



## Aetna Better Health Privacy Note

This letter tells you how your health history may be used and given out. It also tells what you need to do to see it. Please read this letter closely. Please call us if you have any questions about this letter. Our toll free number is 1-866-628-1232.

### **What do we do with your health history?**

We sometimes need to see your health history to answer your questions.

**Help take care of you:** We may use your health history to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. This could be shots, checkups, or medical tests. We may also remind you of appointments. We may share your health history with other people who give you care. This could be doctors, hospitals, drug stores, and others. If you are no longer with our plan, with your okay, we will give your health history to your new doctor.

**Family and friends:** We may give out your health history to your family or friend who is helping you with your care or helping pay for your care. Example: if you have an accident, we may need to talk with one of these people. Please tell us if you do not want us to give your health history to your family or friend. Our address and phone number are at the end of this letter.

**For payment:** We may give your health history to others who pay for your care. Your doctor must give a claim form to us that contains your health history. We may also use your health history to go over the care your doctor gives you. We can also check your use of health services.

**Health care operations:** We may use your health history to help us do our job. We may use your health history for:

- Health promotion and disease prevention
- Case management
- Legal matters
- Quality improvement
- Accounting and audits
- Fraud prevention
- Insurance administration
- Business management and planning

A case manager may work with your doctor. The case manager may tell you about programs or places that can help you with your health problem.

**Public purposes:** We may use or give out your health history for some public reasons. Such as:

- *Required by law:* Federal, state, or local laws sometimes need us to give your health history to others.
  - For workers' compensation if you get hurt on the job
- *Public safety:* We may give out your health history for public safety and police purposes.
  - If they give us a search warrant or a grand jury witness request
  - To help them name or find someone
  - To stop harm to someone
  - For other reasons
- *Research:* We may use your health history for research. We will ask for your okay before we do this. We will make sure that no one will know it is your health history.
- *Oversight:* We can be checked by state and federal agencies to make sure your doctors are doing a good job and we are doing a good job. When these agencies do their checks, we must let them see our history.
- *Disputes:* We may give out your health history if it is required in a lawsuit or legal matter.

**Special care for HIV testing history:** We may have HIV testing history about you. We will first ask you to give us your written okay to give this history to others for special reasons.

**Uses of your history:** By joining the plan, you let us use your health history if we need to. We will first ask you for your okay to give out your history.

You may cancel your okay at any time. If we have already done something based on your okay, we cannot change it. To cancel your okay, write to us at the address at the end of this letter.

Sometimes we do not need your okay to use your health history. For example, we may use or give out your health history if:

- It is required by law or a court order for certain purposes; or
- It is required by PA state department.

## **What are your rights?**

### **Right to see your health history:**

- You have the right to look at your health history and to get a copy of it. To get a copy of your health history, write to us at the address at the end of this letter.
- You can ask for your medical records. Call your doctor's office or the health care facility where you were treated to get a copy of these records.

### **Right to ask for a change to your history:**

- If you look at your history and see that something is not right, you can ask us to change it.
- To ask us to change your history, please write to us at the address at the end of this letter. You must clearly tell us what you want to change.

### **Right to get a list of people or groups that have a copy of your health history:**

- You have the right to get a list of the people and groups that we gave your health history to.
- If you want to get that list, please write to us at the address at the end of this letter.

### **Right to ask for a safe way to be in touch with you:**

- If you think the way we keep in touch with you is unsafe, please let us know. We will do our best to be in touch with you in a way that is more private.

### **Right to ask for special care for your health history:**

- We may use your health history in the ways we talked about in this letter.
- You can ask us not to use your history in these ways.
- We are not required to agree to this, but we will think about it carefully.
- If we do agree to how you want us to use your health history, we will tell you.
- If you want to ask for this change, please write to us at the address at the end of this letter.

### **Right to get a paper copy of this letter:**

- You have the right to a paper copy of this letter.
- To get a copy of this letter, visit our website at **www.aetnabetterhealth.com**.
- You can also ask for a copy. Write to us at the address at the end of this letter. We will mail you a copy.

## **Will we change this letter?**

By law, we must keep private your health history. We must follow what we say in this letter. We also have the right to change this letter. If we change this letter, the changes apply to all of your information we have or will get in the future. You can get a copy of the most recent letter on our website at **www.aetnabetterhealth.com**.

## **What if you have questions?**

Call us if you have questions toll free at 1-866-638-1232. You may also write us at:

Aetna Better Health  
2000 Market St, Suite 850  
Philadelphia, PA 19103

If you feel that your privacy rights – as explained in this Notice – have been violated, you may complain to Aetna Better Health or to the Secretary of Health & Human Services through the Office for Civil Rights (OCR). In order to file a complaint, please contact either Member Services at 1-866-638-1232 or you may contact Aetna Better Health's Privacy Officer.

Please remember that we will not take any action against you for filing a complaint. This is one of your rights. If our investigation of your complaint confirms that there has been a breach of your privacy through the actions of one of our employees or contractors, we will take disciplinary action against the employee or contractor who has caused the violation.

## **Important information about health care benefits. Ask someone to read this to you.**

Información importante sobre los beneficios médicos. Pídale a alguien que le lea esto.

Важные сведения о медицинском обслуживании. Попросите кого-нибудь прочесть вам.

ព័ត៌មានសំខាន់អំពីអត្ថប្រយោជន៍ថែទាំសុខភាព។ សូមរកអ្នកណាម្នាក់ អោយអានសំបុត្រនេះអោយលោកអ្នកស្តាប់។

Thông tin quan trọng về phúc lợi bảo trợ y tế. Hãy nhờ một người nào đó đọc thông tin này cho quý vị.

关于卫生保健福利的重要通知。请人为你阅读此信息。