

Teachers' Association Benefit Trust "Appointment of Personal Representative Form"; (b) a power of attorney for health care purposes (Health Care Proxy or Health Care Power of Attorney), notarized by a notary public; (c) a court order of appointment of as the conservator or guardian; or (d) an individual who is the parent of a minor child. We reserve the right to deny access to your PHI to a personal representative.

YOUR RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of HHS. To file a complaint with the Plan, contact the Plan's Privacy Official, **Cynthia B. Nguyen**, at the address listed at the beginning of this notice. All complaints must be submitted in writing. To file a complaint with the Secretary of HHS, write to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be penalized or in any way retaliated against for filing a complaint.

Sincerely,

Spackenkill Teachers' Association Benefit Trust

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