

Removal of Authorization Previously Given to Aetna

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 SoonerSelect Member?

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

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

Your **OK** for Aetna Better Health of Oklahoma to give your PHI to other people or agencies.

Your **OK** for Aetna Better Health of Oklahoma 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 affect actions Aetna Better Health of Oklahoma took before getting this request.			
•	I can get a copy of this request by writing to the address on this form.			
S	ignature of member or legal representative	Date		
Ρ	rint 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 Better Health of Oklahoma at: <u>1-844-365-4385</u>.

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 Better Health® of Oklahoma

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**.

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 4750 S. 44th Place, Suite 150	
	Phoenix, AZ 85040-4015	
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 **1 844-365-4385** (TTY: **711**).

SPANISH: ESPAÑOL: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1 844-365-4385** (TTY: **711**).

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1 844-365-4385** (TTY: **711**).

TRADITIONAL 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

1 844-365-4385 (TTY: **711**)_°

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 844-365-4385 (TTY: 711).

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1 844-365-4385** (TTY: **711**).

Arabic: ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (TTY: 711) 1844-365-4385 (TTY: 711)

HMONG: LUS CEEV: Yog tias koj hais Lus Hmoob, ces yuav muaj kev pab txhais lus pub dawb rau koj. Hu rau **1 844-365-4385** (TTY: **711**).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1 844-365-4385** (TTY: **711**).

FRENCH: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1 844-365-4385** (TTY: **711**).

LAO: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ຈະມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທຫາເບີ 1 844-365-4385 (TTY: 711).

THAI: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1 844-365-4385 (TTY: 711)**.

> Farsi: توجه : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره (TTY: **711) 1844-365-4385** تماس بگیرید.

Urdu: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 711) (TTY: 711)

BURMESE: မြန်မာ - သတိ - သင်မြန်မာစကားပြောဆိုပါက သင့်ထံ ဘာသာစကား ကူညီပံ့ပိုးရေး ဝန်ဆောင်မှုများကို အခမဲ့ ပေးဆောင်သွားပါမည်။ သင့်အိုင်ဒီကတ်၏ကျောဘက်ရှိ နံပါတ် သို့မဟုတ် 1 844-365-4385 (TTY: 711) သို့ ခေါ်ဆိုပါ။

1. Who is the Medicaid Member?				Readability Statistics	?	×	
First name		Last name		Middle initial	Counts		
					Words		27
					Characters		125
Member ID number Birth date (I		MM/DD/YYYY) Phone number		Paragraphs		9	
					Sentences		1
					Averages		
Chreat				Sentences per Paragraph		1.0	
Street			Words per Sentence		6.0		
					Characters per Word		4.0
				Readability			
City, state, ZIP code				Flesch Reading Ease		59.7	
					Flesch-Kincaid Grade Level		6.4
					Passive Sentences		0.0%
						ОК	