

## Privacy and Security Complaint Form

Use this form to file a privacy or security complaint with Memorial Hermann Health Solutions, Inc., Memorial Hermann Health Insurance Company, Memorial Hermann Health Plan, Inc. or Memorial Hermann Commercial Health Plan, Inc. (collectively "MHHSI"). By filing this complaint you do not waive any rights available to you under federal or state law. You may also file a complaint with the Office for Civil Rights at the US Department of Health and Human Services. If you need assistance completing this form, you may call the Customer Service number listed on the back of your Member Identification Card. You must complete all the fields on this form.

**WHEN COMPLETED AND SIGNED, PLEASE MAIL TO:**

Privacy Office Memorial Hermann  
 909 Frostwood Drive, Suite 2.205  
 Houston, TX 77024

**Section A: Please complete the information below:**

Name	Group #	Subscriber ID #	
Social Security Number	Date of Birth		
Address	City	State	ZIP
Area Code & Telephone Number	E-mail Address (if available)		

**Section B: Please give a concise statement of your complaint:**

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**Section C: Signature - This document must be signed by the individual, parent of minor child or the individual's Personal Representative.**

I understand that I can only sign on behalf of a minor child under the age of 18, unless there is proof of legal guardianship.

Signature	Date: month/day/year
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**Section D: If Section C is signed by a Personal Representative, please complete the information below:**

If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator, please attach a copy of the legal documents. You do **NOT** have to attach copies of these documents if they are already on file with MHHSI.

Personal Representative's Name	Relationship to Individual		
Personal Representative's Address	City	State	ZIP
Personal Representative's Area Code & Telephone Number	Personal Representative's E-mail Address (if available)		