



**COMPLAINT OF FAILURE TO COMPLY WITH PRIVACY POLICIES**

This form can be used to express concerns you have regarding your Health Plan’s potential failure to comply with matters covered in its Notice or Privacy Practices or with its privacy policies and procedures. In order to assist you with your concern, please complete the information below and then return a copy to our office at:

Client Services  
Harrison Trust  
1220 S.W. Morrison St., Suite 300  
Portland, OR 97205

Once we receive a completed copy of this letter, your concern will be reviewed and, if necessary appropriate responses made.

Please contact us at (503) 224-0048, ext. 1679 or 800-547-4457 ext. 1679 if you have any questions.

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You should use this form if you believe that the Health Plan has failed to comply with matters covered in its Notice of Privacy Practices or has failed to comply with its privacy policies as required by Standards for the Privacy of Individually Identifiable Health Information (often called the "Privacy Rule"). The Health Plan will not penalize or in any other way retaliate against you for filing a complaint.

1. INDIVIDUAL DATA:

PARTICIPANT’S NAME: \_\_\_\_\_

GROUP HEALTH PLAN ID NUMBER OR SOCIAL SECURITY NUMBER:  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

Relationship to Employee:     Self             Dependent

If you are covered as a dependent, please provide the employee information below:

Employee Name: \_\_\_\_\_

Employee Plan ID Number or Social Security Number: \_\_\_\_\_

2. COMPLAINT:

A. What is the nature of your complaint? Please describe the reasons for your complaint in as much detail as you can provide. For example, which provision in the Privacy Notice you believe that The Health Plan has violated and how the Health Plan may have committed the violation. Attach additional sheet, if necessary.

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B. When did the action causing the violation occur?

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C. If relevant, identify any persons at the Health Plan's organization that may have information about your complaint.

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

**SIGNATURE:** \_\_\_\_\_

**NAME OF INDIVIDUAL (Please print)** \_\_\_\_\_

**DATE:** \_\_\_\_\_