



1950 W. Heatherbrae Dr. Suite 5, Phoenix, Arizona, 85015
602-246-7607 602-246-0838 fax
www.cheers.org

NOTICE OF PRIVACY PRACTICES

Effective Date of this Notice: July 16, 2008

C.H.E.E.E.R.S. is required by law to protect and keep confidential all of your privileged health care information that is obtained during your participation in any of the C.H.E.E.E.R.S. programs. The information that we gather is confidential and protected by law. It may include, but may not be limited to the following: your name; your contact information; social security number; date of birth; Magellan ID number; AHCCCS ID number; case manager or clinical team representative name and contact information; emergency contact information; any billable or non-billable service(s) rendered; and other essential medical information as well.

Our legal responsibilities include but are not limited to notification to each C.H.E.E.E.R.S. program participant of our privacy practices, and we must also provide a copy of this notice of privacy practices to anyone who requests it.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION:

The following categories describe different ways that we may use and disclose protected health information without your authorization:

Treatment: We may disclose certain protected health information with your treatment team. In most cases, a release of information is previously signed by you that will allow us to communicate with your treatment team.

Billing: We use and disclose your protected health information for billing purposes. For example, if you come to the center, we will bill the Maricopa County Regional Behavioral Health Authority (RBHA) or other third-party payor for your time here. Likewise, if you participate in the Bus Mobility Program we will submit any billable service encounters for reimbursement of services rendered to the RBHA or other third-party payor.

Legal Requirements: We may use and disclose your protected health information during legal matters such as audits, investigations, inspections, and licensure to authorized persons.

Program Oversight: We may disclose your protected health information to show the appropriate authorities such as funding sources and the State, that our programs are being run properly and effectively.

Duty to Warn: We are required by law to release your protected health information to the appropriate authorities when there is an immediate threat to yourself or if you pose an immediate threat to someone else. In cases of abuse, neglect, exploitation, or domestic violence where there is an immediate threat we also will report this to the appropriate authorities.

Emergency Situations: In cases of emergency, we will disclose when applicable, your protected health information to emergency and/or medical personnel.

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YOUR RIGHTS:

You will be provided with an authorization for release of information during your initial contact with C.H.E.E.E.R.S. This release will include anyone that you would like us to communicate with. The release(s) can include written and/or verbal communication. It is important for us to have communication with your clinical team to ensure that your right for coordination of your care is supported and upheld.

You have a right to receive a copy of this notice at anytime.

You may contact any member of our Staff at anytime:

- For more information about this notice; and/or
- If you want to exercise any of your rights, as described in this notice

If you want to request a copy of our current Notice of Privacy Practices, please submit your request in writing to:

C.H.E.E.E.R.S. Inc
Request for Records
1950 W Heatherbrae Dr. Suite 2
Phoenix, AZ 85015
602-246-7607

This notice of Privacy Practices is also available on our website: www.cheeers.org

If you believe that your rights have been violated, you may file a complaint with C.H.E.E.E.R.S or with:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, SW
Room 509F, HHH Building
Washington, D.C. 20201

I have read the above privacy practices of C.H.E.E.E.R.S. Inc. I understand what my rights are regarding my protected health information and have had all of the questions I may have regarding the above policies answered by a Staff member.

Signature

Date

CHEEERS, Inc. reserves the right to change our privacy policies. If we do make changes to this notice, we will notify you within 60 days of the new effective date