

# Protected Health Information (PHI) Access Request

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

## 1. Who is the SoonerSelect 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 a PHI Report

Once we get this signed request form, we will provide you with a PHI Report. The report will have the last 24 months of PHI data that we have. If you want PHI for different dates, fill in the dates below.

From: \_\_\_\_\_ To: \_\_\_\_\_

If you have Long Term Care (LTC) benefits and want that information, check the correct box below.

I want the report to include LTC information       I only want LTC information in the report.

## 3. Where do you want this PHI Report to be sent?

Who is receiving this PHI Report? <input type="checkbox"/> Member <input type="checkbox"/> Member's Legal Representative <input type="checkbox"/> Member's Natural or Adoptive Parent
Print name of recipient
Recipient's street
City, state, ZIP code

**Important Information:**

- By signing this form, I allow Aetna Better Health of Oklahoma to give PHI about the Member named in **Section 1** to the recipient named in **Section 3**.
- This approval is only for this request.
- This report may include information about chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually transmitted diseases, HIV/AIDS, and/or genetic marker.
- This PHI Report does not include psychotherapy notes.
- Information in this report could be re-disclosed by the recipient and may no longer be protected by federal or state privacy laws.

**4. 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 of Oklahoma at: [1-844-365-4385](tel:1-844-365-4385).

**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**

Please allow 30 days for our response.



## Aetna Better Health® of Oklahoma

### Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

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 or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator  
4750 S. 44th Place, Suite 150  
Phoenix, AZ 85040-4015

Telephone: **1-888-234-7358 (TTY 711)**

Email: **MedicaidCRCoordinator@aetna.com**

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is 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, D.C. 20201, **1-800-368-1019**, **1-800-537-7697 (TDD)**.

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

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**Multi-language Interpreter Services**

**ENGLISH:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1 844-365-4385 (TTY: 711)**.

**SPANISH:** ESPAÑOL: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1 844-365-4385 (TTY: 711)**.

**VIETNAMESE:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1 844-365-4385 (TTY: 711)**.

**TRADITIONAL CHINESE:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1 844-365-4385 (TTY: 711)**。

**KOREAN:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1 844-365-4385 (TTY: 711)**.

**GERMAN:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1 844-365-4385 (TTY: 711)**.

**Arabic:** ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1 844-365-4385 (TTY: 711)**

**HMONG:** LUS CEEV: Yog tias koj hais Lus Hmoob, ces yuav muaj kev pab txhais lus pub dawb rau koj. Hu rau **1 844-365-4385 (TTY: 711)**.

**TAGALOG:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1 844-365-4385 (TTY: 711)**.

**FRENCH:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1 844-365-4385 (TTY: 711)**.

**LAO:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ຈະມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທຫາຕີ **1 844-365-4385 (TTY: 711)**.

**THAI:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1 844-365-4385 (TTY: 711)**.

**CHEROKEE:** ᏆᏍᏏᏉᏗ ᏌᏍᏗ ᏍᏗᏂᏂᏗ ᏂᏗᏂᏗ, ᏍᏗᏂᏂᏗ ᏌᏍᏗᏂᏂᏗ ᏌᏍᏗᏂᏂᏗ ᏌᏍᏗᏂᏂᏗ, ᏌᏍᏗᏂᏂᏗ ᏌᏍᏗᏂᏂᏗ ᏌᏍᏗᏂᏂᏗ ᏌᏍᏗᏂᏂᏗ. ᏌᏍᏗᏂᏂᏗ **1 844-365-4385 (TTY: 711)**.

**Farsi:** توجه : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره **1 844-365-4385 (TTY: 711)** تماس بگیرید.

**Urdu:** خریدار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1 844-365-4385 (TTY: 711)**

**BURMESE:** မြန်မာ - သတိ - သင်မြန်မာစကားပြောဆိုပါက သင့်ထံ ဘာသာစကား ကူညီပံ့ပိုးရေး ဝန်ဆောင်မှုများကို အခမဲ့ ပေးဆောင်သွားပါမည်။ သင့်အိုင်ဒီကတ်၏ကျောဘက်ရှိ နံပါတ် သို့မဟုတ် **1 844-365-4385 (TTY: 711) သို့ ခေါ်ဆိုပါ။**