



Authorization to Release Psychotherapy Notes

Use this form if you want your mental health care provider to share your psychotherapy notes with Aetna Better Health.

Psychotherapy notes are made by your mental health care provider. These notes are records of your talks with your mental health care provider during counseling sessions. Your mental health care provider keeps these notes separate from your medical records.

1. Who is the Member?

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

2. I OK this Mental Health Care Provider to share my psychotherapy notes.

Mental Health Care Provider	Phone number
Street	
City, state, ZIP code	

3. I OK this Person or Company to receive my psychotherapy notes.

Person or company name Aetna Better Health¹,	Phone number
Street	
City, state, ZIP code	

¹ NOTICE TO RECIPIENT(S) OF INFORMATION:

Information disclosed to Aetna Better Health pertaining to certain conditions, such as treatment for alcohol or drug abuse, HIV/AIDS and other sexually transmitted diseases, behavioral health, and genetic marker information is protected by various federal and state laws which prohibit any further disclosure of this information by Aetna Better Health without the express written consent of the person to whom it pertains or as otherwise permitted by such laws. Any unauthorized further disclosure in violation of state or federal law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient consent for release of these types of information. The federal rule at 42 CFR Part 2 restricts use of the information disclosed to criminally investigate or prosecute any alcohol or drug abuse patient.

"Aetna" also includes Aetna's subsidiaries, affiliates, employees, agents and subcontractors.

4. Why are you giving out these psychotherapy notes?

Reason/Purpose:

My **OK** is to disclose psychotherapy notes **only**. I understand that these notes may have information on medical care or treatment for substance abuse. Also, information about acts of domestic abuse, or HIV/AIDS or other communicable or sexually transmitted diseases. And any treatment that may have been given by other health care providers.

5. The psychotherapy notes I OK are for the following dates of service:

By signing below, I understand and agree:

- I can take back my **OK** by asking my mental health care provider named in section 2.
- If you take back your **OK** it won't take back the PHI we already received.
- My chance to sign up for insurance will not change if I don't sign this form.
- Whoever gets my information may share it with others. That means laws may not be able to protect my information.
- I can get a copy of this **OK** by writing to the address in section 3 of this form.

ATTENTION:

- I must sign this form if any of the options below apply.
- I am 18 years of age or older.
 - I am under 18 years of age and I am married or emancipated.
 - My state allows me to be treated even if my parents or legal guardian do not agree.
 - My psychotherapy notes being shared may include one of the below conditions:
 - Substance use disorder diagnosis or treatment
 - Mental health
 - Sexually transmitted disease (including HIV/AIDS)
 - Reproductive health (including contraception, prenatal care and abortion)
 - General medical and dental health

6. 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)	

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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:

1-800-385-4104 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: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क 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: ព្រះចៅព្រះបាទ: 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 ရိုလေး - **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 জনম্ বিনামূল্যে 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. કોલ કરો **1-800-385-4104** (PA રિલે: **711**).

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