CCPA Consumer Disclosure Request Form

This CCPA Consumer information Request Form (aka Data Subject Rights requests) is intended for compliance with CCPA where individuals can request knowledge of, copies, corrections, or deletion of personal data held by Behavioral Health Works, Inc. (BHW) However, in instances where BHW must retain personal information for business or legal purposes, requests for deletion may not be accommodated.

By completing this form, I confirm that I am a California resident. I understand that the California Consumer Protection Act (CCPA) only applies to California Residents. I also acknowledge that I may be asked to confirm my identity in order for BHW to fulfill my request.

Name:	email:		
Address:			
City:	State:	_ Zip Code:	
Please select the type of request being made (You may only choose one option at a time. A separate form must be completed for each type of request.)			
Access Request - Please send m about me in the last 12 months.	e a copy of the info	ormation BHW ha	as collected
Request to Know - Includes the following: Categories of personal information collected about me in the last 12 months, categories of sources from which the personal information about me was collected; business purpose for which BHW uses the personal information collected about me; and categories of third parties with whom BHW shares or has shared the personal information collected about me in the last 12 months.			
Request for Deletion - Please delected from me. Are you sure you want us to information that we have contacted the second secon	o permanently del	ete all your perso	
How do you want to receive your reques	st? (Select only one	e method.)	
Email (we will use the email abov Mail (we will mail to the address a Message me through Central Rea	above)		
Date Requested:			
Signature:			

Email form to compliance@bhwcares.com or mail to: 1301 E. Orangewood Ave., Anaheim, CA 92805; Attn: Compliance