

Member Complaint Regarding PHI Management

To register your complaint about how Community Health Options has handled your protected health information (PHI), please complete the following form and send it to:

Privacy Officer Community Health Options Mail Stop 100, P.O. Box 1121 Lewiston, ME 04243

Member Name		Phone Nur	Phone Number			
 Street	Address		City	State	Zip Code	
1.	What is your complaint about how Community Health Options has handled your PHI? Please include information about when it happened, who was involved, and the results of the event(s)					

CONFIDENTIALITY NOTICE: This communication was reviewed for compliance with applicable privacy standards prior to distribution. All parties sending, handling, or storing protected health information are obliged to meet relevant HIPAA standards. This communication is intended only for the use of the individual to which it is addressed. If you have received this communication in error, please notify us immediately at (855) 624-6463. This communication and its information may be protected by federal and/or state privacy and confidentiality rules. You are hereby notified that any disclosure, dissemination, or copying of this communication or its information is prohibited unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by law.



2. Community Health Options' Response to Complaint:

	No Action Taken
Date	_ Further Review Required
Date	
Date	_ Final Disposition
Comments:	

Notice of Rights

You also have the right to complain directly to the Secretary of the U.S. Department of Health and Human Services at the following address:

Region I, Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building—Room1875 Boston, Massachusetts 02203.

Voice phone (800) 368-1019. FAX (202) 619-3818. TDD (800) 537-7697.

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