aetna®

Request for an Accounting of Disclosures of Protected Health Information (PHI)

ECHS Category - PHIA

AETNA BETTER HEALTH® OF PENNSYLVANIA

Protected Health Information (PHI) means information about your health.
This form must be completed and signed to process this request.

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. Description of the Accounting Report

Once we get this signed request form, we will send you the Accounting Report.

The disclosures on the report are for reasons other than “treatment,” “payment,” or “health care operations.”

3. Accounting Report time period cannot be longer than six (6) years from the request date.

My request is for the dates below:

_____ to _____

MM/DD/YYYY MM/DD/YYYY

4. Where do you want this Accounting Report to be sent?

Who is receiving this Accounting Report?

☐ Member ☐ Member’s Legal Representative ☐ Member’s Natural or Adoptive Parent

Print name of recipient

Recipient’s street address

City, state, ZIP code

Important Information:

- By signing this form, I allow Aetna Better Health to give an Accounting of Disclosures of PHI Report about the Member named in **Section 1** to the recipient named in **Section 4**.
- This approval is only for this request.
- Information in this report could be re-disclosed by the recipient and may no longer be protected by federal or state privacy laws.
- Disclosures older than six years from when this request was made will not be included.

5. 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)	

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, PA Relay: 711.

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**

Please allow 60 days for our response.

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:

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: तपाई नेपाली बोल्नुहुन्छ भने तपाईका लागि नि:शुल्क 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៖ ប្រសិនបើលោកអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមហៅទូរស័ព្ទមកលេខ **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 မြန်မာဘာသာစကားကိုပြောဆိုပါက ဘာသာ စကားဆိုင်ရာ အကူအညီပေးသည့် ဝန်ဆောင်မှုများကို သင့်အနေဖြင့် အခမဲ့ရရှိနိုင်ပါသည်။ **1-800-385-4104** (PA ရီလေး - **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 জনয্ বিনামূলেয্ 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. કૉલ કરો **1-800-385-4104** (PA રિલે: **711**).

PA-17-10-09