Excellus

A nonprofit independent licensee of the Blue Cross Blue Shield Association

HEALTH CARE PRIVACY COMPLAINT FORM

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices. You do not waive your state and federal privacy rights by filing your complaint. Filing a complaint will not affect your enrollment or eligibility for benefits. We will not retaliate against you for filing a complaint. You may also file your complaint with the Department of Health and Human Services.

Section 1: Person Filing Complaint

Name: _____ Identification Number (if applicable): _____

Address: _____

City/State/Zip: _____

Section 2: Complaint Information

Provide details of your complaint, including a brief description of what happened – how, why and when you believe that health information privacy rights were violated or how the privacy rules or laws were violated. Include specific information such as dates of service, claim numbers, etc. when possible. *(If you need more space attach an additional page.)*

Continued on next page

Section 3: Signature

Please check one:

- ❑ I **request** additional written communications regarding the resolution of this issue.
- ❑ I **do not request** additional communications regarding resolution of this issue.

I certify that the statements made in this complaint are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please complete this form and mail it to:

Privacy Officer
333 Butternut Street
Syracuse, NY 13214