

Macomb Township
Health Insurance Portability & Accountability Act
The Privacy and Security Rule
Complaint Form

You may use this form to file a complaint with our group health plan regarding our plan's compliance activities with HIPAA's Privacy and Security Rule.

Section A: Your Contact Information

First Name _____ M.I. ____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address _____

Primary Insured's Name _____

Section B: Please outline your complaint; indicate date, parties involved and a description of the violation:

Date of Violation _____

Specify Parties Involved (include names, titles and any additional identifying information)

Please describe your complaint _____
