



Protected Health Information (PHI) Access Request Form

This form needs to be completed and signed, where appropriate, for Innovation Health to process the request. If you want to receive information for more than one Member, please submit a separate, completed form for each Member.

1. Member Information (Information About Person Whose Records are Being Requested.)

Last Name		First Name		Middle Initial
I.D. Number	Social Security Number	Birth Date (MM/DD/YYYY)	Daytime Telephone Number (include area code)	
Street Address		City, State and ZIP Code		

2. Subscriber Information

(The Subscriber is usually the employee who obtains coverage for his or her family. Please complete this Section if the Subscriber is not the Member whose records are being requested.) This Section does not apply to Long Term Care.

Last Name		First Name		Middle Initial
I.D. Number	Social Security Number	Birth Date (MM/DD/YYYY)	Daytime Telephone Number (include area code)	
Street Address		City, State and ZIP Code		

3. Description of PHI Access Reports

Upon receipt of this signed PHI Access Request Form, we will provide a PHI Access Report containing the most recent 3 months of on-line medical, dental, and pharmacy claim data that we have in our possession. If this PHI Access Report is sufficient, you do not need to select any of the options in this Section but you must complete Section 4 or 5, whichever applies to this request. Indicate below if you have a more specific request.

If instead of the most recent 3 months of claim data, you prefer for the PHI Access Report to include claim data over a different period, please indicate the date range below:

From: _____ To: _____

If you receive reimbursements for medical expenses through a Flexible Spending Account (FSA) administered by Aetna and would like a report of FSA payments sent, please check the appropriate box below, complete the rest of this PHI Access Request Form (including the necessary signature in Section 4 or 5, whichever applies), and, in addition, have the Subscriber or the Subscriber's Legal Representative sign the authorization in Section 4 or 5, as appropriate.

- I want the PHI Access Report to include FSA information
 I only want FSA information sent

If you receive benefits from Aetna's Long Term Care (LTC) plan and would like LTC information sent, please check the appropriate box below:

- I want the PHI Access Report to include LTC information
 I only want LTC information sent

Important Notice to Individual(s) signing this PHI Access Request Form:

- The PHI Access Report provided in response to this request may include diagnosis and treatment information, such as information on chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker information.
- Any requested Flexible Spending Account (FSA) information will include information for all of the Subscriber's covered dependents.

4. If the PHI Access Report is to be sent to the Member, the Member's Legal Representative or the Member's Parent if the Member is an unemancipated minor child, the recipient must complete Section 4.

The recipient of the PHI Access Report is:	
<input type="checkbox"/> Member <input type="checkbox"/> Member's Legal Representative <input type="checkbox"/> Member's Natural or Adoptive Parent (authorized by law to act on behalf of the unemancipated minor child identified in Section 1)	
Signature of Recipient	Date
Print Name of Recipient	
Recipient's Street Address	City, State and ZIP Code
Signature of Subscriber or Subscriber's Legal Representative (<i>required if FSA information is to be included</i>)	Date
Print Name of Subscriber's Legal Representative (<i>if applicable</i>)	

If this request is signed by the Member's Legal Representative or the Subscriber's Legal Representative, you must furnish a copy of the health care power of attorney or other relevant document legally authorizing the Legal Representative to act on behalf of the Member or Subscriber, as applicable.

5. Authorization for Release of PHI (to be completed if the PHI Access Report is to be sent to someone other than the Member, the Member's Legal Representative, or the Member's Parent if the Member is an unemancipated minor child)

I hereby authorize Innovation Health Insurance Company and/or, Innovation Health Plan, Inc., and any of its parents, subsidiaries, affiliates and their respective employees, agents and subcontractors, to disclose PHI concerning the Member identified below.		
Signature of Member, Member's Legal Representative, or the Member's Natural or Adoptive Parent (authorized by law to act on behalf of the unemancipated minor identified in Section 1)	Date	
Print Name of Member, Member's Legal Representative, or Member's Parent		
Signature of Subscriber or Subscriber's Legal Representative (<i>required if FSA information is to be included</i>)	Date	
Print Name of Subscriber's Legal Representative (<i>if applicable</i>)		
Authorized Recipient's Last Name	First Name	Middle Initial
Authorized Recipient's Street Address	City, State and ZIP Code	

6. How to Return This Form

<p>Return this completed form to: HIPAA Member Rights Department PO Box 14079 Lexington, KY 40512-4079 Fax: 859-280-1272</p> <p>Please allow 30 days for our response.</p>

Nondiscrimination Notice

Innovation Health 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,
[1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711),
Fax: 859-425-3379, 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](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD).

Innovation Health® is the brand name used for products and services provided by Innovation Health Insurance Company or Innovation Health Plan, Inc. Innovation Health is an affiliate of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to Innovation Health. Aetna is part of the CVS Health® family of companies.

Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughị ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
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	လၢတၢ်ကမ္ဘာ့ကိရိတၢ်မၤစၢ်အတၢ်ဖံးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢတၢ်နကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်ကိးဘၣ်လိတဲစိနီၣ်ကံၤလၢတၢ်အိၣ်လၢတၢ်နနီၣ်ကံၤ ၁ (၅၅) အလံၤတၢ်ကၢၤၤ
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	بۆ دەسپێرێت گه‌شتن به‌ خزمه‌تگه‌زاره‌ی زمان به‌ی تێچوون بۆ تۆ، په‌یوه‌ندی بکه‌ به‌ ژماره‌ی سه‌ر ئای دی (ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເປີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमाकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjeļok wōñean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo am̄.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo báááh ílínígóó naaltsoos bee atah nílįigo nanitinígíí bee néého'dólzínígíí béésh bee hane'í biká'ígíí áajį' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cïn 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 grieye 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.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܘܦܬܐ ܗܘܕܘܡܐ ܙܐ ܠܘܒܗܐ ܒܝܠܐ ܡܠܝܦܐ ܟܘܟܘܐ, ܦܝܓܐ ܢܡܒܪܝ ܝܠܝܘ ܟܘܢܝܝܐ ܟܘܕܝ ܝܐܟܘ ܝܐ ܟܝܬܡܒܘܠܝܫܘ.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่เสียค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовно отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیسہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פאריי פון אפצאל, רופט דעם נומער אויף איינער ID קארטל.
Yoruba	Láti ráyèsí àwọn isẹ̀ èdè fún ọ́ lófìfẹ́, pe nọmbà tó wà lóri káàdì idánimọ̀ rẹ.