

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

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 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 of Oklahoma 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 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 60 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>**.

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, and its affiliates.

1. Who is the Medicaid Member?

First name [REDACTED]	Last name [REDACTED]	Middle initial [REDACTED]
Member ID number [REDACTED]	Birth date (MM/DD/YYYY) [REDACTED]	Phone number [REDACTED]
Street [REDACTED]		
City, state, ZIP code [REDACTED]		

Readability Statistics

Counts	
Words	27
Characters	125
Paragraphs	9
Sentences	1
Averages	
Sentences per Paragraph	1.0
Words per Sentence	6.0
Characters per Word	4.0
Readability	
Flesch Reading Ease	59.7
Flesch-Kincaid Grade Level	6.4
Passive Sentences	0.0%

OK