

Complaint

IMPORTANT: Refer to your plan's Notice of Privacy Practices for direction on exercising your rights.

To the individual lodging a complaint:

You have the right to file a complaint with your health plan about its Privacy Practices or its compliance with its Privacy Practices Notice, or applicable Privacy Policies and Procedures. Your complaint will be investigated, and you will be provided a written response. You will not be required to waive any right you may have under federal or state privacy or other law to file your complaint, nor will filing your complaint adversely affect your enrollment in the health plan, your eligibility for benefits under the health plan or payment of your claims under the health plan. To exercise this right, please complete, sign and date Sections A and B below, then submit this complaint as instructed in your Notice of Privacy Practices.

If you have questions, need additional information or assistance in completing your complaint, please contact your Privacy Official. You may, in addition or in the alternative to filing a complaint with the health plan, file a complaint with the United States Department of Health and Human Services.

SECTION A: Individual lodging a complaint

Name _____

Address _____

Telephone _____ Email _____

Identification number _____ Member ID number _____

SECTION B: Individual's complaint

Please give a concise, plain statement of your complaint:

SECTION B: Individual's complaint *(continued)*

Please give a concise, plain statement of the resolution you seek for your complaint:

Individual's signature

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

Signature _____ Date / /
MM DD YYYY

If this complaint is lodged by a personal representative on behalf of the individual, complete the following:

Personal representative's name _____

Relationship to individual _____

RETAIN A COPY FOR YOUR RECORDS.

FOR INTERNAL USE ONLY

Complaint investigation and processing

Date complaint received / /
MM DD YYYY

Date complaint transmitted to Privacy Official / /
MM DD YYYY

Investigation undertaken: _____

Findings and conclusions: _____

If noncompliance found, corrective action instituted (including sanctioning any workforce member violating Privacy Policies and Procedures, Privacy Rules or other federal or state law, and mitigating any deleterious effect of the noncompliance):

Report on complaint sent on / / Attach copy of report on complaint.
MM DD YYYY

Matter concluded and closed on / /
MM DD YYYY

Signature

I attest that the above information is correct.

Signature _____ Date / /
MM DD YYYY

Print name _____ Title _____

Please submit your request via mail or fax.

Mail:

NYCE PPO Plan
P.O. Box 21534
Eagan, MN 55121

Fax: 888-742-4179