



PRIVACY COMPLAINT FORM

If you have a complaint about our privacy practices or our Notice of Privacy Practices, please complete this form. SummaCare will not retaliate in any way and submitting a complaint will not influence your treatment, payment, enrollment or eligibility for benefits.

Please give a detailed description of your complaint below. We will investigate your complaint and provide you a written response upon completion of our investigation.

Please print the following information:

Member name: _____ Date of birth: _____
Member ID: _____ Daytime Phone: _____
Address: _____
Alternative Phone: _____
Member Signature: _____ Date: _____
Legal Representative Signature*: _____ Date: _____
Relationship to Member: _____

***If you are a legal representative of the member, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney or guardianship papers.**

**Please mail this form to SummaCare
Attention: Compliance Department
PO Box 3620
Akron, Ohio 44309**

FOR SUMMACARE USE ONLY	
Person Reviewing: _____	Date Reviewed: _____
Disposition of request: _____	Date Notice sent to Member: _____
Date of Member's rescission of Restriction: _____	Member has rescinded orally or in writing: _____