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Protected Health Information (PHI) Access Request Form

This form needs to be completed and signed, where appropriate, for Aetna to process the request. If you want to receive information for more than one Member, please submit a separate, completed form for each Member.

1. Member Information (Information About Person Whose Records are Being Requested.)

Last Name		First Name		Middle Initial
I.D. Number	Social Security Number	Birth Date *(MM/DD/YYYY)*	Daytime Telephone Number *(include area code)*	
Street Address		City, State and ZIP Code		

2. Subscriber Information

(The Subscriber is usually the employee who obtains coverage for his or her family. Please complete this Section if the Subscriber is not the Member whose records are being requested.) This Section does not apply to Long Term Care.

Last Name		First Name		Middle Initial
I.D. Number	Social Security Number	Birth Date *(MM/DD/YYYY)*	Daytime Telephone Number *(include area code)*	
Street Address		City, State and ZIP Code		

3. Description of PHI Access Reports

Upon receipt of this signed PHI Access Request Form, Aetna will provide a PHI Access Report containing the most recent 24 months of on-line medical, dental, and pharmacy claim data that we have in our possession. If this PHI Access Report is sufficient, you do not need to select any of the options in this Section but you must complete **Section 4** or **5**, whichever applies to this request. Indicate below if you have a more specific request.

If instead of the most recent 24 months of claim data, you prefer for the PHI Access Report to include claim data over a different period, please indicate the date range below:

From: _____ To: _____

If you receive reimbursements for medical expenses through a Flexible Spending Account (FSA) administered by Aetna and would like a report of FSA payments sent, please check the appropriate box below, complete the rest of this PHI Access Request Form (including the necessary signature in **Section 4** or **5**, whichever applies), and, in addition, have the Subscriber or the Subscriber's Legal Representative sign the authorization in **Section 4** or **5**, as appropriate.

☐ I want the PHI Access Report to include FSA information ☐ I only want FSA information sent

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If you receive benefits from Aetna's Long Term Care (LTC) plan and would like LTC information sent, please check the appropriate box below:

☐ I want the PHI Access Report to include LTC information ☐ I only want LTC information sent

Important Notice to Individual(s) signing this PHI Access Request Form:

- The PHI Access Report provided in response to this request may include diagnosis and treatment information, such as information on chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker information.
- Any requested Flexible Spending Account (FSA) information will include information for all of the Subscriber's covered dependents.

4. If the PHI Access Report is to be sent to the Member, the Member's Legal Representative or the Member's Parent if the Member is an unemancipated minor child, the recipient must complete Section 4.

The recipient of the PHI Access Report is:

☐ Member ☐ Member's Legal Representative

☐ Member's Natural or Adoptive Parent (authorized by law to act on behalf of the unemancipated minor child identified in **Section 1**)

Signature of Recipient	Date

Print Name of Recipient

Recipient's Street Address	City, State and ZIP Code

Signature of Subscriber or Subscriber's Legal Representative ***(required if FSA information is to be included)***	Date

Print Name of Subscriber's Legal Representative *(if applicable)*

If this request is signed by the Member's Legal Representative or the Subscriber's Legal Representative, you must furnish a copy of the health care power of attorney or other relevant document legally authorizing the Legal Representative to act on behalf of the Member or Subscriber, as applicable.

5. Authorization for Release of PHI (to be completed if the PHI Access Report is to be sent to someone other than the Member, the Member's Legal Representative, or the Member's Parent if the Member is an unemancipated minor child)

I hereby authorize Aetna Life Insurance Company and any of its parents, subsidiaries, or other affiliates (including, but not limited to, Aetna Health Management, Inc., Aetna's affiliated HMOs, and Aetna Integrated Informatics, Inc.), and their respective employees, agents and subcontractors, to disclose protected health information about the Member specified in **Section 1** of this form to the authorized recipient designated below. This authorization applies only to fulfilling this request for access to PHI. Payment and eligibility for benefits do not depend on whether I sign this form. This authorization may be revoked by providing written notice to Aetna at the address in **Section 6** below. Information disclosed under this authorization may be redisclosed by the recipient and may no longer be protected by federal or state privacy regulations.

Signature of Member, Member's Legal Representative, or the Member's Natural or Adoptive Parent (authorized by law to act on behalf of the unemancipated minor identified in **Section 1**)	Date

Print Name of Member, Member's Legal Representative, or Member's Parent

Signature of Subscriber or Subscriber's Legal Representative ***(required if FSA information is to be included)***	Date

Print Name of Subscriber's Legal Representative *(if applicable)*

Authorized Recipient's Last Name	First Name	Middle Initial

Authorized Recipient's Street Address	City, State and ZIP Code

6. How to Return This Form

Return this completed form to:

Aetna HIPAA Member Rights Team
PO Box 14079
Lexington, KY 40512-4079
Fax: 859-280-1272

Please allow 30 days for our response.

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Here are some helpful hints on how to complete the form.

Section 1

Add the name of the person whose records you are asking for.

Section 2

Add the name of the subscriber. The subscriber is the person who pays for the plan.

Section 3

Add the date range for the records you would like to receive. You can choose to include Flexible Spending and Long Term Care records.

Section 4

This section should be signed by the person getting the records. If this section is signed by a representative we will need legal documents.

Section 5

Fill out this section if records are going to someone not listed in Section 4.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

T'áá shí shizaad k'ehjí bee shíká a'doowoł nínízingo Diné k'ehjí naaltsoos bee atah nílíjgo nanitinígíí béésh bee hane'é bikáá' áajį' t'áá jíík'e hólne'. (Navajo)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

Për asistencë në gjuhën shqipe telefononi falas në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

ለአማርኛ ቋንቋ እገዛ በመታወቅያዎ ላይ በተጠቀሰው ቁጥር በነጻ ይደውሉ (Amharic)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية. (Arabic)

Լեզվի ցուցաբերած աջակցության (հայերեն) Զանգահարեք թիվը նշված է ձեր ID քարտի առանց գնով: (Armenian)

Niba urondera uwugufasha mu Kirundi, twakure ku busa ku inomero iri ku ikarata karangamuntu yawe. (Bantu-Kirundi)

Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawga ang numero nga gilista sa imong kard sa kailhanan nga walay bayad. (Bisayan-Visayan)

বাংলায় ভাষা সহায়তার জন্য আপনার আইডি কার্ডে যে নম্বরটি তালিকাভুক্ত রয়েছে বিনামূল্যে তাতে কল করুন। (Bengali-Bangala)

ငွေကုန်ကျခံစရာမလိုဘဲ (မြန်မာဘာသာစကား) ဖြင့် ဘာသာစကားအကူအညီရယူရန် သင့်အိုင်ဒီကတ်ပေါ်တွင် ပေးထားသည့်ဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။ (Burmese)

Per rebre assistència en (català), truqui al número de telèfon gratuït que apareix a la seva targeta d'identificació. (Catalan)

Para ayuda gi fino' (Chamoru), ågang I numiru ni mangaige gi iyo-mu 'ID card', sin gåstu.. (Chamorro)

ᎾᏍᎩᎯ ᎦᏬᏂᎯᏍᏗ ᏗᏂᏍᎦᏚᎩᎸ ᎾᏊᎢ (GWY) ᏫᏏᎳᏓᎦ ᎾᏍᎩᎸ ᏗᏓᎵᏍᎩᎸ ᎦᎪᏩᏍᏗ ᎢᎾᏨᏁᎸ ᎤᎾᎢ ᏣᎠᏍᏆᏂᎪᏗᏱ ᎤᏂᏲᎤᎾ ᎾᏍᎩᎯ ᎠᏂᏴᏫ ᎤᏂᎬᏫᏳᎯᏳᎲᏍᎬᎾ. (Cherokee)

(Chahta) anumpa ya apela a chi bvnna hokmvt chi holisso kallo iskitini ma holhtena yvt takanli. Na aivlli keyu ho ish i paya hinla. (Choctaw)

Tajaajila afaan Oromiffa argachuuf lakkoofsota bilbilaa waraqaa eenyummaa keessan irra jiran irratti bilisaan bilbilaa. (Cushite)

Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar het nummer dat op uw identiteitskaart vermeld staat. (Dutch)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

Για γλωσσική βοήθεια στα Ελληνικά καλέστε χωρίς χρέωση τον αριθμό που αναγράφεται στην κάρτα αναγνώρισης. (Greek)

(Gujarati) ગુજરાતીમાં ભાષા સહાય માટે તમારા આઈડી કાર્ડ પર લખેલ નંબર પર કોઈ ખર્ચ વગર કૉલ કરો.

No ke kōkua ma ka ʻōlelo Hawaiʻi e kahea aku i ka helu kelepona ma kāu kaleka ID, kāki ʻole ʻia kēia kōkua nei. (Hawaiian)

(Hindi) **हिन्दी में भाषा सहायता के लिए, अपने आईडी कार्ड पर दिये गये नम्बर पर मुफ्त कॉल करें।**

Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau tus xov tooj ntawm koj daim npav. (Hmong)

Maka enyemaka asụsụ na Igbo kpọọnọmba edepụtara na kaadị ID gị na akwụghị ụgwọ ọ bụla. (Ibo)

Para iti tulong ti pagsasao iti pagsasao tawagan ti numero a nakalista iti ID card yo nga awan ti bayadan yo. (Ilocano)

Untuk bantuan dalam bahasa Indonesia, silakan hubungi nomor yang tercantum di kartu ID Anda tanpa dikenakan biaya. (Indonesian)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。
(Japanese)

လၢတၫ်မၤစၢၤဟၣ်ကတိၤကျိုဉ်အဂီၤ် ကျိုဉ် ကိးနီၢ်ဂီၢ်တၫ်ကွဲးလီၤဃာ်လၢနလံာ်အုဉ်သး အဉ်ဒံဉ်ကး အလိၤ လၢတအိဉ်ဒီးတၫ်လၢာ်ဘျုဉ်လၢာ်စ့ၤဟာ်ဉ် (Karen)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오.
(Korean)

Bɛ̀ m̀ ké gbo-kpá-kpá dyé ɖé Bǎsɔ́ɔ̀ wùɖùǔn wɛ̃ɛ, ɖá nɔ̀bà ɓɛ́ ɔ cééà ɓó nì dyí-dyoìn-bɛ̃̂ɔ̃̀ kɔ̃ɛ ɓó pídyi. (Kru-Bassa)

بۆ وەرگرتنی ڕێنوینی پێوەندیدار بە زمان بە زمان بە ژمارەی خۆرایی نووسراو لە کارتی پێناسی خۆتاندا پەیوەندی بکەن. (Kurdish)

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ,
ກະລຸນາໂທຫາໝາຍເລກທີ່ລະບຸໃນບັດປະຈຳຕົວຂອງທ່ານໂດຍບໍ່ເສຍຄ່າໂທ. (Laotian)

तील भाषा (मराठी) सहाय्यासाठी तुमच्या आयडी कार्डवर सूचिबद्ध करण्यात आलेल्या क्रमांकावर कोणत्याही खर्चाशिवाय कॉल करा. (Marathi)

Ñan bōk jipañ ilo Kajin Majol kwon kallok nōmba eo ej walok ilo kaat in ID eo aṃ ejjelok wōnān. (Marshallese)

Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl nempe me sansal pohn noumw ID koard ni sohte isais. (Micronesian-Pohnpeian)

សម្រាប់ជំនួយភាសាជា ភាសាខ្មែរ
សូមទូរស័ព្ទតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នកដោយឥតគិតថ្លៃ។ (Mon-Khmer, Cambodian)

(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस् । (Nepali)

Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl akuën cï reec ë kaaddu kɔ̈u kecïn aɣöc.(Nilotic-Dinka)

For språkassistanse på norsk, ring nummeret på ID-kortet ditt kostnadsfritt. (Norwegian)

Fer Helfe in Deitsch, ruf die Fonnummer aa die uff dei ID Kaarde iss. Es Aaruf koschtet nix. (Pennsylvania Dutch)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

(Punjabi) ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ।

Pentru asistenţă lingvistică în româneşte telefonaţi la numărul gratuit indicat pe cardul dvs. de membru de la Aetna. (Romanian)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Mo fesoasoani tau gagana I le Gagana Samoa vala'au le numera o lo'o lisiina I luga o lau pepa ID e aunoa ma se totogi. (Samoan)

Za jezičnu pomoć na hrvatskom jeziku pozovite besplatan broj naveden na poleđini Vaše identifikacijske kartice. (Serbo-Croatian)

Fii yo on heɓu balal e ko yowitii e haala Pular noddee e ɗii numero ji lintaaɗi ka kaydi dantite mon. Njodi woo fawaaki on. (Sudanic-Fulfulde)

Ukihitaji usaidizi katika lugha ya Kiswahili piga simu kwa nambari iliyoorodheshwa kwenye Kitambulisho chako bila malipo. (Swahili)

ܐܢ ܒܥܐ ܐܢܬ ܡܥܕܪܢܘܬܐ ܒܠܫܢܐ ܣܘܪܝܝܐ ܗܘܐ ܠܟ ܩܪܝܐ
ܠܡܢܝܢܐ ܕܡܓܢܐ ܥܠ ܒܛܩܬܐ ܕܡܫܘܕܥܢܘܬܐ ܕܝܠܘܟ.(Syriac-Assyrian)

భాషతో సాయం కొరకు ఎలాంటి ఖర్చు లేకుండా మీ ఐడి కార్డు మీద ఉన్న నెంబరుకు కాల్ చేయండి (తెలుగు) (Telugu)

สำหรับความช่วยเหลือทางด้านภาษาเป็น (ภาษาไทย) โทรหมายเลขที่แสดงไว้บนบัตรประจำตัวของท่าน ฟรีไม่มีค่าใช้จ่าย (Thai)

Kapau 'oku fiema'u hā tōkoni 'i he lea faka-Tonga telefoni ki he fika 'oku lisi 'i ho'o kaati ID 'o 'ikai hā tōtōngi (Tongan)

Ren áninnisin chiakú ren (Kapasen Chuuk) kopwe kékkééri ena nampaan tengewa aa makketiw wóón noumw ena chéén taropween ID nge esapw kamé ngonuk. (Turkese)

(Dilde) dil yardım için sayı hiçbir ücret ödemeden kimlik kartı listelenen diyoruz. (Turkish)

Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером, наданим у вашій ID-картці посвідчення особи. (Ukrainian)

اُردو میں لسانی معاونت کے لیے اپنے ID کارڈ پر درج نمبر پر مفت کال کریں۔ (Urdu)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)

פאר שפראך הילף אין אידיש רופט דעם נומער וואס שטייט אויף אייער אידענטיטעט קארטל פריי פון אפצאל. (Yiddish)

Fún ìrànlọwọ nípa èdè (Yorùbá) pe nọmbà tí a kọ sórí káàdì ìdánimọ rẹ lái san owó kankan rárá. (Yoruba)