

## **Privacy and Security Complaint Form**

Use this form to file a privacy or security complaint with Blue Cross and Blue Shield of Illinois by filing this complaint, you do not waive any rights available to you under federal or state law. You may also file a complaint with the Office for Civil Rights at the US Department of Health and Human Services. If you need assistance completing this form, you may call the Customer Service number listed on the back of your Member Identification Card. You must complete all the fields on this form.

WHEN COMPLETED AND SIGNED, PLEASE MAIL TO: Privacy Office

Blue Cross and Blue Shield of Illinois

300 E. Randolph Street Chicago, IL 60601-5099

Section A: Please complete the information belo	w:	
Name	Group #	Identification\Subscriber#
Social Security Number Date of Birth		
Address	City	State ZIP
Area Code & Telephone Number	E-mail Address (if available)	
Area Code & Telephone Number	E-mail Address (ii available)	
Section B: Please give a concise statement of y	our complaint:	
	•	
		_
Section C: Signature - This document must be signed	d by the individual perent of mir	an abild or the individual's
Personal Representative.	u by the marvidual, parent of mil	nor clina or the marviagars
I understand that I can only sign on behalf of a minor child under	er the age of 18 unless there is proof of	f legal guardianship.
Signature	Date: month/day/year	r
Section D: If Section C is signed by a Personal Repre	esentative, please complete the i	nformation below:
If you are signing as a Power of Attorney, Legal Guardian, Exe <b>NOT</b> have to attach copies of these documents if they are alrea	cutor or Administrator, please attach a dv.on file with Blue Cross and Blue Sh	a copy of the legal documents. You do
Thave to attach copies of these documents if they are already	dy on the with blue oross and blue of	neid of fillifold.
Personal Representative's Name		dd
reisonal Representative's Name	Relationship to Individual	uuai
Davognal Penyagantativa'a Address	City	State ZIP
Personal Representative's Address	City	State ZIP
Personal Representative's Area Code & Telephone Number	Personal Representative's E-mail Ad	ddress
,	(if available)	

Any changes to the format, content or branding of this form are strictly prohibited without review and approval of the HCSC Privacy Office.