

PRIVACY AND SECURITY COMPLAINT FORM

Use this form to file a privacy or security complaint with Blue Cross and Blue Shield of New Mexico 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 New Mexico 300 E. Randolph Street Chicago, IL 60601-5099

Section A Please complete the inform	nation below:			
First Name	Last Name	Group Number		
		Identification\Subscriber Number		
Address		City	State	Zip
Area Code & Telephone Number		E-mail Address (if available)		
Section B Please give a concise stater	ment of your complaint:			
Section C Signature: This document r	nust be signed by the indiv	idual, parent of minor	child or the individual's Pe	rsonal Representative.
I understand that I can only sign on behalf	f of a minor child under the	age of 18 unless there is	s proof of legal guardianship	Э.
ignature Date: month/day/year				
Section D If Section C is signed by a P	ersonal Representative, pl	ease complete the info	rmation below:	
If you are signing as a Power of Attorney, L attach copies of these documents if they a	0		., .	uments. You do NOT have to
Personal Representative's Name		Relatio	onship to Individual	
Personal Representative's Address		City	State	Zip
Personal Representative's Area Code & Te	lephone Number			
Personal Representative's E-mail Address	(if available)			

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