

PUBLIC SAFETY/CORP CANCER INSURANCE POLICY PROGRAM
PRIVACY COMPLAINT FORM
AFN: HIP-005 (12/2022)

This form should only be used for complaints regarding health plan participant privacy rights or suspected violations of participant privacy such as unauthorized use or disclosure of participant protected health information.

I would like to file a complaint regarding:

Nature of Complaint:

My contact information in case you need to contact me or get further information is:

Participant Name:

Participant ID #:

Address1:

Home Phone:

Address2:

Work Phone:

City, State, Zip:

If I believe my privacy rights have been violated, I have the right to submit a formal complaint to HIPAA Privacy Officer, at the address below. I understand I can make a complaint about the health plan's policies and procedures, or the health plan's compliance with its own policies and procedures. I also may file a formal complaint to the Secretary of the U.S. Department of Health and Human Services. I understand that the complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. I also understand that I will not be intimidated, threatened, retaliated or discriminated against for filing a complaint.

If you have any questions, please contact the HIPAA Privacy Officer at Public Safety/Corp Cancer Insurance Policy Program.

U.S. Department of Health and Human Services Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 http://www.hhs.gov/contacts	Public Safety/Corp Cancer Insurance Policy Program Compliance Officer PO Box 17323 Phoenix, AZ 85011-0323 Tel: (602) 255-5575 Fax: (602) 296-2371
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Date

Signature of Participant or Legal Representative:

(MM DD YYYY format)

(Participant or Legal Representative, Your 'Typed' First and Last Name Constitutes Your Signature)

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**** For Office Use Only ****

ID Verification Completed By:

Date Verification Completed:

(MM DD YYYY format)

Notes:

Date Received:

(MM DD YYYY format)

Received By:

Date Resolved:

(MM DD YYYY format)

Resolved By: