



Privacy Complaint Form

Section I: The Ohio State University Health Plan Inc. values the privacy of your personal health information. If you believe that anyone involved with OSU Health Plan has inappropriately used or disclosed your personal health information, please let us know by completing this form. The OSU Health Plan HIPAA Privacy Officer will review your complaint and all reasonable efforts will be made to resolve it.

Please provide enough information so complaint you are making may be understood (attach additional pages if necessary)

Are there documents available that provide additional information for review? If so, please provide information on the description and location.

May we contact you if additional information is needed? Yes (Please include contact information below) No

Section II: The following information is optional:

Name _____ Date of Birth _____

Mailing Address _____

E-mail Address _____ Phone Number _____

OSU Employee ID or Trustmark Member ID
Number _____

Please return this form and any supporting documentation to: The OSU Health Plan, Inc., 700 Ackerman Road, Suite 1007, Columbus, Ohio 43202 or fax to (614) 292-8366.

FOR OSU HEALTH PLAN PRIVACY OFFICE USE:

APPROVED BY: _____
OSU Health Plan HIPAA Privacy Officer

DATE: _____