

Health Care Privacy Complaint Form

Use this form to file a complaint regarding WyoBlue Advantage regarding our privacy policies, procedures and practices, or compliance with our Notice of Privacy Practices or state and federal privacy rules and laws. You do not waive your state and federal privacy rights by filing a complaint. Furthermore, filing a complaint will not influence your treatment, payment, enrollment or eligibility for benefits. We will not retaliate against you for filing a complaint.

Section A: Individual filing complaint

LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH (MM/DD/YYYY)		DATE OF INCIDENT			
ADDRESS		CITY		STATE	ZIP
EVENING PHONE NUMBER	DAYTIME PHONE NUMBER		CONTACT HOURS (Please specify when you prefer to be called)		

Insured's information (Person whose name appears on the ID card)

LAST NAME		FIRST NAME		INITIAL	
ENROLEE ID NUMBER (From your ID card)					

Section B: Complaint

Please give a simple, concise explanation of the complaint:

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Section C: Signature

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

Signature

Date

If the complaint is lodged by a personal representative on behalf of the individual, complete the following and check the appropriate box.

Print name of personal representative: _____

Signature of personal representative and date: _____

☐ Parent of minor child ☐ Legal guardian ☐ Power of attorney ☐ Executor ☐ Other

Please return this form to: **The Privacy Office**
600 East Lafayette, MC 1302
Detroit, MI 48226-2998

Processors Information (For internal use only)	
NAME (please print):	PHONE NUMBER:
SIGNATURE	DATE