



# Authorization to Release Protected Health Information (PHI)

ECHS Category - PHIA

**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 us 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 Medicaid 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	

“Aetna” also includes Aetna’s subsidiaries, affiliates, employees, agents and subcontractors.

CA GR-69126-15 (8-22)

**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)
- Long term care     Patient management records

**Sensitive Information: (this information may include diagnosis and/or treatment information)**

- Substance use disorder (alcohol/drug)     HIV/AIDS     Sexually transmitted diseases
- Behavioral health/Mental health (but NOT psychotherapy notes).
- Other sensitive services (such as gender affirming care or sexual or reproductive health)
- 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

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**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
  - Behavioral/Mental health conditions
  - Substance use disorder diagnosis or treatment (alcohol/drug)
  - 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 will not share my PHI with whom I named unless I sign this form, and not with anyone else.

**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:
    - Behavioral/Mental health conditions
    - Substance use disorder diagnosis or treatment (alcohol/drug)
    - 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)	

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**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 California at 1-855-772-9076.

**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: 859-280-1272**

## NONDISCRIMINATION NOTICE

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Discrimination is against the law. Aetna Better Health of California follows State and Federal civil rights laws. Aetna Better Health of California does not discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Aetna Better Health of California provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 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, contact Aetna Better Health of California 24 hours a day, 7 days a week by calling **1-855-772-9076**. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Aetna Better Health of California  
10260 Meanley Drive  
San Diego, CA 92131  
**1-855-772-9076 (TTY: 711)**

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### HOW TO FILE A GRIEVANCE

If you believe that Aetna Better Health of California has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Aetna Better Health of California. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Aetna Better Health of California 24 hours a day, 7 days a week by calling **1-855-772-9076**. Or, if you cannot hear or speak well, please call **TTY 711**.

- In writing: Fill out a complaint form or write a letter and send it to:  
**Aetna Better Health of California  
Civil Rights Coordinator  
10260 Meanley Drive  
San Diego, CA 92131**
- In person: Visit your doctor's office or Aetna Better Health of California and say you want to file a grievance.
- Electronically: Visit Aetna Better Health of California's website at **[AetnaBetterHealth.com/California](http://AetnaBetterHealth.com/California)**.

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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:  
**Deputy Director, Office of Civil Rights  
Department of Health Care  
Services Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**  
Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
- Electronically: Send an email to **[CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)**.

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## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:  
**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**  
Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.
- Electronically: Visit the Office for Civil Rights Complaint Portal at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**

**[AetnaBetterHealth.com/California](http://AetnaBetterHealth.com/California)**

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## TAGLINES

### English Tagline

ATTENTION: If you need help in your language call **1-800-385-4101 (TTY: 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-385-4101 (TTY: 711)**. These services are free of charge.

### الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-385-4101 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-385-4101 (TTY: 711). هذه الخدمات مجانية.

### Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-800-385-4101 (TTY: 711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1-800-385-4101 (TTY: 711)**: Այդ ծառայություններն անվճար են:

### ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-385-4101 (TTY: 711)។ ជំនួយ នឹង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-385-4101 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### 简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-800-385-4101 (TTY: 711)**。另外还 提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-800-385-4101 (TTY: 711)**。这些服务都是免费的。

### مطلب به زبان فارسی (Farsi)

توجه: اگر م یخواهید به زبان خود کمک دریافت کنید، با **1 800-385-4101 (TTY: 711)** تماس بگیرید. کم کها و خدمات مخصوص افراد دارای معلولیت، مانند نسخ ههای خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-800-385-4101 (TTY: 711)** تماس بگیرید. این خدمات رایگان ارائه میشوند .

### हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-800-385-4101 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-800-385-4101 (TTY: 711)** पर कॉल कर। य सेवाएं नि:शुल्क हैं।

## **Nge Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-800-385-4101 (TTY: 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-800-3854101 (TTY: 711)**. Cov kev pab cuam no yog pab dawb xwb.

## **日本語表記 (Japanese)**

注意日本語での対応が必要な場合は **1-800-385-4101 (TTY: 711)** へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

**1-800-385-4101 (TTY: 711)** へお電話ください。これらのサービスは無料で提供しています。

## **한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-800-385-4101 (TTY: 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-800-385-4101 (TTY: 711)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

## **ເທກໄລພາສາລາວ (Laotian)**

ປະກາດ: ັຖາທ່ານ ັຕອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງ ັທານໃຫ້ ໂທຫາ ັບ

**1-800-385-4101 (TTY: 711)**. ັຍງົມຄວາມຊ່ວຍ ັຫຼື ັຕອດເລກການ ັບລການສ່າ ັລບຄົ

ນິພການ ັເລນເອກະສານ ັບ ັອກສອນບຸນແລະ ັມໃຕ້ພາໃຫ ັຍ ັຫໂທຫາ ັບ

**1-800-385-4101 (TTY: 711)**. ການບິດການ ັຫຼື ັບ ັຕອງເສຍຄ່າ ັໃຊ້ ັາຍໃດໆ.

## **Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-800-385-4101 (TTY: 711)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-800-385-4101 (TTY: 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

## **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-385-4101 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-385-4101 (TTY: 711).

ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

## **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-800-385-4101 (TTY: 711)**. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-800-385-4101 (TTY: 711)**. Такие услуги предоставляются бесплатно.



### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-800-385-4101 (TTY: 711)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-800-385-4101 (TTY: 711)**. Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-800-385-4101 (TTY: 711)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-385-4101 (TTY: 711)**. Libre ang mga serbisyonang ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณ ้ต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-385-4101 (TTY: 711)** นอกจากนี้ ี้ ยังพร้อมให้ ้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ ้วยตัวอักษรขนาดใหญ่ ้ กรุณาโทรศัพท์ไปที่ **1-800-385-4101 (TTY: 711)** ไม่มีค่าใช้จ่าย ้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-800-385-4101 (TTY: 711)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-800-385-4101 (TTY: 711)**. Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-800-385-4101 (TTY: 711)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-800-385-4101 (TTY: 711)**. Các dịch vụ này đều miễn phí.