

COMPLAINT FORM

Name: _____ Date: _____

Address: _____ SSN: _____

Phone: _____

Below is my complaint under the privacy regulations of the Health Insurance Portability and Accountability Act with regard to the Loyola University New Orleans Employee Benefit Plan (the "Plan"). I understand that the Plan will review and make a determination with regard to my Complaint, but the Plan may or may not respond in writing.

My complaint is as follows:

Signature: _____ Date: _____

Please mail or fax the completed Form to: Donna Rochon, Privacy Officer for the Loyola University New Orleans Employee Benefit Plan, Human Resources Department, Loyola University New Orleans, 6363 St. Charles Avenue, Campus Box 16, New Orleans, LA 70118, 504.864.7272 (phone), 504.864.7100 (fax).