

The Health Plan values the privacy of your personal health information. If you believe that anyone at The Health Plan has inappropriately used or disclosed your personal health information, please let us know by completing the rest of this form. Your complaint will be reviewed and all reasonable efforts made to resolve it. Please mail this form to:

The Health Plan
Attn.: Privacy Request
1110 Main Street
Wheeling, WV 26003

Please provide enough information that we may understand the scope of the complaint you are making (attach additional pages if necessary):

May we contact you if we need additional information?

_____ Yes
_____ No

Are there documents available that we should look at for additional information? If so, please provide information on the description and location:

The following information is optional. However, we will not be able to contact you, if necessary, without this information:

Name: _____
Telephone Number: _____
Address: _____

Other comments/suggestions?

1110 Main Street Wheeling, WV 26003 P: 1.800.624.6961

