

COMPLAINT
(Health Plan)

Purpose: This form is used for an individual to lodge a complaint about our privacy practices or compliance.

To the individual lodging complaint:

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or laws. We will investigate your complaint and provide you with our written response. We will not require you to waive any right you may have under federal or state privacy or other laws in order to file your complaint, nor will filing your complaint adversely affect your health plan enrollment, your eligibility for benefits, or our payment of your claims. In addition or in the alternative to filing a complaint with us, you may file a complaint with the U.S. Department of Health and Human Services. For information on the procedures for doing so, please contact us the location listed below.

SECTION A: Individual lodging complaint.

Name: _____

Address: _____

Telephone: _____ Identification Number: _____

SECTION B: Individual's complaint.

Please provide a clear and description of your complaint:

Please state how you would like you or complaint to be resolved:

INDIVIDUAL'S SIGNATURE.

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

Signature: _____ Date: _____

If this complaint is lodged by 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 COMPLAINT.

PLEASE RETURN THIS FORM TO:

Privacy Office
Planned Administrators, Inc.
P.O. Box 6927
Columbia, SC 29260
Fax: (803) 264-6229

Privacy Officer, Charles Higgins
Blue Cross Blue Shield of SC
120 @ Alpine Road
Columbia, SC 29223
Telephone: (803) 264-7258 Fax: (803) 264-7257