

HIPAA Privacy Policy and Procedures Complaint Form

MESSA works diligently to protect the privacy of our insureds' Protected Health Information (PHI). MESSA members and their spouses and covered dependents may use this form to submit a complaint about MESSA's Privacy Policy or to request an investigation of a suspected disclosure of PHI as defined by HIPAA (Health Insurance Portability and Accountability Act of 1996). You may also register a complaint or concern by calling the MESSA Privacy Officer at 800.292.4910. MESSA's HIPAA privacy policies took effect April 14, 2003. MESSA is not obligated to investigate concerns about suspected disclosures occurring before the effective date of the law. As a third party plan administrator (TPA), we do not have to account for disclosures made (a) for treatment, payment or health care operations; (b) to you, to your personal representative, or pursuant to your authorization or informal permission; (c) as part of a limited data set for research, public health or health care operations; or (d) incidental to an allowable disclosure and certain other disclosures.

Requesting Individual *(Please print)*

First Name	Last Name	Member's Contract Number	
Address		Daytime Telephone Number(s)	
City	State	ZIP	

Please provide details about the specific complaint or concern, including date.

Date of Suspected Disclosure: _____

Please check ONE box below, sign and date

<input type="checkbox"/> I hereby file a formal complaint about MESSA's Privacy Policies and Procedures.	
<input type="checkbox"/> I hereby request an investigation of a suspected disclosure of Protected Health Information.	
Signature: _____	Date: _____

Sign and return this form to:

Privacy Officer, MESSA, PO Box 2560, 1475 Kendale Blvd., East Lansing, MI 48826-2560 or Fax to 800.693.5160.
If you have questions, please call the Privacy Officer at 800.292.4910.