



Aetna Better Health® of Michigan

### Authorization to Release Protected Health Information (PHI)

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

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

**3. What PHI can we share?**

We will **only** share the PHI that you **OK**. Tell us the type of PHI by checking the box.

Any information requested     Health (medical, dental, pharmacy, vision)

Long term care     Patient management records

**Sensitive Information: (this information may include diagnosis and/or treatment information)**

Substance use disorder (alcohol/drug)     HIV/AIDS     Sexually transmitted diseases

Behavioral health/Mental health (but NOT psychotherapy notes).

Other sensitive services (such as gender affirming care or sexual or reproductive health)

Other (please explain) \_\_\_\_\_

**4. Why are you giving out this PHI?**

Reason/Purpose:

**5. This form is good for 1 year unless you give a shorter time below.**

My OK is good from: \_\_\_\_\_ to \_\_\_\_\_

MM/DD/YYYY MM/DD/YYYY

“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)	

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





## **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, sexual orientation or gender identity.

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 sexual orientation or gender identity, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator  
PO Box 818001, Cleveland OH 44181-8001  
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.

---

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

## Multi-language Interpreter Services

**ENGLISH: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

**SPANISH: ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

**CHINESE:**注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

**VIETNAMESE: CHÚ Ý:** nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**)

**ALBANIAN: VINI RE:** Nëse flisni shqip, janë në dispozicion për ju shërbime përkthimi, falas. Telefononi numrin në pjesën e pasme të kartës suaj ID ose **1-800-385-4104** (TTY: **711**).

**KOREAN:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수

있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해주시오.

**POLISH: UWAGA:** Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany na odwrocie Twojego identyfikatora lub pod number **1-800-385-4104**(TTY: **711**).

**GERMAN: ACHTUNG:** Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservicenutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

**ITALIAN: ATTENZIONE:** Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero sul retro della tessera oppure il numero **1-800-385-4104** (utenti TTY: **711**).

**JAPANESE:**注意事項:日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または **1-800-385-4104** (TTY: **711**)までご連絡ください。