BlueCross BlueShield of Minnesota
An independent licensee of the Blue Cross and Blue Shield Association

Privacy Practices Complaint Form

Please read these instructions carefully before completing this form.

When to Use This Form

Complete this form if you want to file a complaint about Blue Cross' privacy practices or compliance with our Notice of Privacy Practices.

You may also file a complaint with the United States Department of Health and Human Services.

How to Complete This Form

The Complaint form must be completed and signed by one of the following:

- The person making the complaint
- The parent or legal guardian of a person making the complaint except as listed above
- The personal representative of the person making the complaint (e.g., power of attorney, conservator, legal guardian, executor)

To complete this form:

- Fill in the name, address, member identification and telephone number of the person filing the complaint
- State your complaint and your preferred resolution for it
- Sign and date the form
- If you are making this complaint on behalf of someone else, state your relationship to that person

Mail this form to

Privacy Officer
Blue Cross and Blue Shield of Minnesota
P.O. Box 50821
St. Paul MN 55150-0821

or

Office for Civil Rights, Region V
United States Department of Health and Human Services
233 N. Michigan Avenue
Suite 240
Chicago, IL 60601

In addition, if you wish to file a privacy complaint, you may contact:

- The Minnesota Department of Commerce at (651) 296-2488 or (800) 657-3602 to file a complaint.
- The Minnesota Department of Health at (651) 282-5600 or (800) 657-3916 to file a complaint.

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You have the right to file a complaint with us about:

- Our privacy practices.
- Our compliance with our Notice of Privacy Practices.

We will investigate your complaint and send a written response back to you. You do not have to waive any right(s) you may have under federal or state privacy or other laws to file your complaint. Filing your complaint will not negatively affect your coverage or how we process your claims.

Complete, sign and date below, then submit this complaint to us at the address shown on the cover sheet. If you have questions or need additional information or assistance in completing your complaint, please contact us using the customer service number on the back of your member ID card. You may also file a complaint with the United States Department of Health and Human Services.

Member Information

Name:

Address:

Member ID:

Telephone: ____-_____-

State your complaint in the space provided:

Tell us how you would like to see your complaint resolved:

Authorization

The statements made in this complaint are true and correct to the best of my knowledge and belief.

_____ ___-___-
Signature of Member Date

_____ ___-___-
Signature of Parent or Personal Representative Date

If this request is by a personal representative on behalf of the Member, complete the following:

Personal Representative's Name:

Relationship to Member:

Note: You have a right to keep a copy of this notice after you sign it.