

HIPAA PRIVACY COMPLAINT FORM
HIPAA Privacy Policy Form – For PHI Related to MPC Benefit Plans

As required by the Health Information Portability and Accountability Act (HIPAA) of 1996, you have a right to complain about Marathon Petroleum (MPC) privacy policies, procedures, or actions. Generally, upon receipt of a complaint, the HIPAA Privacy Officer will attempt to come to an appropriate resolution within 30 days of receiving the complaint. MPC will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible.

To file a privacy complaint in regard to the Marathon Petroleum Health Plan, Retiree Health Plan, Dental Plan, Pre-65 Retiree Dental Plan, Vision Plan, Pre-65 Retiree Vision Plan, Employee Assistance Program, Health Care Flexible Spending Account Plan, Health Reimbursement Account Plan, or Exchange Health Reimbursement Account Plan, (referred to as “the Plan” on the form), complete the following and submit via regular mail to:

MPC Benefits
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
E-Mail: privacy@marathonpetroleum.com

For a definition of Terms, please refer to the Marathon Petroleum Privacy Policy, which can be accessed online at www.mympcbenefits.com.

Please complete the following sections to document your complaint:

Member Name: _____ SSN or Employee ID#: _____

Person Filing Complaint: _____ Relationship to Member: _____

Address: _____

Phone: _____ Email Address: _____

What is the best way to reach you? _____ Best hours to reach you? _____

Please provide details of your complaint, being as specific as possible; include dates, times and the specific policy, procedure or action taken; include the names, if any, of any one in the office with whom you discussed this. Use the other side of this form if you need more room.

Signature: _____ **Date:** _____

