



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 Texas. Blue Cross and Blue Shield of Texas 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:

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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 Texas.

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)		