



# Authorization to Release Psychotherapy Notes

Use this form if you want your mental health care provider to share your psychotherapy notes with Aetna Better Health of Ohio a MyCare Ohio Plan (Medicare-Medicaid Plan).

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 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 and ZIP code

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

Person or company name Aetna Better Health of Ohio <sup>1</sup> ,	Phone number
Street	City, state and ZIP code

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

Reason/Purpose:
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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.

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

Information disclosed to Aetna Better Health of Ohio 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 of Ohio 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.

**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.
- Aetna Better Health of Ohio may charge you to receive copies of member records or a list of people and companies to which we give out member records. You need to tell us if you cannot pay any fee.

**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 include one of the below conditions:
    - Drug or alcohol treatment
    - Mental health
    - 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)	

**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 Ohio at **1-855-364-0974** (TTY: 711).

**Please sign and return this completed form to:**

**Aetna Better Health of Ohio  
Privacy Officer or Coordinator  
7400 West Campus Road  
New Albany, OH 43054**

Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

ATTENTION: If you speak Spanish or Somali language assistance services, free of charge, are available to you. Call 1-855-364-0974 (TTY: 711) 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla Español tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-364-0974 (TTY: 711), durante las 24 horas, los 7 días de la semana. La llamada es gratuita.

FIIRI: Haddii aad ku hadasho Isbaanish ama Soomaali, adeegyada llaqadda, oo bilaash ah, ayaa lagu heli karaa adiga. Wac 1-855-364-0974 (TTY: 711), 24 saacadood maalintii, 7 maalmood todobaadkii.

Wicitaanku waa bilaash.

Aetna, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aetna, Inc.:

- 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 these services, contact Aetna Medicaid Civil Rights Coordinator

If you believe that Aetna, Inc. 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: Aetna Medicaid Civil Rights Coordinator, 4500 East Cotton Center Boulevard, Phoenix, AZ 85040, 1-888-234-7358, TTY 711, 860-900-7667 (fax), MedicaidCRCoordinator@aetna.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aetna Medicaid 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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**[www.aetnabetterhealth.com/ohio](http://www.aetnabetterhealth.com/ohio)**

OH-16-09-12

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-385-4104** (TTY: **711**).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame 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 **1-800-385-4104** (TTY: **711**)。

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-385-4104** (TTY: **711**).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-385-4104** (رقم هاتف الصم والبكم: **711**).

**Pennsylvania Dutch:** Geb Acht: Wann du Deitsch Pennsilfaanisch Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call **1-800-385-4104** (TTY: **711**).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-385-4104** (телетайп: **711**).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-385-4104** (ATS: **711**).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-385-4104** (TTY: **711**).

**Cushite (Oromo):** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-385-4104** (TTY: **711**).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-385-4104** (TTY: **711**) 번으로 전화해 주십시오.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-385-4104** (TTY: **711**).

**Japanese:** 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-385-4104** (TTY: **711**) まで、お電話にてご連絡ください。

**Dutch:** AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel **1-800-385-4104** (TTY: **711**).

**Ukrainian:** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-385-4104** (телетайп: **711**).

**Romanian:** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-385-4104** (TTY: **711**).

**Somali:** FEEJIGNAAN: Haddii af-Soomaali aad ku hadasho, adeegyada gargaarka luqadda, oo bilaash ah, ayaad heli kartaa. Wac **1-800-385-4104** (Kuwa Maqalka ku Adag **711**).

**Nepali:** ध्यान दनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-800-385-4104** (टटिवाइ: **711**) ।