

## **HEALTH CARE PRIVACY COMPLAINT FORM**

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices. You do not waive your state and federal privacy rights by filing your complaint. Filing a complaint will not affect your enrollment or eligibility for benefits. We will not retaliate against you for filing a complaint. You may also file your complaint with the Department of Health and Human Services.

Section 1: Person Filing Complaint	
Name:	Identification Number (if applicable):
Address:	
City/State/Zip:	
Section 2: Complaint Information	
health information privacy rights were violated	orief description of what happened – how, why and when you believe that or how the privacy rules or laws were violated. Include specific information when possible. (If you need more space attach an additional page.)
Section 3: Signature	
	cations regarding the resolution of this issue.
I certify that the statements made in this comp	plaint are true and correct to the best of my knowledge.
Signature:	Date:
Please complete this form and mail it to:	Privacy Officer 333 Butternut Street

Syracuse, NY 13214