PRIVACY COMPLAINT FORM

You can complain about our privacy practices. You can also complain if you think we did not follow our Notice of Privacy Practices, our Privacy Policies, or Federal Privacy Rules.

We will investigate your complaint and answer you in writing. Your complaint will not change your rights under the law. A complaint will not affect your insurance coverage or services.

If you have questions or need help, call our Privacy Office at (602) 887-9904. You can also file a complaint with the United States Department of Health and Human Services.

Purpose: Use this form to file a privacy complaint.

Your Information:

Name: Date of Birth:

Mailing Address:

Phone Number:   Email:

If filling out this form on behalf of someone:

Your Name: Relationship:

Phone Number:   Email:

What is your Complaint? (Tell us what your complaint is. Include dates, names and details.)

Tell us what you want us to do about your complaint:

Please send the completed form to us.

* You can mail it to: Helping Hand Health Attn: Privacy Officer, 8194 W. Deer Valley Rd Ste 106-430, Peoria AZ 85382. (or)
* Email it to [privacy@hhhealthsolutions.com](mailto:privacy@hhhealthsolutions.com).

For questions about completing this form, call (602)887-9904.

Signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOU CAN REQUEST A COPY OF THIS COMPLAINT