ECHS Category - PHIA



aetna Authorization for Release of **Protected Health Information (PHI)**

My health record is private and is known under the law as "Protected Health Information (PHI)."

By completing and signing this form, I, or my legal representative, agree to allow Aetna to share my PHI with the people or companies listed below. By Aetna, I also mean the company's subsidiaries, affiliates, employees, agents and subcontractors. PLEASE COMPLETE ALL SECTIONS.

1. My information					
My first name		Last name		Middle initial	
My member ID number My birth date (MI		IMDDYYYY)	My phone number		
My street		My city, state, ZIP code			
2. Aetna can share my PHI	with the following	ng people or co	ompanies:		
Person or company name		Phone number			
Street		City, state and ZIP code			
Person or company name		Phone number			
Street			City, state and ZIP code		
3. Aetna can share ONLY r	ny records chos	en below.			
You must check any and a to share psychotherapy no		you want to be	shared. This authorization o	annot be used	
	al, pharmacy, visi Patient managem		spending account information	n)	
☐ Substance use disord☐ Behavioral health/Me	`			diseases	
☐ Other sensitive servic ☐ Other (please explain	,	er affirming care	e or sexual or reproductive h	nealth)	
4. By signing this form I au	ıthorize Aetna to	disclose infor	mation below for the follo	wing purpose.	
Check one of the following	options:				
At my request – no spec	ific purpose	Specific purpo	se:		
5. This form will be valid for	or 1 year unless	a shorter time p	period is listed below.		
My authorization is valid fro	m				
MM/DD/Y	YYY	to	MM/DD/YYY	Y	

6. By signing below, I understand and agree:

- My PHI that I agree to share may be sensitive. It may include diagnosis and treatment information.
 It may cover chronic diseases, behavioral health conditions and alcohol or drug abuse. It may cover
 communicable diseases, sexually transmitted diseases such as HIV/AIDS, and genetic marker
 information.
- Whoever gets my PHI may share it with others. That means federal or state privacy laws may no longer protect my PHI.
- I can get a copy of this authorization form that I have signed by sending Aetna a signed request using the address at the bottom of this form.
- Aetna will not release my PHI to the individual(s) or company(ies) named in Section 2 unless I sign this form.
- I can cancel or change my decision any time. I can do this by writing to Aetna, using the address at the bottom of this form.
- If I do cancel my permission, it will not affect actions Aetna took before getting my request.
- My ability to enroll won't change if I do not sign this form.
- My eligibility for benefits and services won't change if I do not sign this form.

ATTENTION:

My signature is required if any of the below apply:

- I am 18 years of age or older
- I am a minor under the age of 18 and I am either married or I am emancipated
- The information being disclosed pertains to drug or alcohol treatment
- The information being disclosed pertains to one of the following conditions and my state allows me to be treated even if my parents or legal guardian do not agree with my decision:
 - Mental health
 - Sexually transmitted disease (including HIV/AIDS)
 - Reproductive health (including contraception, prenatal care and abortion)
 - General medical and dental health

7. N	Лy	signature	or my	/ legal	repre	esentati	ve's s	signature

Signature	Date		
Print name			
If a legal representative signed this form, describe the relationship: (parent, legal guardian, Power of Attorney, personal representative)			

- If this request is being signed by the member's legal representative, you must provide legal documentation authorizing you to act on the member's behalf (legal guardianship, power of attorney, personal representative).
- If you are making this request on behalf of a minor child, we may require additional information before this request is considered complete.

Please sign and return this completed form to:

MHBP PO Box 14079 Lexington, KY 40512-4079 Fax 859-280-1272

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Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aid/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 800-410-7778.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator P.O. Box 14462, Lexington, KY 40512 800-648-7817, TTY: 711 Fax: 859-425-3379

CRCoordinator@aetna.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

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(TTY: 711)

To access language services at no cost to you, call 800-410-7778.

Para acceder a los servicios de idiomas sin costo, llame al 800-410-7778. (Spanish)

如欲使用免費語言服務, 請致電 800-410-7778。(Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-800-410-7778. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 800-410-7778. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 800-410-7778 an. (German)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne' 800-410-7778. (Navajo)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 7778-410-800 (Arabic).

Pou jwenn sèvis lang gratis, rele 800-410-7778. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 800-410-7778. (Italian)

言語サービスを無料でご利用いただくには、800-410-7778 までお電話ください (Japanese)

무료 언어 서비스를 이용하려면 800-410-7778 번으로 전화해 주십시오. (Korean)

بر سترسى به خدما با به و يگا، با شما 7778 -410 تماس بگيريد. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 800-410-7778. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 800-410-7778. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 800-410-7778. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 800-410-7778. (Vietnamese)

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