

Oklahoma State and Education Employees Group Insurance Board

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 PRIVACY REGULATIONS

COMPLAINT FORM

INSTRUCTIONS:

Complete this form, or submit the information to:

Oklahoma State and Education Employees Group Insurance Board
Privacy Officer, 3545 N.W. 58th, Suite 1000
Oklahoma City, Oklahoma 73112

You will receive a written acknowledgment within 15 working days after the Privacy Officer's receipt of your complaint. You may also, instead of contacting the Privacy Officer, file a written complaint with the Secretary of the U. S. Department of Health and Human Services (HHS) at the Office of Civil Rights, 1301 Young Street, Suite 1169, Dallas Texas 75202, (214) 767-4056, or submit an electronic complaint according to directions located on the HHS Office of Civil Rights website. Complaints to HHS must be filed within 180 days after the date on which you became aware, or should have been aware, of the violation. Questions concerning this process may be directed to the Oklahoma State and Education Employees Group Insurance Board, Privacy Officer at (405) 717-8701, 1-800-543-6044.

Name: _____ ID Number: _____/_____/_____

Address: _____
(Street, P. O. Box)

(City, State, Zip Code)

Telephone Number: _____ Date: _____

If you are initiating a complaint concerning the violation of your privacy rights related to health information about you, please state the reasons for your concerns and specifics about the alleged violations. If applicable, give names of employees involved, if known, and the location and dates of the alleged violations. Please provide as many details as possible. Use additional pages if necessary.

Please indicate the relief that you are seeking.

Signature: _____