



Member Complaint Regarding PHI Management

To register your complaint about the way Community Health Options (Health Options) has handled your protected health information (PHI), complete the following form and send it to: Privacy Officer, Community Health Options, Mail Stop 100, P.O. Box 1121, Lewiston, ME 04243

Member Name	Phone Number	Today's Date
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Address	City	State	Zip Code
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1. What is your complaint about the way that Health Options has handled your PHI? When did this happen? Who was involved? What were the results of the event(s)?

2. Health Options' Response to Complaint:

____ No Action Taken
Date

____ Further Review Required
Date

____ Final Disposition
Date

CONFIDENTIALITY NOTICE: This communication was reviewed for compliance with applicable privacy standards prior to distribution. All parties sending, handling, or storing protected health information are obliged to meet relevant HIPAA standards. This communication is intended only for the use of the individual to which it is addressed. If you have received this communication in error, please notify us immediately at (855) 624-6463. This communication and its information may be protected by federal and/or state privacy and confidentiality rules. You are hereby notified that any disclosure, dissemination, or copying of this communication or its information is prohibited unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by law.



Comments:

Signature of Privacy Officer: _____

Date: _____

You also have the right to complain directly to the Secretary of the US Department of Health and Human Services. You may complain to the Secretary at the following address:

Region I, Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building—Room 1875 Boston, Massachusetts 02203.

Voice phone (617) 565–1340. FAX (617) 565–3809. TDD (617) 565–1343.

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