Protected Health Information (PHI) Access Request

ECHS Category - PHIA

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 a PHI Report

Once we get this signed request form, we will provide you with a PHI Report. The report will have the last 24 months of PHI data that we have. If you want PHI for different dates, fill in the dates below.

From: _____ To: _____

If you have Long Term Care (LTC) benefits and want that information, check the correct box below.

☐ I want the report to include LTC information ☐ I only want LTC information in the report.

3. Where do you want this PHI Report to be sent?

Who is receiving this PHI Report?

☐ Member ☐ Member's Legal Representative ☐ Member's Natural or Adoptive Parent

Print name of recipient
Recipient's street
City, state, ZIP code

Important Information:

- By signing this form, I allow Aetna to give PHI about the Member named in **Section 1** to the recipient named in **Section 3**.
- This approval is only for this request.
- This report may include information about chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker.
- This PHI Report does not include psychotherapy notes.
- Information in this report could be re-disclosed by the recipient and may no longer be protected by federal or state privacy laws.

4. 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:** 1-800-279-1878 (TTY: 711).

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: 1-859-280-1272

Please allow 30 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**

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.

VA-16-09-02b

TTY: 711

To access language services at no cost to you, call **1-800-385-4104**.

Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**. (Spanish)

무료 언어 서비스를 이용하려면 **1-800-385-4104** 번으로 전화해 주십시오. (Korean)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**. (Vietnamese)

如欲使用免費語言服務，請致電 **1-800-385-4104**。(Chinese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم **1-800-385-4104**. (Arabic)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-800-385-4104**. (Tagalog)

برای دسترسی به خدمات زبان به طور رایگان، با شماره **1-800-385-4104** تماس بگیرید. (Persian-Farsi)

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بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، **1-800-385-4104** پر بات کریں۔ (Urdu)

Afin d'accéder aux services langagiers sans frais, composez le **1-800-385-4104**. (French)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону **1-800-385-4104**. (Russian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, **1-800-385-4104** पर कॉल करें। (Hindi)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie **1-800-385-4104** an. (German)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: **1-800-385-4104** । (Bengali)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ **1-800-385-4104**. (Ibo)

Ǹ dyi wuɖu-dù kà kò ɖò ɓě dyi mɔ́uń nì Pídyi ní, nìí, ɖá nɔ́ɓà nìà kɛ: **1-800-385-4104**. (Kru-Bassa)

Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe **1-800-385-4104**. (Yoruba)