



## MEDICARE HIPAA PRIVACY COMPLAINT FORM

Use this form to file a HIPAA Privacy complaint. Please see Section 6 of this form. Section 6 tells about your HIPAA privacy rights.

### Section 1: Member information.

Last name:	First:	Middle:	
ID number:	Date of birth:	Phone number:	
Address:	City:	State:	ZIP:

Check this box if you have both Medicare and Oregon Health Plan (Medicaid). You may use this form to file a HIPAA complaint for both plans.

### Section 2: Fill out this section if you are filing a complaint for someone else.

Your last name:	Your first name:		
Your phone number:			
Your address:	City:	State:	ZIP:

### Section 3: Who is this complaint about?

Person's name:			
Company's name:			
Address:	City:	State:	ZIP:

### Section 4: When do you believe your HIPAA rights were violated?

List the date(s):
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### Section 5: Tell how and why you believe your HIPAA rights were violated. Give as much detail as you can.



**Section 6: Know your HIPAA privacy rights.**

The HIPAA law gives you rights over the records Trillium keeps about you.

- The law states that you can ask Trillium to see or get a copy of your records.
- The law also states that you can ask for a correction to your records.
- In some cases, Trillium must ask for your permission to share your records.
- You may also ask Trillium to give you a list of when and why your records were shared.
- If you think your HIPAA rights have been violated, you may file a complaint.
- You may also ask for a copy of the notice that tells how Trillium uses or shares your records. This notice is called the Notice of Privacy Practices.

If you need a copy of the notice, please call Trillium Customer Service at 1(800) 910-3906. TTY users call 1(866) 279-9750.

**Section 7: Sign and date this form.**

Sign your name:

Print your name:

Date you signed this form:

**Section 8: You can mail, fax, or bring this form to Trillium.**

<p><b>Mail to:</b></p> <p>Trillium Community Health Plan PO Box 11756 Eugene, Oregon 97440-3956 Attn: Privacy Officer</p>	<p><b>Or Fax to:</b></p> <p>Trillium Community Health Plan Fax: (541) 434-1291 Attn: Privacy Officer</p>	<p><b>Or Bring to:</b></p> <p>Trillium Community Health Plan 1800 Millrace Dr. Eugene, Oregon 97403 Attn: Privacy Officer</p>
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Please call the Trillium Privacy Officer if you need help with this form. The Privacy Officer is here to help you Monday through Friday, from 8:00am to 5:00pm. The number is: (541) 762-6692. For TTY Users, dial: 711, then (541) 762-6692.

Trillium Community Health Plan® is a health plan with a Medicare contract. This information is available for free in other languages. Please contact our member services number at: 1(800) 910-3906 or TTY 1(866) 279-9750.