

Privacy Complaint Form

Member Name: _____

Member ID#: _____ **Phone #:** _____

Address: _____

I, _____, am registering a formal complaint regarding the privacy practices of Vision Benefits of America (VBA).

The complaint involves the following (check all that apply):

- VBA's privacy policies and procedures
- My privacy rights, as detailed in VBA's Notice of Privacy Practices
- Inappropriate handling of health information
- Other

A detailed description of the privacy issue involved in the complaint is provided below:

The incident or problem occurred on (date) _____, if applicable.

Signature _____ **Date** _____

Please mail or fax your completed complaint form to VBA at:

Vision Benefits of America
400 Lydia Street, Suite 300
Carnegie, PA 15106

Fax: 412-881-4898

If you would like to follow up on the status of your complaint, please contact:

VBA Privacy Department: 412-881-4900
Toll Free: 1-800-432-4966
www.vbaplans.com

