



HIPAA Privacy Complaint Form

Complete the following chart with information about you, please print.

Name (Last, First, MI):	
Address (City, State, Zip):	
Phone:	

Date of Violation: _____

Name of employee perceived to have violated the privacy policies and procedures:

Please provide the details of your complaint:

I am completing this complaint form in regard to the Plan's practices, policies, procedures or compliance under the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). I understand that although the Plan reviews and makes determinations regarding every complaint received, the Plan does not respond to every complaint in writing.

Signature of person making the complaint

Date

Send completed form to:

**Privacy Official
Human Resources
7575 E. Main Street
Scottsdale, AZ 85251**

**Phone: (480) 312-7600
FAX: (480) 312-7960**