

### Instructions

Within this form, the terms “you” and “your” refer to the member. The terms “we”, “our”, and “us” refer to Healthcare Management Administrators (HMA), your third-party Health Plan administrator.

Please use this form if you believe that the Group Health Plan ("GHP"), or HMA acting on behalf of the GHP, has failed to comply with:

- Matters covered in the GHP's Notice of Privacy Practices  
*or*
- Its privacy policies as required by Standards for the Privacy of Individually Identifiable Health Information (often called the "Privacy Rule")

Please note that neither the GHP nor HMA will penalize or retaliate in any way against you for filing a complaint. If you have any questions about this form, please contact HMA's Privacy Office at (833) 865-0141 or at the address listed below.

### Submission Information

Please provide the information in this form to us using one of the methods below (pick any option that works for you):

#### Electronic Submission Options

✓ **Option 1: Fill out Online:**

1. Go to [mi.accesshma.com](http://mi.accesshma.com) and then go to **Download Member Forms**
2. Click on the DocuSign option under **Privacy Complaint Form**
3. Fill out and submit the form in DocuSign

✓ **Option 2: Fill out a PDF Form** (not recommended on mobile devices and in Internet browsers):

1. Go to [mi.accesshma.com](http://mi.accesshma.com) and then go to **Download Member Forms**
2. Click on the PDF option under **Privacy Complaint Form**
3. Fill out the form in compatible PDF software like Adobe Reader or Acrobat
4. Email your completed form to: [PrivacyOffice@accesstpa.com](mailto:PrivacyOffice@accesstpa.com)

#### Paper Submission

✓ **Mail** the completed form to:

HMA  
Attn: Privacy Office  
PO Box 85016  
Bellevue, WA 98015-5016

### Your Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Member ID Number? \_\_\_\_\_ Email \_\_\_\_\_

? This information can be located on your insurance ID card. "Member ID" is also called "Employee ID".

### Preferred Method of Contact

Please select one preferred method for how we should contact you.

Mailing address above    Email address above    Other (specify): \_\_\_\_\_

### Complaint Information

Please describe the reason(s) for your complaint in as much detail as you can provide. For example, you may list which provision in the Privacy Notice you believe that the GHP or HMA has violated and how the GHP or HMA may have committed the violation.

What is the nature of your complaint? (Please attach additional pages if there is not enough space below)

When did the action causing the violation occur?

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If relevant, identify any person(s) at GHP's or HMA's organizations who may have information about your complaint.

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### Attachments

Please include all relevant material, if applicable.

### Signature

\_\_\_\_\_  
Printed Name (First and Last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing this Form you attest that 1) You are the member referenced herein; 2) The information listed herein is correct to the best of your knowledge.