

Privacy Complaint Form

Use this form to submit a complaint about Arkansas Superior Select’s privacy practices and/or compliance with Notice of Privacy Practices or state and federal privacy laws and regulations. Arkansas Superior Sect will not retaliate in any way and submitting a complaint will not influence your treatment, payment, enrollment or eligibility for benefits.

After Arkansas Superior Select receives this form, we will conduct a timely and impartial investigation of your complaint and provide a written response upon completion of our review. Please provide all details related to the privacy complaint.

Attach additional details on a separate sheet as needed:

Please print the following information for the health plan member:		
First Name:	Last Name:	Middle Initial:
Member ID Number or MBI:	Date of Birth:	Phone Number:
Street Address, City, State and Zip Code		

Please note: If you are a legal representative for the member, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney, healthcare surrogate, living will, or guardianship papers.

My Signature or my Legal Representative’s Signature:

Date:

Printed Name: _____

If a legal representative signed this form, describe the relationship (parent, legal guardian, Power of Attorney, personal representative, etc.): _____

Mail signed form to: Tribute, PO Box 3630, Little Rock, AR 72202