



Michigan Conference of Teamsters Welfare Fund HIPAA Complaint Report

Section #3: Authorization and Signature

By signing this form, I, _____ (print name), am confirming that it accurately reflects my complaint.

Signature _____

Date of Signature _____ / _____ / _____
MM / DD / YR

Submit Form to: **Privacy Officer**
Michigan Conference of Teamsters Welfare Fund
2700 Trumbull Avenue
Detroit, MI 48216

Or Fax to: **313-496-2943**

To file a complaint with the Secretary of the Department of Health and Human Services and/or the Office for Civil Rights, access: <http://www.hhs.gov/ocr/hipaa/>