



# 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	Birthdate (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 <b>OK</b> for Aetna to give your PHI to other people or agencies.      |
| <input type="checkbox"/> Your <b>OK</b> 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	
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 sign 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 Member Services at: 1-855-232-3596 (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:**      **859-280-1272**

*Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

**ENGLISH:** ATTENTION: If you speak a language other than 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)**.