Aetna Better Health®
of West Virginia

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 **authorization** to share your PHI. We will only give out the PHI to the people or agencies that you list.

1. Who is the Mountain Health Promise Member?

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

2. Aetna may use or give out protected health information (PHI) for the purposes outlined in their notice of privacy practices, as well as to any person authorized via this form. Who can the PHI be given to?

Any class or category of persons and/or entities affiliated with the care I received pursuant to coverage under my West Virginia Bureau for Medical Services (BMS) plan, including to BMS and those health plans, care coordination entities, care management entities, physicians, providers and healthcare professionals, hospitals, clinics, laboratories, pharmacies, medical facilities, insurers, or other home healthcare agencies that have provided payment, treatment, or health care services to me or on my behalf.

First Name	Last Name	Date of Birth (DOB)

3. What PHI can we share?

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

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

☑ Care coordination records ☑ 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 (please explain)_____

4. Why are you giving out this PHI?

Reason/Purpose:

To provide caregivers, care managers, legal representatives, and other individuals indicated above the appropriate levels of information required via FamilyCare Central and other means.

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

My authorization 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 **authorization** by writing to the address on this form.
- If I take back my **authorization,** it won't take back the protected health information (PHI) Aetna Better Health of West Virginia already shared.
- 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 **authorize** 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 **authorization** by writing to the address on this form.
- Aetna will not share my PHI with whom I named unless I sign this form.

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 protected health information (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) **Date of Birth (DOB):**	

Authorized representative means you have appropriate written proof that you can act for this person. If the member is less than 18 years old, a parent or guardian should sign for the minor. If you are an authorized representative signing this form, you must send appropriate written proof you can act for this person.

Do you have questions? We can help. Call Aetna at **304-348-2922 (TTY: 711**).

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

Aetna Better Health® of West Virginia

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.

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**)。

FRENCH: ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS : **711**).

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

ARABIC:

ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: **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**).

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 연락해 주십시오.

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。

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

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**).

THAI: ข้อควรระวัง: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรติดต่อหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข **1-800-385-4104** (TTY: **711**).

NEPALI: ध्यान दिनुहोस्: ्दि तपयाईं नेपलीयबोलनुहुन्छ भने तपयाईंकया लयागि गन:शुलक रूपमया भयाषया सहयातया सेवयाहरू उपलब्ध ्छन्। तपयाईंको आइडी कयाडको पछयागड रहकको नमबर वया **1-800-385-4104** (TTY: **711**) मया फोन िनुडहोस्।

PERSIAN:

اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: **711**).

URDU:

توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں ۔ اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: **711**) پر رابطہ کریں۔

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" also includes Aetna's subsidiaries, affiliates, employees, agents, and subcontractors.

AetnaBetterHealth.com/WestVirginia

WV-23-05-01

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) 。