



**BlueCross BlueShield
of Illinois**

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 Illinois. Blue Cross and Blue Shield of Illinois 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.
<hr/> Signature Date: month/day/year

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 Illinois.
<hr/> Personal Representative's Name Relationship to Individual
<hr/> Personal Representative's Address City State ZIP
<hr/> Personal Representative's Area Code & Telephone Number Personal Representative's E-mail address (if available)