

**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.

<b>Date:</b> _____	<b>Member ID:</b> _____
<b>Name:</b> _____	<b>Date of Birth:</b> _____
<b>Address:</b> _____	<b>Telephone:</b> _____
_____	<b>Email:</b> _____

You have the right to file a grievance with FEP BlueVision® 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. FEP BlueVision® will investigate your grievance and provide you with a written response. FEP BlueVision® 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 FEP BlueVision®, your eligibility for benefits under FEP BlueVision®, or the payment of your claims by FEP BlueVision®. To exercise this right, please complete, sign and date Sections A and B below, then mail or fax this complaint to FEP BlueVision® at:

FEP BlueVision® – 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 FEP BlueVision® 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 Granting Authorization)*

If this authorization 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**