

COMPLAINT

Purpose: This form is used for an individual to complain about our privacy practices or compliance.

SECTION A: Individual lodging complaint.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Identification Number: _____ Social Security Number: _____

TO THE INDIVIDUAL: Please read the following and complete the requested information.

You have the right to file a complaint with us about our privacy practices or our compliance with federal or state privacy laws. We will investigate your complaint and provide you a written response. We will not require you to waive any right you may have under federal or state privacy laws to file your complaint, nor will filing your complaint adversely affect your enrollment in our health plan or your eligibility for benefits or claims payment under our health plan. We will not retaliate against you in any way for filing your complaint. To exercise your right to complain, please complete Sections A and B below, sign your complaint, then submit it to us at:

Contact Office: COMPLIANCE AND PRIVACY OFFICE

Telephone: (787) 277-6686 Fax: (787) 706-4004

E-mail: privacidad@ssspr.com

Address: PO Box 363628, San Juan, PR 00936-3628

If you have questions or need additional information or assistance to complete your complaint, please contact us at the above location. You may, in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact us at the above location.

SECTION B: Individual's complaint.

Please give a concise, plain statement of your complaint:

Please give a concise, plain statement of the resolution you seek for your complaint:

INDIVIDUAL'S SIGNATURE.

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

_____ Date: _____

If this complaint is lodged by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.