



# Authorization to Release Protected Health Information (PHI)

**ECHS Category – PHIA**  
Aetna Better Health® of Kansas  
9401 Indian Creek Parkway  
Suite 1300  
Overland Park, KS 66210

**Protected Health Information (PHI)** means information about your health. Federal and state laws protect the privacy of your PHI. By signing this paper, you give us your **OK**. We will only give out the PHI that you say we can share. And, we will only give it to the people or agencies that you list.

## 1. Who is the Medicaid Member?

First name	Last name	Middle initial
Member ID number	Birth date (MM/DD/YYYY)	Phone number
Street		
City, state, ZIP code		

## 2. Who can the PHI be given to?

Person or company name	Phone number
Street	
City, state and ZIP code	
Person or company name	Phone number
Street	
City, state and ZIP code	

### NOTICE TO ANYONE OTHER THAN THE MEMBER:

Information disclosed to you pertaining to certain conditions, such as treatment for alcohol or drug abuse, HIV/AIDS and other sexually transmitted diseases, behavioral health, and genetic marker information is protected by various federal and state laws which prohibit any further disclosure of this information by you without the express written consent of the person to whom it pertains or as otherwise permitted by such laws. Any unauthorized further disclosure in violation of state or federal law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient consent for release of these types of information. The federal rule at 42 CFR Part 2 restricts use of the information disclosed to criminally investigate or prosecute any alcohol or drug abuse patient.

“Aetna” also includes Aetna’s subsidiaries, affiliates, employees, agents and subcontractors.



**By signing below, I understand and agree:**

- I can take back my **OK** by writing to the address on this form.
- If you take back your **OK** it won't take back the PHI we already shared. But we will not share any more of your PHI.
- My chance to sign up for insurance will not change if I don't sign this form.
- Whoever gets my PHI may share it with others. That means laws may not be able to protect my PHI.
- The PHI I **OK** to share may include:
  - Health condition and treatment information.
  - Chronic diseases
  - Behavioral/Mental health conditions
  - Substance use disorder diagnosis or treatment (alcohol/drug)
  - Transmissible diseases, sexually transmitted diseases (HIV/AIDS), and genetic marker information.
- I can get a copy of this **OK** by writing to the address on this form.
- Aetna will not share my PHI with whom I named unless I sign this form, and not with anyone else.

**ATTENTION:**

- I must sign this form if any of the options below apply.
- I am 18 years of age or older.
  - I am under 18 years of age and I am married or emancipated.
  - My state allows me to be treated even if my parents or legal guardian do not agree.
  - My PHI being shared may include one or more of the below conditions:
    - Behavioral/Mental health conditions
    - Substance use disorder diagnosis or treatment (alcohol/drug)
    - Sexually transmitted disease (including HIV/AIDS)
    - Reproductive health (including contraception, prenatal care and abortion)

**6. Signature of Member or Authorized Representative.**

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

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**Authorized Representative** means you have legal proof that you can act for this person.

A representative signs for a person who cannot legally sign on his or her own. If the member is less than 18 years old, a parent, or guardian should sign for the minor. If you are a representative, signing this form you must send legal proof you can act for this person.

**Do you have questions? We can help. Call Aetna at 1-855-221-5656**

**Please sign and return this completed form to: Aetna HIPAA Member Rights Team  
PO Box 14079  
Lexington, KY 40512-4079**

**Or you can fax it to: 859-280-1272**

## **Nondiscrimination Notice**

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator  
4500 East Cotton Center Boulevard  
Phoenix, AZ 85040  
Telephone: **1-888-234-7358 (TTY: 711)**  
Email: [MedicaidCRCoordinator@aetna.com](mailto:MedicaidCRCoordinator@aetna.com)

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားပြန်ဆောင်ရွက်ပေး ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.