inhealth
OHIO'S NONPROFIT
MUTUAL INSURER

COMPLAINT ON VIOLATION OF CONFIDENTIALITY OR PRIVACY

PRIVACY & CONFIDENTIALITY REQUEST FORM

InHealth Mutual
501 West Schrock Road
Suite 310
Westerville, Ohio 43081

Please complete all sections of this form.

I wish to file a complaint about a violation of my guaranteed privacy and confidentiality rights with InHealth Mutual.

Your General Information: * Required Information

Last Name: *	**First Name: ***	**M.I.**
InHealth Mutual ID Number: *	**Birth Date (MM/DD/YY):**	
Group Number: *		

Request Information:

Describe the circumstances of your complaint in detail, including dates, parties involved and alleged violation.

Closing:

Signature: *	**Date: ***

For more information, refer to the InHealthl Mutual Privacy Notice located at inhealthohio.org, or to receive a copy, call the Customer Service telephone number on your identification card.

Send completed and signed form to:

InHealth Mutual
Attn: Privacy Officer
501 West Schrock Road
Suite 310
Westerville, Ohio 43081

inhealthohio.org