

Authorization to Release Protected Health Information (PHI)

Protected Health Information (PHI) means information about your health. Federal and state laws protect the privacy of your PHI. By signing this paper, you give Aetna Better Health of Ohio, a MyCare Ohio Plan (Medicare-Medicaid Plan), your **OK**. We will only give out the PHI that you say we can share. And, we will only give it to the people or agencies that you list.

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. Who can the PHI be given to?

Person or company name		Phone number
Street		City, state and ZIP code
Person or company name		Phone number
Street		City, state and ZIP code

3. What PHI can we share?

We will **only** share the PHI that you **OK**. Tell us the type of PHI by checking the box.

Any information requested
 Health (medical, dental, pharmacy, vision)
 Mental health, but NOT psychotherapy notes
 Substance use disorder diagnosis and treatment, but NOT psychotherapy/ counseling notes related to substance use disorder diagnosis and treatment
 Long term care
 Patient management records
 Other: (please explain)

4. Why are you giving out this PHI?

Reason/Purpose:

5. This form is good for 1 year unless you give a shorter time below.

My OK is good from: _____ to _____
MM/DD/YYYY MM/DD/YYYY

¹ NOTICE TO ANYONE OTHER THAN THE MEMBER:

Information disclosed to you 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 you 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.

By signing below, I understand and agree:

- I can take back my **OK** by writing to the address on this form.
- If you take back your **OK** it won't take back the PHI we already shared. But we will not share any more of your PHI.
- My chance to sign up for insurance will not change if I don't sign this form.
- Whoever gets my PHI may share it with others. That means laws may not be able to protect my PHI.
- The PHI I **OK** to share may include:
 - Health condition and treatment information.
 - Chronic diseases
 - Mental health conditions
 - Substance use disorder diagnosis or treatment.
 - Transmissible diseases, sexually transmitted diseases (HIV/AIDS), and genetic marker information.
- I can get a copy of this **OK** by writing to the address on this form.
- Aetna Better Health of Ohio will not share my PHI with whom I named unless I sign this form, and not with anyone else.
- 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 PHI being shared may include one or more of the below conditions:
 - Substance use disorder diagnosis or treatment
 - Mental health conditions
 - Sexually transmitted disease (including HIV/AIDS)
 - Reproductive health (including contraception, prenatal care and abortion)

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 HIPAA Member Rights Team
PO Box 14079
Lexington, KY 40512-4079**

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.

You can get this information for free in other languages. Call **1-855-364-0974** (TTY: 711), 24 hours a day, 7 days a week. The call is free.

Puede obtener esta información en otros idiomas de manera gratuita. Llame al **1-855-364-0974** (TTY: 711), 24 horas al día, siete días de la semana. Esta llamada es gratuita.

Waxaad macluumaadkaan oo lacag la'aan ah ku heli kartaa luqado kale. Wac **1-855-364-0974** (TTY: 711) 24 saac maalintii, 7 maalin halkii todobaad. Wicidda waa lacag la'aan.



AETNA BETTER HEALTH® OF OHIO

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
4500 East Cotton Center Boulevard
Phoenix, AZ 85040
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 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**)。

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

ARABIC: ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: **711**).

PENN DUTCH: Geb Acht: Wann du Deitsch Pennsilfaanisch Deitsch schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf die Nummer uff, ass hinne uff dei ID card iss, odder ruf **1-800-385-4104** (TTY: **711**).

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: **711**).

FRENCH: ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou 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. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**).

SOMALI (CUSHITE): FEEJIGNAAN: Haddii af-Soomaali aad ku hadasho, adeegyada gargaarka luqadda, oo bilaash ah, ayaad heli kartaa. Wac lambarka ku qoran dhabarka dambe ee kaarkaaga aqoonsiga ama **1-800-385-4104** (Kuwa Maqalka ku Adag **711**).

OROMO (CUSHITE): Hubadhu: yoo Oromoo dubbatta ta'ee, gargaarsa tajaajiloota afaanii, kaffaaltilii bilisaa ni jiraa siif. Lakkoofsa bilbiilaa ID kee duuba irraa jiruun yookiin **1-800-385-4104** (TTY: **711**).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

ITALIAN: ATTENZIONE: Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero sul retro della tessera oppure il numero **1-800-385-4104** (utenti TTY: **711**).

JAPANESE: 注意事項:日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または**1-800-385-4104** (TTY: **711**)までご連絡ください。

DUTCH: AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel het nummer op de achterkant van uw ID-kaart of **1-800-385-4104** (TTY: **711**).

UKRAINIAN: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби підтримки. Зателефонуйте за номером, указаним на зворотному боці ідентифікаційної картки, або **1-800-385-4104** (телетайп: **711**).

ROMANIAN: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la numărul de pe spatele cardului dumneavoastră de identificare sau la **1-800-385-4104** (TTY: **711**).

NEPALI: ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध छन्। तपाईंको आइडी कार्डको पछाडि रहेको नम्बर वा **1-800-385-4104** (TTY: **711**) मा फोन गर्नुहोस्।