



# 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	Birth date (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.
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## 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 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 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 at:** [1-800-279-1878 \(TTY 711\)](tel:1-800-279-1878).

**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:** [1-859-280-1272](tel:1-859-280-1272)

## Nondiscrimination

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  
PO Box 818001  
Cleveland, OH 44181-8001  
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**).

**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.

**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**).

**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**)。

**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**).

**TAGALOG: PAUNAWA:** Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

**PERSIAN:** اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

**AMHARIC:** ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ የለ ምንም ክፍያ የቋንቋ ደጋፊ አገልግሎቶችን ማግኘት ይቻላል። በእርስዎ አይ.ዲ ካርድ ላይ ወደቀው ስልክ ቁጥር ወይም በስልክ ቁጥር **1-800-385-4104** (TTY: **711**) ይደውሉ።

**URDU:** توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں۔ اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: **711**) پر رابطہ کریں۔

**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**).

**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**).

**HINDI:** ध्यान दें: यदि आप हिंदी भाषा बोलते हैं तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। अपने आईडी कार्ड के पृष्ठ भाग में दिए गए नम्बर अथवा **1-800-385-4104** (TTY: **711**) पर कॉल करें।

**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.

**BENGALI:** লক্ষ্য করুন: যদি আপনি বাংলায় কথা বলেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। আপনার পরিচয়পত্রের উল্টোদিকে থাকা নম্বরে অথবা **1-800-385-4104** (TTY: **711**) নম্বরে ফোন করুন।

**KRU: TÛ DÈ NÂ JIÈ BÒ:** ε yemâ wlu bèè ñ a po Klào Win, nêè â-â win kwa cetiyò+ ne-lá, i belé-ò bi mà-ò mù bò kó putu bò. Dà nobâ nè ê nea-ò ñ-â jìè jìpolé katèh je ná kpòh, mòò **1-800-385-4104** (TTY: **711**).

**IGBO (IBO): NRỤBAMA:** Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ nomba di n'azụ nke kaadi ID gi ma ọ bụ **1-800-385-4104** (TTY: **711**).

**YORUBA: ÀKÍYÈSÌ:** Tí o bá sọ èdè Yorùbá, àwọn olùrànlọwọ̀ ipèsè èdè tí wá ní lẹ̀ fún ọ̀ lófẹ́, pe nọ́nbà tí ọ̀ wà lẹ́yìn kààdì idánimọ̀ rẹ̀ tàbí **1-800-385-4104** (TTY **711**).