



Authorization For Aetna to Disclose Protected Health Information (PHI) for Health and Disability Benefits Coordination

This authorization allows Aetna to disclose protected health information (PHI) to Aetna Disability Services which will be used to coordinate management of health care and disability benefits.

- Your ability to enroll in an Aetna plan, and your eligibility for benefits and payment for services, will not be affected if you do not sign this form.
- PHI provided under this authorization may include application or enrollment information, claim records, claim status and patient management information, diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, including HIV/AIDS, and/or genetic marker information.
- Once PHI is provided to Aetna Disability Services, it is not protected by federal HIPAA privacy regulation but *is* protected by Aetna Privacy Policies.
- This authorization will expire twelve months after you sign this form, unless you direct us to terminate the authorization sooner. You may revoke this authorization at any time by notifying us in writing at the address below. The cancellation will apply from the date we receive your written notification.
- You may receive a copy of this form by requesting it in writing at the address below.
- You have a right to inspect or copy the PHI described above.
- Please return completed, signed authorization to the address below.

I hereby authorize Aetna and any of its parents, subsidiaries, or other affiliates (including, but not limited to, Active Health Management, Inc., Aetna’s affiliated HMOs and Aetna Integrated Informatics, Inc.) and their respective employees, agents and subcontractors, to disclose Protected Health Information (PHI) of the member/insured listed below to Aetna Disability Services.

1. Member Information

Last Name	First Name	MI
Member ID Number or Social Security Number		Birth Date (MM/DD/YYYY)
Street Address	City, State	ZIP Code

2. Signature of Member/Insured or Legal Representative

Signature of Member/Insured or Legal Representative	Date
Print Name	
Please Check One: <input type="checkbox"/> Insured <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Legal Representative*	
* Legal Representatives must furnish a copy of the healthcare power of attorney or other relevant document designating you as the representative.	

Mail Form To: Aetna Inc.
 PO Box 14560
 Lexington, KY 40512-4560

Fax Number: 1-866-667-1987

Referring Aetna Office: _____

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

We provide 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.

Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢၣ်တၢ်ကမၤကျိၣ်တၢ်မၤၤၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢၣ်တၢ်အိၣ်ဒီးအပူၤလၢၣ်နကဘၣ်ဟ့ၣ်အိၣ်အဂီၢ်ကိးဘၣ်လိတံစိနီၣ်ဂံၢ်လၢၣ်အိၣ်လၢၣ်နခိၣ်ဂီၢ် ၀ (၅၅) အလီၤတၢ်ကၤၤၤ
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێر اگەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەيوەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອຂ້າຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjeļok wōņean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	<i>T'áá ni nizaad k'ehjí bee níká a'doowoł doo b́ááh ilnígóó naaltsoos bee atah nílįigo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áąjį' hólne'.</i>
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kør keek tënɔŋ yin. Ke yin cɔl ran ye koc kuony në namba de abac tö në ID kard duön de tiit de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.

