

Orion Health Insurance Pool, Inc. (ORION)
PRIVACY COMPLAINT FORM

Name of Person Filing the Complaint: _____
 Today's Date: _____, 20____
 Date of Alleged Violation: _____
 Name of Individual perceived to have violated the privacy policies and procedures:

 Provide a detailed description of the complaint:

I am completing this complaint form regarding the Plan's practices, policies, procedures or compliance under the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). I understand that this complaint will be submitted to the Plan's Privacy Officer. I understand that although the Plan reviews and makes determinations regarding every complaint received, the Plan does not respond to every complaint in writing. I understand that the Plan cannot retaliate against an employee for filing a complaint/report about a violation of privacy rules.

Signature of Person Filing the Complaint: _____

For internal Plan use only: Date complaint reviewed by Privacy Officer: _____

Assessment of the Complaint (*use back of form if more space needed*):

Outline Privacy Officer's Action Taken:

Date	Investigation and Action Taken

Sanction Applied? _____

Privacy Officer Signature: _____ Date of Complaint Resolution: _____, 20____

Once completed, please return this form to the:
Orion Health Insurance Pool, Inc. (ORION)
ATTN: Privacy Officer
 333 East Osborn, Suite 300 Phoenix, AZ 85012
 Telephone: 1-800-718-8328