



# Request for an Accounting of Disclosures of 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. This form must be completed and signed to process this request.**

### 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. Description of the Accounting Report

Once we get this signed request form, we will send you the Accounting Report.

The disclosures on the report are for reasons other than “treatment,” “payment,” or “health care operations.”

### 3. Accounting Report time period cannot be longer than six (6) years from the request date.

My request is for the dates below:

\_\_\_\_\_ to \_\_\_\_\_

MM/DD/YYYY MM/DD/YYYY

### 4. Where do you want this Accounting Report to be sent?

Who is receiving this Accounting Report?

Member     Member’s Legal Representative     Member’s Natural or Adoptive Parent

Print name of recipient

Recipient’s street address

City, state, ZIP code

**Important Information:**

- By signing this form, I allow Aetna to give an Accounting of Disclosures of PHI Report about the Member named in **Section 1** to the recipient named in **Section 4**.
- This approval is only for this request.
- Information in this report could be re-disclosed by the recipient and may no longer be protected by federal or state privacy laws.
- Disclosures older than six years from when this request was made will not be included.

**5. 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)	

**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**

Please allow 60 days for our response.

## **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>.

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, and its affiliates.

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, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
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 ဘာသာစကားဝန်ဆောင်မှုများ 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.