



Removal of Authorization Previously Given to Aetna

ECHS Category - PHIA

AETNA BETTER HEALTH® OF PENNSYLVANIA

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 OK for Aetna Better Health to give your PHI to other people or agencies.
<input type="checkbox"/> Your OK for Aetna Better Health 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 effect actions Aetna Better Health 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 Better Health at: 1-866-638-1232, TTY 7-1-1.

Please sign and return this completed form to: **Aetna Better Health**
HIPAA Member Rights Team
1425 Union Meeting Road
Blue Bell, PA 19422

Or you can fax it to: 215-282-3535

Nondiscrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Aetna 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)

Aetna 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, call Aetna at **1-800-385-4104** (PA Relay: **711**).

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, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Aetna Better Health
ATTN: Complaints and Grievances Department
1425 Union Meeting Road
Blue Bell, PA 19422
1-866-638-1232, PA Relay: 711

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: (717) 787-1127, PA Relay: 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Aetna and the Bureau of Equal Opportunity are 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, DC 20201,
1-800-368-1019, 800-537-7697 (TDD).

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

PA-20-09-19

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-385-4104** (PA Relay: **711**).

SPANISH: ATENCIÓN: Si usted habla español, los servicios de ayuda de idioma, sin ningún costo, están disponibles para usted. Llamar al **1-800-385-4104** (PA Relay: **711**).

RUSSIAN: ВНИМАНИЕ: Если Вы говорите на русском языке, Вам предлагаются бесплатные переводческие услуги. Позвоните по номеру **1-800-385-4104** (PA Relay: **711**).

CHINESE: 注意: 如果您说普通话, 您可以免费获得语言帮助。请致电**1-800-385-4104** (听障专线: **711**)。

VIETNAMESE: LƯU Ý: Nếu quý vị nói [Tiếng Việt], chúng tôi sẽ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số **1-800-385-4104** (PA Relay: **711**).

ARABIC:

1-800-385-4104 يرجى الانتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بالرقم **1-800-385-4104** (إذا كنت تعاني من الصمم أو ضعف السمع فاتصل بخدمات الربط PA Relay على الرقم: **711**)

NEPALI: ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध छन्। **1-800-385-4104** मा फोन गर्नुहोस् (PA Relay: **711**)

KOREAN: 주의: 한국어를 사용하실 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-385-4104**(PA 중계 서비스: **711**)번으로 연락해 주십시오.

MON KHMER: ត្រូវចងចាំ៖ ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ដូចហៅទូរស័ព្ទមកលេខ **1-800-385-4104** (PA Relay: **711**)។

FRENCH: ATTENTION: si vous parlez Français, vous pouvez bénéficier gratuitement des services d'assistance linguistique. Appelez le **1-800-385-4104** (PA Relay: **711**).

BURMESE: ဂရုပြုရန် - သင်သည် ပြန်မာဘာသာစကားကိုပြောဆိုပါက ဘာသာ စကားဆိုင်ရာ အကူအညီပေးသည့် ဝန်ဆောင်မှုများကို သင့်အနေဖြင့် အခမဲ့ရရှိနိုင်ပါသည်။ **1-800-385-4104** (PA ရိုလေး - **711**) ကို ခေါ်ဆိုပါ။

FRENCH CREOLE: ATANSYON: Si ou pale Kreyòl Ayisyen, wap jwenn sèvis asistans pou lang, gratis, ki disponib. Rele nan **1-800-385-4104** (Sèvis Relè PA: **711**).

PORTUGUESE: ATENÇÃO: se falar Português, os serviços gratuitos de assistência linguística estão disponíveis para você. Ligue para **1-800-385-4104** (PA Ramal: **711**).

BENGALI: মন দিয়ে দেখুন: আপনি যদি বাংলা বলেন, আপনার জনস্ব বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ আছে ফোন করুন **1-800-385-4104** (পিএ রিলে: **711**)।

ALBANIAN: VINI RE: Nëse flisni shqip, shërbime të ndihmës gjuhësore janë në dispozicionin tuaj, pa ndonjë pagesë. Telefononi **1-800-385-4104** (Personat me problem në dëgjim, PA Relay: **711**).

GUJARATI: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો ભાષાકીય સેવાઓ વિના મૂલ્યે તમને ઉપલબ્ધ છે. કોલ કરો **1-800-385-4104** (PA રિલે: **711**).

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