

# PRIVACY COMPLAINT FORM



An Independent Licensee of the Blue Cross Blue Shield Association

Purpose: Use this form to file a privacy complaint.

You can complain about our privacy practices. You can also complain if you think we did not follow:

- Our Notice of Privacy Practices
- Our privacy policies
- Federal privacy rules

We will investigate your complaint and answer you in writing. Your complaint will not change your rights under the law. A complaint will not affect the services that we provide to you.

If you have questions or need help, call our Privacy Office at **602-864-2255**. You can also file a complaint with the United States Department of Health and Human Services.

## Your Information

Name:		Date of Birth:	
Street Address:	City:	State:	ZIP Code:
Phone:	Email:	Member ID:	

## If you are not the Member, please complete:

Name:	Relationship to Member:
Phone:	Email:

**What is your complaint?** Tell us what your complaint is. Include dates, names, and details.

**Tell us what you want us to do about your complaint:**

## Signature

Signature:	Date:
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**Please send the completed form to us. You can mail it to:**

AZ Blue Privacy Office  
Mail Stop C300, P.O. Box 13466, Phoenix, AZ 85002-3466

**Email:** [privacy@azblue.com](mailto:privacy@azblue.com)     **Fax:** 602-544-5661

For questions, or to request a copy of the signed form, call the Privacy Office at 602-864-2255 or 1-800-232-2345, ext. 2255, TTY: 711. You can get one free report every 12 months. We will charge you \$0.10 per page plus \$10 per hour for each additional report you request during the same 12-month period.