



# Authorization to Release Psychotherapy Notes

Aetna Better Health<sup>®</sup> of Kansas  
9401 Indian Creek Parkway  
Suite 1300  
Overland Park, KS 66210

Use this form if you want your mental health care provider to share your psychotherapy notes with Aetna Better Health. Psychotherapy notes are made by your mental health care provider. These notes are records of your talks with your mental health care provider during counseling sessions. Your mental health care provider keeps these notes separate from your medical records.

### 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. I OK this Mental Health Care Provider to share my psychotherapy notes.

|                             |              |
|-----------------------------|--------------|
| Mental Health Care Provider | Phone number |
| Street                      |              |
| City, state, ZIP code       |              |

### 3. I OK this Person or Company to receive my psychotherapy notes.

|   |              |
|---|--------------|
| Person or company name<br><b>Aetna Better Health<sup>1</sup>,</b> | Phone number |
| Street  |              |
| City, state, ZIP code   |              |

### <sup>1</sup> NOTICE TO RECIPIENT(S) OF INFORMATION:

Information disclosed to Aetna Better Health pertaining to certain conditions, such as treatment for alcohol or drug abuse, HIV/AIDS and other sexually transmitted diseases, behavioral health, and genetic marker information is protected by various federal and state laws which prohibit any further disclosure of this information by Aetna Better Health without the express written consent of the person to whom it pertains or as otherwise permitted by such laws. Any unauthorized further disclosure in violation of state or federal law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient consent for release of these types of information. The federal rule at 42 CFR Part 2 restricts use of the information disclosed to criminally investigate or prosecute any alcohol or drug abuse patient.

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

**4. Why are you giving out these psychotherapy notes?**

Reason/Purpose:

My **OK** is to disclose psychotherapy notes **only**. I understand that these notes may have information on medical care or treatment for substance abuse. Also, information about acts of domestic abuse, or HIV/AIDS or other communicable or sexually transmitted diseases. And any treatment that may have been given by other health care providers.

**5. The psychotherapy notes I OK are for the following dates of service:**

\_\_\_\_\_

\_\_\_\_\_

**By signing below, I understand and agree:**

- I can take back my **OK** by asking my mental health care provider named in section 2.
- If you take back your **OK** it won't take back the PHI we already received.
- My chance to sign up for insurance will not change if I don't sign this form.
- Whoever gets my information may share it with others. That means laws may not be able to protect my information.
- I can get a copy of this **OK** by writing to the address in section 3 of 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 psychotherapy notes being shared may include one 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)
  - General medical and dental health

**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) |      |

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**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 Better Health at 1-855-221-5656

**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: 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:
  - 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](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>.

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|                     |  |
|---------------------|--|
| English             | To access language services at no cost to you, call the number on your ID card.  |
| Spanish             | Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.      |
| Vietnamese          | Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.                             |
| Chinese Traditional | 如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼   |
| German              | Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.            |
| Korean              | 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.  |
| Lao                 | ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.   |
| Arabic              | للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.                                 |
| Tagalog             | Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.                             |
| Burmese             | သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။     |
| French              | Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé. |
| Japanese            | 無料の言語サービスは、IDカードにある番号にお電話ください。   |
| Russian             | Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.  |
| Hmong               | Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.                         |
| Persian Farsi       | برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.                                  |
| Swahili             | Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.                               |