plan, we may give some of your medical information to your employer to help with the administration of your benefits. Check with your employer group health plan about how your employer may use this information.

**Other uses of your medical information:** If Contact needs to use or disclose your medical information for other reasons that we haven't talked about in this notice, we will ask your permission.

If you give your permission to Contact to use or disclose your medical information, you can take back that permission by writing us at the address at the end of this notice. The only time you cannot take back your permission is if we already have done something based on that permission.

#### **What are your rights?**

**Right to see and copy your record:** You have the right to look at most of your medical information and to get a copy of it. If you want to request a copy of your medical information, write to us at the address at the end of this notice.

**Right to ask for a change to your record:** If you look at your record and see that some of the information is wrong or incomplete, you can ask us to change that information. To ask us to change your information, write to us at the address at the end of this notice. Your request must clearly tell us what information you want to change.

**Right to get a list of people or groups that received your medical information:** You have the right to get a list of the people and groups to whom we gave your medical information. If you want to get that list, write to us at the address at the end of this notice.

**Right to ask for private communications:** You may ask us to communicate with you in a more private way, such as by mailing information to you at alternative mailing address. If you want to make such a request,

write to us at the address at the end of this notice. We will do our best to help communicate with you in a way that is more safe or private.

**Right to ask for special treatment for your medical information:** Contact may use and disclose your medical information in the ways we talked about in this notice. You may ask us not to use or disclose your medical information in these ways. We are not required to agree to your request, but we will give it serious thought. If you want to make this request, write to us at the address at the end of this notice.

**Right to get a paper copy of this notice:** If you received this notice electronically, you have the right to a paper copy. You may obtain a paper copy of the notice from a Contact clinic or online at [www.contactbhs.com](http://www.contactbhs.com). If you would like a copy mailed to you, please call us at the phone number at the end of this notice.

#### **Will we change this notice?**

Contact must protect the confidentiality of your medical information. We must give you this notice and follow what we say in this notice. We also have the right to change this notice if we change how we handle medical information, and to make those changes apply to all of the information we hold.

#### **What if you have questions or concerns?**

If you have questions or concerns about your privacy, please call Contact at **1-800-309-2242** or write to:

**CONTACT Behavioral Health Services  
Attn: Privacy Officer  
4645 Cotton Center Blvd., Bldg. 1, Suite 200  
Phoenix, AZ 85040**

If for some reason you are not satisfied with our response to your concerns, you may file a complaint with Contact by calling us or writing to the address above. You may also file a complaint with the Department of Health and Human Services, Office for Civil Rights. You can call us to get the current address for the Office for Civil Rights.

Violation of the federal law and regulations protecting substance abuse treatment information is a crime, and you may report suspected violations to appropriate authorities. See 42 U.S.C. 290dd-3 and 24 U.S.C. 290ee-3 and 42 CFR part 2.

If you file a complaint with the government, you will not lose your health care benefits, and we will not retaliate against you in any way.

**Effective Date: May 1, 2004  
Last Revised Date: January 14, 2005**