

PRIVACY AND SECURITY COMPLAINT FORM

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

Section A Please complete the inform	nation below:				
First Name	Last Name		Group Number		
Social Security Number	Date of Birth	Identification\Subscriber Number			
Address		City	State	Zip	
Area Code & Telephone Number		E-mail Address (if available)			
Section B Please give a concise stater	nent of your complaint:				
Section C Signature: This document n	nust be signed by the individu	ial, parent of minor c	hild or the individual's Persona	al Representative.	
I understand that I can only sign on behalf	of a minor child under the age	e of 18 unless there is	proof of legal guardianship.		
Signature	/ear				
Section D If Section C is signed by a P	ersonal Representative, pleas	se complete the infor	mation below:		
If you are signing as a Power of Attorney, L attach copies of these documents if they a	-			nts. You do NOT have to	
Personal Representative's Name		Relationship 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 o	r branding of this form are s	strictly prohibited v	vithout review and approval	of the Privacy Office.	