Banner | aetna

Revocation of Authorization Previously Given to Banner|Aetna

1. Member Information (Information about person who is revoking authorization)

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

2. Authorization To Be Revoked *(Check The Appropriate Box.)*

- ☐ Authorization for Banner|Aetna to Disclose Health Information to Other Persons or Organizations
- ☐ Authorization for Banner|Aetna to Request Health Information from Other Persons or Organizations
- ☐ Authorization for Other Persons or Organizations to Disclose Health Information to Banner|Aetna

Note: If we have more than one authorization on file for a category, ALL will be revoked unless you provide a copy of the specific authorization you are revoking.

3. Important: *Your signature below means that you understand and agree to the following:*

- You revoke your authorization(s) as indicated above for Banner|Aetna to either use and/or disclose your protected health information, or to request it from others.
- You understand that revocation of your authorization will not have any effect on actions that Banner|Aetna took before we received your notification.
- You may receive a copy of this form if you request it in writing from the address listed below.

Signature of Member or Legal Representative	Date
Print Name of Member's Legal Representative *(if applicable)*	

If this request is being made or signed by the Member's Legal Representative, you must furnish a copy of the power of attorney or other relevant document designating you as the representative.

Return this completed form to: HIPAA Member Rights Department
PO Box 14079
Lexington, KY 40512-4079
Fax: (860) 907-3017

Nondiscrimination Notice

Banner|Aetna complies with applicable Federal civil rights laws and does not 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, TTY: 711
Fax: 859-425-3379
E-mail: **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, 800-537-7697 (TDD).

Banner|Aetna is the brand name used for products and services provided by Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. Health benefits and health insurance plans are offered and/or underwritten by Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna). Each insurer has sole financial responsibility for its own products. Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. are affiliates of Banner Health and, of Aetna and its affiliates (Aetna). Aetna provides certain management services to Banner|Aetna.

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bąąh ílínígóó naaltsoos bee atah nílį́igo nanitinígíí bee nééhoʼdólzinígíí béésh bee hane'í bikáá' áajįʼ hólne'. (Navajo)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Для получения бесплатной помощи переводчика позвоните по телефону, указанному на Вашей личной карточке медицинского страхования. (Russian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

ܐܢ ܚܫܒܩܐ ܬܠܘܢ ܓܠ ܝܠܦܬܐ ܕܫܢܐ ܡܓܢܢܐ ܡܫܚܠܦܢܘܬܐ، ܩܪܒܘܢ ܡܢܝܢܐ ܓܠ ܦܬܩܐ ܕܫܘܕܥܘܬܐ ܕܝܘܟܘܢ. (Syriac-Assyrian)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. (Serbo-Croatian)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)