University of Notre Dame du Lac Group Benefits Plan
Complaint Concerning Privacy Policies and Procedures

You have the right to complain about the University of Notre Dame du Lac Group Benefits Plan’s Policies and Procedures, or the University of Notre Dame du Lac Group Benefits Plan’s compliance with such policies and procedures, dealing with privacy of protected health information.

You must make your complaint in writing by filling out this form and submitting it to the University of Notre Dame du Lac Group Benefits Plan’s Privacy Official, 100 Grace Hall, Office of Human Resources. Your complaint should be as specific as possible so that the issue can be adequately reviewed. You will receive a written response detailing the disposition, if any, of your complaint.

I have the following complaint concerning the Privacy Policies and Procedures, or the compliance with such policies and procedures, of the University of Notre Dame du Lac Group Benefits Plan:

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__________________________________________________  ______________  __________________________
Print Name                                           NDID                                   Birth Date

__________________________________________________  __________________________
Signature                                           Date

For further information please contact HR Services in the Office of Human Resources, Grace Hall, or consult the University of Notre Dame du Lac Group Benefits Plan’s website at: http://hr.nd.edu/nd-faculty-staff/fed/

For University of Notre Dame du Lac Group Benefits Plan Use Only:

Date received: ________________________________
Disposition: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Additional documentation attached:  ‑Yes             oN ‑

__________________________________________________
University of Notre Dame du Lac Group Benefits Plan Signature

__________________________________________________  __________________________
Date