BlueCross BlueShield | FEP Vision℠

Privacy Grievance

Member Information

(Please Print)

This section must be completed with the information specific to the individual. A contact number or address is needed in case additional information or clarification is required.

Date: _____ **Member ID:** _____

Name: _____ **Date of Birth:** _____

Address: _____ **Telephone:** _____

_____ **Email:** _____

You have the right to file a grievance with Blue Cross Blue Shield FEP Vision℠ about our privacy practices or our compliance with our Privacy Practices Notice, our Privacy Policies and Procedures, or federal or state privacy rules or law. BCBS FEP Vision℠ will investigate your grievance and provide you with a written response. BCBS FEP Vision℠ will not require you to waive any right you may have under federal or state privacy or other law to file your grievance, nor will filing your grievance adversely affect your enrollment in BCBS FEP Vision℠ your eligibility for benefits under BCBS FEP Vision℠, or the payment of your claims by BCBS FEP Vision℠. To exercise this right, please complete, sign and date Sections A and B below, then mail or fax this complaint to BCBS FEP Vision℠ at:

BCBS FEP Vision℠ – Privacy Office
P.O. Box 1416
Latham, New York 12110-1416
Fax: 1-866-999-4640

If you have questions, need additional information or assistance in completing your grievance, please contact the BCBS FEP Vision℠ Privacy Office at 1-800-571-3366 or the address shown above. You may, in addition or in the alternative to filing a grievance with us, file a grievance with the United States Department of Health and Human Services.

Please give a concise, plain statement of your grievance:

_____

_____

_____

_____

Please give a concise, plain statement of the resolution you seek for your grievance:

_____

_____

_____

_____

Signature: _____ **Date:** _____

(Person Submitting Grievance)

If this form is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

(Please Print)

Description of Personal Representative Authority: _____

PLEASE RETAIN A COPY OF GRIEVANCE FOR YOUR RECORDS