

SOUTH CAROLINA BUDGET AND CONTROL BOARD

**HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT OF 1996
PRIVACY REGULATIONS**

COMPLAINT FORM

INSTRUCTIONS:

Complete this form, or submit the information requested in any other written form, to:

Privacy Officer
Employee Insurance Program
South Carolina Budget and Control Board
1201 Main Street, Suite 300
Columbia, SC 29201

You will receive a written acknowledgement within 15 working days of the Privacy Officer's receipt of your complaint. You may also, or instead of contacting the Privacy Officer, file a complaint with the Office of Civil Rights at the U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909. Phone: 404-562-7886, FAX: 404-562-7881. Complaints to HHS must be filed within 180 days of the date on which you became aware, or should have been aware, of the violation. Questions concerning this process may be directed to EIP's Privacy Officer by calling 803-734-0678.

Name: _____ Benefits Identification Number: _____

Address: _____

(Street, P. O. Box)

(City, State, Zip Code)

Telephone Number: _____ Date: _____

If you are initiating a complaint concerning the violation of your privacy right related to health information about you, please state the reasons for your concerns and specifics about the alleged violations. If applicable, give names of employees involved, if known, and the location and dates of the alleged violations. Please provide as many details as possible. Use additional pages, if necessary.

Please indicate the relief that you are seeking.

Signature: _____