



# Authorization For Aetna To Request Protected Health Information

## 1. MEMBER INFORMATION (Information About Person For Whom This Authorization Is Requested.)

Last Name	First Name	Middle Initial
Claim Number	Year of Birth	Daytime Telephone Number (include area code)
Street Address	City, State and ZIP Code	

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING YOUR AUTHORIZATION. YOU MAY REFUSE TO SIGN THIS AUTHORIZATION.

This form requests a Member's unconditioned authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the following purpose(s).


The specific PHI we are asking you to authorize Aetna to request is (This section completed by Aetna.)


2. By signing this form, you will authorize Aetna to request PHI described above from the following persons or organizations (or classes of persons or organizations).


3. Expiration of this Authorization (Select one.)

<input type="checkbox"/> On the following date: ____/____/____ <input type="checkbox"/> When the following event occurs.    
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Please review and complete important information on the reverse of this form.

**4. Important: Your signature below means that you understand and agree to the following.**

- You authorize Aetna to request from the persons or organizations named above the PHI described above for the purposes stated above.
- The information to be disclosed may be protected by law. Information disclosed under this authorization may be redisclosed and no longer protected by federal privacy regulations.
- Your ability to enroll in an Aetna plan, your eligibility for benefits and payment for services will not be affected if you do not sign this form.
- You may revoke the Authorization at any time by notifying Aetna in writing, but if you do that, it won't have any effect on actions that Aetna takes before we received your notice.
- You may receive a copy of this form if you request it in writing from the address listed below.
- You agree that, unless you provide a written restriction in Section 1 above, you have expressly authorized the release to Aetna of information concerning treatment of mental illness, alcohol or substance abuse, Human Immunodeficiency Virus (HIV) infection, or Acquired Immune Deficiency Syndrome (AIDS).

**5. Signature of Member/Insured or Legal Representative.**

Signature of Member/Insured or Legal Representative	Date
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Print Name
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**If not the Member**, describe your relationship to the Member:

Natural or Adoptive Parent of Unemancipated Minor Child

Other Legal Representative

If this authorization is being signed by Member/Insured's legal representative (other than a parent of an unemancipated minor child), you must furnish a copy of the health care power of attorney, or other relevant document designating you as the representative.

**NOTICE TO RECIPIENT(S) OF INFORMATION (Section 2. above):**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individuals' family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. **Please note that it is appropriate under GINA to provide family medical history when an employee is requesting leave to care for a family member.**

To be filled in by Aetna:

**Return this completed form to:**

\_\_\_\_\_ Aetna Business Area Name

\_\_\_\_\_ Aetna Street Address

\_\_\_\_\_ City, State, ZIP Code

\_\_\_\_\_ Attn: Contact Name and Mail Location

**Contact Telephone Number:** \_\_\_\_\_

**Contact Fax Number:** \_\_\_\_\_

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](mailto: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'doowol nínizingo Diné k'ehjí naaltsos bee atah nílįgo nanitinígíí béesh bee hane'è bikáá' áajį' t'áá jíík'e hółne'. (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 աջակցություն (հայերեն) Զանգահարեք թիվը նշված է ձեր ID քարտի ստանդ գնով: (Armenian)

Niba urondera uwugufasha mu Kirundi, twakure ku busa ku inomeru 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 သင့်အိုင်ဒီကတ် ပေါ်တွင် 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), ägang l numiru ni mangaige gi iyo-mu 'ID card', sin gästu.. (Chamorro)



Bé n̄ ké gbo-kpá-kpá dyé dé Bāsóò wùdùùn wēē, dá nòbà bé ɔ cééà bó n̄ dyí-dyòin-béí kǒē bó pídyi.  
(Kru-Bassa)

بو وەرگرتنی رینوینی پتوهندیدار به زمان به زمان به زمانه ی خورایی نووسراو له کارتێ پیناسی خوتاندا په یوه ندی بکهن. (Kurdish)

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ,  
ກະລຸນາໃຫ້ຫາໝາຍເລກທີລະບຸໃນບັດປະຈຳຕົວຂອງທ່ານໃດຍັດສອຍຄ່າໃຫ້. (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 am̄ ejjelok wōnān.  
(Marshallese)

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

សម្រាប់ជំនួយភាសាជា ភាសាខ្មែរ  
សូមទូរស័ព្ទតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នកដោយឥតគិតថ្លៃ។ (Mon-Khmer,  
Cambodian)

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

Tēn kuɔny ɛ thok ɛ Thuŋjǎŋ col akuɛn cī reec ɛ kaaddu kōu kecīn ayōc. (Nilotic-Dinka)

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

Fer Hefle 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 asistență lingvistică în românește telefonați 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 heβu balal e ko yowitii e haala Pular noddee e dñi numero ji lintaaɗi ka kaydi dantite mon. Njodi woo fawaaki on. (Sudanic-Fulfulde)

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

ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ

(Syriac-Assyrian). ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ ܠܗܘܝܢܐ

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

ສຶ່ງກັບຄວາມທ້ອຍເລື້ອຍທຸກໆຄັ້ງການທາງເປັນ (ภาษาไทย) โทรหาหมายเลขที่แสดงไว้บนบัตรประชาชนของคุณ 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 ánnisin chiakú ren (Kapasen Chuuk) kopwe kékkéeri ena nampaan tengewa aa makketiw wóón noumw ena chéén taropween ID nge esapw kamé ngonuk. (Turkese)

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

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

اردو 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 אידיעטיטעט קארטל פריי פון אפצאל. (Yiddish)

Fún iránlọwọ nípa èdè (Yorùbá) pe nọmbà tí a kọ sórí káàdì idánimọ rẹ láì san owó kankan rárá. (Yoruba)