

PRIVACY COMPLAINT FORM

If you believe that Wisconsin Physicians Services Insurance Corporation (WPS or WPS Health Insurance), and/or its wholly owned subsidiaries, The EPIC Life Insurance Company (EPIC Specialty Benefits), and WPS Health Plan, Inc. (Arise Health Plan) (hereinafter "WPS Health Solutions") may have violated your privacy rights, or if you disagree with a decision we made regarding one of the individual privacy rights provided to you under our Notice of Privacy Practices, you may submit a complaint to us by completing this form and then mail, fax or email the completed form to the WPS Privacy Officer.

PART A: CONTACT INFORMATION

| | | | |
|---|------|-----------------------------|----------------|
| Name of person making complaint | | Daytime Phone #: | Cell Phone #: |
| Street Address | City | State | Zip Code |
| Name of person whose privacy rights may have been violated (if filing on behalf of another) | | Relationship to Complainant | Email Address: |

PART B: COMPLAINT

Date(s) you believe privacy violation(s) occurred:

Type of private data involved: Protected Health Information Personal Identifying Information Human Resources/Personnel Information
 Other (do not include sensitive data, e.g., S

Who (or what department, office or WPS Health Solutions affiliate) do you believe violated your (or someone else's) information privacy rights or otherwise committed another privacy violation?

| | | |
|--|--------------------------|-------------------|
| Address (if known): Street, City, State, Zip | Phone Number (if known): | Email (if known): |
|--|--------------------------|-------------------|

Describe briefly how and why you believe your (or someone else's) information privacy rights were violated. Please be as specific as possible (attach additional pages as needed).

PART C: SIGNATURE

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature

| | |
|-----------------------|-------------|
| Signature X | Date |
|-----------------------|-------------|

Please mail, fax or email a copy of this form to the WPS Privacy Officer:

Mail: ATTN: Legal/Privacy, 1717 W. Broadway, P.O. Box 8190, Madison, WI 53708-8190
Fax: (608) 977-9885
Email: WPSprivacyofficer@wpsic.com

** Thank you for filing this complaint. A member of the WPS Privacy Office team will contact you to discuss your concerns.**