



# PRIVACY COMPLAINT

## SECTION I: INDIVIDUAL FILING COMPLAINT

You have the right to file a complaint with us if you believe that your privacy rights have been violated. We will investigate your complaint and provide you with a written response. You will not be retaliated against for filing a complaint and filing a complaint will not adversely affect your enrollment in our health plan, your eligibility for benefits or payment of claims under our health plan.

If you have questions, need additional information or assistance in completing your complaint, please contact us at the address below. You may also file a complaint with the United States Department of Health and Human Services, 200 Independence Avenue S.W. Washington, D.C. 20201 or via e-mail at <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>.

Name:	ID Number:
Address:	City, State, Zip:
Telephone:	Email:
Date of Birth:	

## SECTION II: INDIVIDUAL'S COMPLAINT

Please describe your complaint in detail:

---



---



---



---



---



---

## SECTION III: INDIVIDUAL'S SIGNATURE

I certify that the statements made in this complaint are true and correct to the best of my present belief and knowledge.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

If this request is from a Personal Representative on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

### **YOU ARE ENTITLED TO A COPY OF THIS REQUEST**

Return completed form to: Farm Bureau Health Plans, Privacy Office, P.O. Box 313, Columbia, TN 38402-0313 or email to [privacyforms@fbhp.com](mailto:privacyforms@fbhp.com)