



CONTACT - PRIVACY REQUEST FORM

Please check one or more of the boxes below to make a privacy request:

- Receive copy of privacy practices.
- Change something in client records.
- Receive client records.
- Receive list of organizations to which CONTACT has given client records.
- Make a privacy complaint.
- Receive client records in a safe and private way.
- Limit how CONTACT uses and gives out client records.

Client Name: _____ Client Date of Birth: _____ Client ID #: _____

Address: _____ Phone: (____) _____
Street City, State Zip

Are you the client? Yes No **If "NO", tell CONTACT who you are by checking one of the boxes below. Please give CONTACT copies of papers that show you have the right to make this request.**

- I am the client's Dad/Mom or guardian.
- I make health care decisions for the client.
- The client has died, and I take care of his or her assets.
- Other (explain) _____

Name of Requestor (if not client): _____ Date of Request: _____

Requestor Address: _____
Street City, State Zip

Please Explain Your Request

Please tell us what you want to receive and why. If appropriate, provide dates of service, names of providers, etc. CONTACT may charge you to receive copies of client records or a list of people and companies to which we give out client records. You need to tell us if you cannot pay the fee.

Will giving out client records put you or anyone else in danger? **Check one:** Yes No

How CONTACT Will Get Client Records to You

Please tell us how you want to receive the information you asked for (check box):

- I want CONTACT to mail the information to me at my address above.
- I want CONTACT to mail the information to me at a different address. Please list address (if different from the one above).

Other _____

I assure you that I am the person stated above. I have the legal right to receive records on the client named above.

Requestors Signature

Date

Please send this Privacy Request Form to:
Contact Behavioral Health Services / Attn: Privacy Officer
4645 Cotton Center Blvd., Bldg. 1, Suite 200
Phoenix, AZ 85040

Call CONTACT at 1-800-309-2242 with questions or comments.

Effective Date: 4_03 / Last Revised: 4_05