HIPAA Privacy Complaint Form Instructions

HIPAA Privacy Complaint Form for:
CITGO Petroleum Corporation Medical, Dental and Life Insurance Program for Salaried Employees and CITGO Petroleum Corporation Medical, Dental and Life Insurance Program for Hourly Employees

The above mentioned plans are referred to as the “Plan” on the form. For definition of “Terms” refer to the Privacy Notice which can be viewed on the CITGO intranet or internet Web sites.

Filing Complaints:
Complaints should be filed by completing a HIPAA Complaint form and forwarding to the HIPAA Complaint Manager.

Processing Complaints and Complaint Resolution:
Generally within 30 days of the receipt of the complaint, the Complaint Manager will review the complaint, address the situation, consult with the proper individuals (if necessary), and attempt to come to an appropriate resolution of the complaint.

The resolution will depend on the particular facts and circumstances of the complaint.

Examples of complaint resolution include:

- Educating the individual about the Plan’s Policies and Procedures or practices;
- Implementing changes in the Plan’s Policies and Procedures or practices;
- Providing additional training for workforce members on the Plan’s Policies and Procedures, the HIPAA Privacy Rule, or other applicable laws or regulations;
- Discussing a complaint with the relevant parties and, if necessary, imposing sanctions on individuals who violate the Plan’s Policies and Procedures or the HIPAA Privacy Rule; and
- Issuing new workforce communication materials or a revised Privacy Notice regarding the Plan’s Policies and Procedures.

If, at any time, an individual wants to know the status of his or her complaint, he or she should contact the Complaint Manager. Once the Complaint Manager has resolved a complaint, he or she will contact the individual who filed the complaint to communicate the resolution.

Note: Forms CANNOT be submitted electronically. Forms must be printed and completed.

Completed complaint forms may be submitted via regular mail to:

CITGO Petroleum Corporation
Human Resources Department
HIPAA Complaint Manager
P.O. Box 4689
Houston, Texas  77210-4689

or

Completed complaint forms may be submitted via fax to (918) 524-2139.
CITGO Petroleum Corporation
HIPAA Privacy Complaint Form

As required by the Health Information Portability and Accountability Act (HIPAA) of 1996 you have a right to complain about our privacy policies, procedures or actions. Generally, upon receipt of a complaint, the Complaint Manager will within 30 days of receiving the complaint attempt to come to an appropriate resolution. CITGO Petroleum Corporation will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible.

Please complete the sections below:

Name: _________________________________________________________
Address: ________________________________________________________
Phone: _____________________________ Email Address: _______________________

What is the best way to reach you? ____________________________________

What are the best hours to reach you? ______________________________________

Details of your complaint: (Please be as specific as possible with dates, times and the specific policy, procedure or action taken; include the names, if any, of any one in the office with whom you discussed this. Use the other side of this form if you need more room.)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signature        Date

This section is to be completed by the reviewer:

Date received: _____________________________  Reviewed by: _______________________

Chief Privacy Officer: ________________________ Review Date: ________________________

Reviewer’s Comments:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please print, complete and return this form by regular mail to:
CITGO Petroleum Corporation, HIPAA Complaint Manager, Human Resources Department, P.O. Box 4689, Houston, Texas  77210-4689
or Fax to (918) 524-2139.