



Removal of Authorization Previously Given to Aetna

ECHS Category - PHIA

Protected Health Information (PHI) means information about your health. Federal and state laws protect the privacy of your PHI. The laws say we cannot give anyone other than your doctors and others who may be taking care of you your PHI unless you say it is **OK**. By signing this paper, you give us your **OK** to remove the people or agencies you previously named to receive your PHI.

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. What authorization do you want removed? (Check the correct box.)

<input type="checkbox"/> Your OK for Aetna to give your PHI to other people or agencies.
<input type="checkbox"/> Your OK for Aetna to request your PHI from other people or agencies.

3. Who are the people or agencies you want removed from getting your PHI?

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

4. Important: By signing below, I understand and agree:

- By removing my **OK**, it will not effect actions Aetna took before getting this request.
- I can get a copy of this request by writing to the address on this form.

Signature of member or legal representative

Date

Print name of member's legal representative (*if applicable*)

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 \(TTY 711\)](tel:1-800-279-1878).

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](tel:1-859-280-1272)

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:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o 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](tel: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](tel: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](tel:1-800-368-1019), [1-800-537-7697](tel: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.

TTY: [711](tel:1-800-385-4104)

To access language services at no cost to you, call [1-800-385-4104](tel:1-800-385-4104).

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

무료 언어 서비스를 이용하려면 [1-800-385-4104](tel: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](tel:1-800-385-4104). (Vietnamese)

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

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

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

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

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بلا قیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے، [1-800-385-4104](tel:1-800-385-4104) پر بات کریں۔ (Urdu)

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

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

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

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie [1-800-385-4104](tel:1-800-385-4104) an. (German)

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

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

M̐ dyi wuḍu-dù kà kò dò b̐ dyi móuñ nì Pídyi ní, nìí, dá nòbà nìà kẹ: [1-800-385-4104](tel:1-800-385-4104). (Kru-Bassa)

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