

COMPLAINT FORM

You should use this form if you believe that the Group Health Plan (“GHP”) has failed to comply with matters covered in its Notice of Privacy Practices or has failed to comply with its privacy policies as required by Standards for the Privacy of Individually Identifiable Health Information (often call the “Privacy Rule”). GHP will not penalize or any other way retaliate against you for filing a complaint.

I. INDIVIDUAL DATA:

Individual’s Name: _____

Group Health Plan ID Number: _____

Address: _____

Telephone No.: _____

II. COMPLAINT:

A. What is the nature of your complaint?

(Please describe the reasons for your complaint in as much detail as you can provide. For example, which provision in the Privacy Notice you believe that GHP has violated and how GHP may have committed the violation.)

B. When did the action causing the violation occur?

C. If relevant, identify any persons at GHP’s organization that may have information about your complaint.

Upon completion of this form please return it to:

[NAME OF PRIVACY OFFICE]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

If you have any questions about this form or matters covered in GHP's Notice of Privacy Practices, please contact GHP's Privacy Officer at the above address or at **[TELEPHONE NUMBER]**.

You certify that the statements made in the complaint are true and correct to the best of your information and belief.

SIGNATURE: _____

NAME OF INDIVIDUAL (Please Print)

DATE: _____