



## Privacy Complaint Form

Use this form to file a privacy complaint 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 privacy laws or other laws to file this complaint. You may also file a privacy 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 Insurance Identification Card.**

**This form must be completed entirely. When complete send to:**

**HCSC Privacy Office  
P.O. Box 804836  
Chicago, IL 60680-4110**

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) _____		Country _____	

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

Section C: Signature	
Signature of Individual or Individual's Personal Representative _____	Date: month/day/year _____

Section D: If Section C is signed by a Personal Representative, please complete the information below:			
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) _____		Country _____