



**BlueCross BlueShield
of Oklahoma**

Health Insurance Portability and Accountability Act (HIPAA) Complaint Form

Use this form to file a HIPAA complaint (including privacy and security) with Blue Cross and Blue Shield of Oklahoma. Blue Cross and Blue Shield of Oklahoma will not require an individual to waive any rights under federal or state or HIPAA laws or other laws to file this complaint. You may also file a complaint with the United States Department of Health and Human Services (DHHS). **If you need assistance in completing this form, please call the Customer Service number listed on the back of your Member Identification Card.**

WHEN COMPLETED AND SIGNED PLEASE MAIL TO: Health Care Service Corporation
Regulatory Oversight Office
P.O. Box 804836
Chicago, IL 60680-4110

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Section A: Please complete the information below:

Name _____					Group # _____		Identification\Subscriber # _____	
Social Security Number _____			Date of Birth _____					
Address _____			City _____		State _____		ZIP _____	
Area Code & Telephone Number _____			E-mail address (if available) _____					

Section B: Please give a concise statement of your complaint:

_____ _____ _____ _____ _____

Section C: Signature - This document must be signed by the individual, parent of minor child or the individual's Personal Representative.

I understand that I can only sign on behalf of a minor child under the age of 18, unless there is proof of legal guardianship.

Signature _____	Date: month/day/year _____
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Section D: If Section C is signed by a Personal Representative, please complete the information below:

If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator, please attach a copy of the Legal documents. You do **NOT** have to attach copies of these documents if they are already on file with Blue Cross and Blue Shield of Oklahoma.

Personal Representative's Name _____		Relationship to Individual _____	
Personal Representative's Address _____		City _____	State _____ ZIP _____
Personal Representative's Area Code & Telephone Number _____		Personal Representative's E-mail address (if available) _____	