



Privacy Practices Complaint

(effective 9/2013)

If you want to file a complaint about Care1st Health Plan and ONECare by Care1st Health Plan Arizona (Care1st) privacy practices, please let us know by contacting us at 1-866-560-4042 (TTY 1-800-367-8939) or at the address below. You do not have to submit a complaint in writing about our privacy practices. You do not have to use this form in order to file a written complaint. You may also notify the Department of Health and Human Services, Office of Civil Rights, at the address/phone number below. We will not take retaliatory action against you if you file a complaint (verbal or written) about our privacy practices.

VERIFY CURRENT INFORMATION (please print)

Date of Complaint: _____

Member Name: _____

Care 1st or ONECare ID#: _____

Member Phone Number: _____

Member Address: _____

YOUR REQUEST

When do you believe the violation of health information privacy rights occurred? (list dates):

Describe briefly what happened. How and why do you believe your health information privacy rights were violated, or the privacy rule otherwise was violated? Who do you believe violated your HIPAA privacy rights? Please be as specific as possible. (Attach additional pages as needed)

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Please note:

- You may ask for a copy of the notice that tells how Care1st uses or shares your records. This notice is called the Notice of Privacy Practices.
- If you do not understand this form, or have any questions about this form or about filing a complaint about privacy practices, please contact us at: 1-866-560-4042 (TTY 1-800-367-8939).

If you understand the above information, please sign and date below:

Member Signature (or authorized representative,
or legal guardian)

Date

If you signed and are not the Member, what is your relationship to the member and what is your phone number? Please respond below:

Note: Before Care1st can consider a request signed by anyone other than the member, we require verification of a person's authority to act on behalf of the member (if not already on file). If member cannot give consent due to age, Care1st may require additional information before we can consider this request.

Return this form and any supporting documentation to:

Care1st and ONECare by Care1st Health Plan Arizona
Attn: Privacy Officer
2355 E. Camelback Rd., Ste 300
Phoenix, AZ 85016

You may also notify the secretary of:

The Department of Health and Human Services, Office of Civil Rights
Attn: Regional Manager, 90 7th Street, Suite 4-100, San Francisco, CA 94103
Or Call: 1-800-368-1019 (TDD 1-800-537-7697), or visit
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>
for additional information

For Care1st use only:

Received Date: _____

Disposition: Substantiated Not substantiated

Notification date sent to member: _____