

## Instructions

Within this form, the terms “you” and “your” refer to the member. The terms “we”, “our”, and “us” refer to Regence Group Administrators (RGA) of Idaho, Inc., your third-party Health Plan administrator.

Please use this form if you believe that the Group Health Plan (“GHP”), or RGA of Idaho acting on behalf of the GHP, has failed to comply with:

- Matters covered in the GHP’s Notice of Privacy Practices  
*or*
- Its privacy policies as required by Standards for the Privacy of Individually Identifiable Health Information (often called the “Privacy Rule”)

Please note that neither the GHP nor RGA of Idaho will penalize or retaliate in any way against you for filing a complaint. If you have any questions about this form, please contact RGA of Idaho’s Privacy Office at 425-462-1000 or at the address listed below.

## Submission Information

Please provide the information in this form to us using one of the methods below (pick any option that works for you):

### Electronic Submission Options

✓ **Option 1: Fill out Online:**

1. Go to <https://www.rgaidaho.com/>
2. Click on **Member** and then go to **Download Member Forms**
3. Click on the DocuSign option under **Privacy Complaint Form**
4. Fill out and submit the form in DocuSign

✓ **Option 2: Fill out a PDF Form** (not recommended on mobile devices and in Internet browsers):

1. Go to <https://www.rgaidaho.com/> and select the applicable state
2. Click on **Member** and then go to **Download Member Forms**
3. Click on the PDF option under **Privacy Complaint Form**
4. Fill out the form in compatible PDF software like Adobe Reader or Acrobat
5. Email your completed form to: [PrivacyOffice@accesstpa.com](mailto:PrivacyOffice@accesstpa.com)

### Paper Submission

✓ **Mail** the completed form to:

Regence Group Administrators of Idaho, Inc.  
Attn: Privacy Office  
PO Box 85001  
Bellevue, WA 98015-5001

**Your Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Member ID Number? \_\_\_\_\_ Email \_\_\_\_\_

? This information can be located on your insurance ID card. "Member ID" is also called "Employee ID".

**Preferred Method of Contact**

Please select one preferred method for how we should contact you.

Mailing address above     Email address above     Other (specify): \_\_\_\_\_

**Complaint Information**

Please describe the reason(s) for your complaint in as much detail as you can provide. For example, you may list which provision in the Privacy Notice you believe that the GHP or RGA of Idaho has violated and how the GHP or RGA of Idaho may have committed the violation.

**What is the nature of your complaint?** (Please attach additional pages if there is not enough space below)**When did the action causing the violation occur?**

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**If relevant, identify any person(s) at GHP's or RGA of Idaho's organizations who may have information about your complaint.**

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**Attachments**

Please include all relevant material, if applicable.

**Signature**\_\_\_\_\_  
**Printed Name (First and Last)**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

By signing this Form you attest that 1) You are the member referenced herein; 2) The information listed herein is correct to the best of your knowledge.