

PRIVACY AND SECURITY COMPLAINT FORM

Use this form to file a privacy or security complaint with Blue Cross and Blue Shield of Oklahoma by filing this complaint, you do not waive any rights available to you under federal or state law. You may also file a complaint with the Office for Civil Rights at the US Department of Health and Human Services. If you need assistance completing this form, you may call the Customer Service number listed on the back of your Member Identification Card. You must complete all the fields on this form.

> WHEN COMPLETED AND SIGNED PLEASE MAIL TO: Privacy Office Blue Cross and Blue Shield of Oklahoma 300 E. Randolph Street Chicago, IL 60601-5099

Section A Please complete the informat	ion below:				
First Name	Last Name		Group Number		
Social Security Number	Date of Birth	Identification\Subscriber Number			
Address		City	State	Zip	
Area Code & Telephone Number		E-mail Address (if available)			
Section C Signature: This document mu	st be signed by the indivi	dual, parent of minor c			
	half of a minor child under the age of 18 unless there is proof of legal guardianship Date: month/day/year				
Section D If Section C is signed by a Per- If you are signing as a Power of Attorney, Leg attach copies of these documents if they are	al Guardian, Executor or A	Administrator, please at	each a copy of the legal docume	nts. You do NOT have to	
Personal Representative's Name		Relation	nship to Individual		
Personal Representative's Address		City	State	Zip	
Personal Representative's Area Code & Telep	hone Number				
Personal Representative's E-mail Address (if a	available)				
Any changes to the format, content or b	randing of this form ar	e strictly prohibited v	vithout review and approval	of the Privacy Office.	