

AMERICAN AIRLINES, INC.
REGISTRATION OF COMPLAINT REGARDING AMERICAN AIRLINES, INC.'S PRIVACY AND SECURITY PRACTICES UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY AND SECURITY RULES

HIPAA's Privacy and Security rules require group health plans (via the plans' sponsor) to provide employees opportunity and means of filing complaints and reporting suspected violations of these rules—*this is required by federal law* American Airlines, Inc. (American), as the sponsor and administrator of the group health plans, provides you, the employee, this complaint process by enabling you to file a complaint with the HIPAA Compliance Subcommittee (as delegated by the Chief Privacy Officer of American's Privacy Compliance Council). The HIPAA Compliance Subcommittee has charged the Employee Benefits Committee Appeals Group (EBC Appeals Group) with the responsibility of researching and investigating these complaints.

You must file your complaint within 180 calendar days from the date you discovered (or the date you should have reasonably known) the alleged breach or violation (unless the EBC Appeals Group waives the time limit for your demonstration of good cause). Upon receipt of your written complaint, the EBC Appeals Group will carefully and thoroughly investigate your case, and will provide a full report to the HIPAA Compliance Subcommittee. The HIPAA Compliance Subcommittee, via its Recording Secretary, will notify you of the results of this investigation within 120 calendar days of receipt of your complaint (if additional time is required to complete the investigation of your case, the EBC Appeals Group will notify you in writing of the additional time needed to complete your case investigation and report to the HIPAA Compliance Subcommittee).

To file a complaint with the HIPAA Compliance Subcommittee, please complete, date, and sign this form—describe, in your own words, the nature and source of the alleged breach or violation, including the HIPAA rule affecting this particular complaint (information provided in American's Privacy Notice and in the Employee Benefits Guide may help you in this determination—these documents are available on <http://jetnet.aa.com>, or by calling HR Services at 800.447.2000). **If the alleged breach or violation involves an individual other than you, the employee (e.g., spouse, child, special dependent, domestic partner, etc.), both you (the employee) and the affected individual must sign and date this form.** Your complaint should include any and all information that you believe pertains to your case.

Examples of such supporting documentation include (but are not limited to):

- Documentation of the date, time, location, and parties involved in the alleged breach or violation
- Documentation of telephone conversations applicable to your case, or telephone tracking records
- Copies of any and all correspondence about or applicable to the alleged breach or violation
- Description of the PHI that was the subject of the alleged breach or violation
- Documentation of personal interviews or face to face communications involving the alleged breach or violation

Please keep in mind that this will be your only opportunity to file this particular complaint with the HIPAA Compliance Subcommittee—therefore, you should include ANY AND ALL INFORMATION that you believe is important to your case. After the HIPAA Compliance Subcommittee has completed its investigation, resolved the complaint, and communicated its findings to you, it will not reopen or reconsider this particular complaint.

Please use the space below to describe the nature and source of the alleged breach or violation. Be specific and provide as much information as you can—please attach additional pages if necessary.

In signing this form, I/we authorize American Airlines, Inc., its Business Associates, and any/all other internal and/or external parties involved to release all necessary information, including review or discussion of existing necessary Protected Health Information, to the EBC Appeals Group, the HIPAA Compliance Subcommittee, the Privacy Compliance Council, or other parties at American Airlines, Inc. as required for the research, investigation, and resolution of this complaint.

PLEASE PROVIDE THE FOLLOWING INFORMATION (with the exception of signatures, please print all information):

EMP. NAME: _____ EMP. #: _____

EMP. SS #: _____ EMP. SIGNATURE: _____

NAME & RELATIONSHIP OF AFFECTED PARTY (the person whose privacy rights you believe were violated): _____ AFFECTED PARTY'S SIGNATURE: _____

EMP. PHONE #: HOME _____ DATE: _____

EMP. PHONE #: WORK _____ EMP. MAILING ADDRESS: _____

EMP. PHONE #: CELL _____ _____

MAIL THIS COMPLETED, SIGNED, AND DATED FORM, ALONG WITH ALL SUPPORTING DOCUMENTATION, TO:

(US Postal Service Delivery address)

HIPAA COMPLIANCE SUBCOMMITTEE
C/O EBC APPEALS GROUP
AMERICAN AIRLINES, INC.
PO BOX 619616, MD 5134-HDQ1
DALLAS-FT. WORTH AIRPORT, TX 75261-9616

OR

(Express Delivery Address)

HIPAA COMPLIANCE SUBCOMMITTEE
C/O EBC APPEALS GROUP
AMERICAN AIRLINES, INC.
4333 AMON CARTER BLVD., MD 5134-
HDQ1 FT. WORTH, TX 76155

*****IMPORTANT*****

YOUR FAILURE TO PROVIDE ALL PERTINENT INFORMATION MIGHT AFFECT OUR ABILITY TO CONDUCT A COMPLETE AND THOROUGH INVESTIGATION OF YOUR COMPLAINT