

# Stand Together and Recover, Inc.

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Stand Together and Recover, Inc. (S.T.A.R.) is required to keep a certain amount of clinical and personal information about you, along with a record of services you receive, as a contracted Magellan provider. This notice of Privacy Practices applies to the entire record kept by S.T.A.R.

**USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:** S.T.A.R. uses and discloses health information about you for treatment, payment activities, and healthcare operations.

**SPECIAL CIRCUMSTANCES:** Federal and state laws allow or require S.T.A.R. to disclose clinical information other than substance abuse or HIV status without your written authorization in certain special situations defined by the HIPAA privacy rule such as: public health risks, health oversight activities, lawsuits and disputes, law enforcement, coroners and funeral directors, national security and intelligence agencies, protective services for the President and others as required by law.

**YOUR RIGHTS REGARDING INFORMATION ABOUT YOU:** You have the right to look at or get copies of your health information with limited exceptions. You have a right to receive a list of instances in which S.T.A.R. disclosed your health information for purposes *other than* treatment, payment, or healthcare operations. You have the right to request additional restrictions on S.T.A.R.'s use or disclosure of your information, but S.T.A.R. does not have to agree. You have the right to receive a written form of this notice.

**QUESTIONS AND COMPLAINTS:** If you want more information about S.T.A.R.'s Privacy Practices or have questions or concerns, please contact the HIPAA Compliance Officer/C.E.O. of S.T.A.R. at 602-231-0071, or write to 2144 E Roosevelt St, Phoenix, AZ 85006. You may also submit a written complaint to the U.S. Department of Health and Human Services. S.T.A.R. supports your right to the privacy of your health information. S.T.A.R. will not retaliate in any way if you choose to file a complaint with S.T.A.R. or with the U.S. Department of Human Services.

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**CONSENT:** I, (print full name) \_\_\_\_\_, have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that by signing this consent form, I am giving my consent to S.T.A.R. to use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations.

Signature \_\_\_\_\_ Date \_\_\_\_\_