



**BlueCross BlueShield
of New Mexico**

Health Insurance Portability and Accountability Act (HIPAA) Complaint Form

Use this form to file a HIPAA complaint (including privacy and security) with Blue Cross and Blue Shield of New Mexico. Blue Cross and Blue Shield of New Mexico will not require an individual to waive any rights under federal or state or HIPAA laws or other laws to file this complaint. You may also file a complaint with the United States Department of Health and Human Services (DHHS). **If you need assistance in completing this form, please call the Customer Service number listed on the back of your Member Identification Card.**

**WHEN COMPLETED AND SIGNED PLEASE MAIL TO: Health Care Service Corporation
Regulatory Oversight Office
P.O. Box 804836
Chicago, IL 60680-4110**

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Section A: Please complete the information below:				
Name _____	Group # _____	Identification\Subscriber # _____		
Social Security Number _____	Date of Birth _____			
Address _____	City _____	State _____	ZIP _____	
Area Code & Telephone Number _____	E-mail address (if available) _____			

Section B: Please give a concise statement of your complaint:
_____ _____ _____ _____ _____

Section C: Signature - This document must be signed by the individual, parent of minor child or the individual's Personal Representative.	
I understand that I can only sign on behalf of a minor child under the age of 18, unless there is proof of legal guardianship.	
_____ Signature	_____ Date: month/day/year

Section D: If Section C is signed by a Personal Representative, please complete the information below:				
If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator, please attach a copy of the Legal documents. You do NOT have to attach copies of these documents if they are already on file with Blue Cross and Blue Shield of New Mexico.				
Personal Representative's Name _____			Relationship to Individual _____	
Personal Representative's Address _____		City _____	State _____	ZIP _____
Personal Representative's Area Code & Telephone Number _____		Personal Representative's E-mail address (if available) _____		