



Rhode Island Confidential Communications Request Form

You have the right to have your Confidential Healthcare Information* sent directly to you instead of to the person who pays for your health insurance plan. For instance, you can request your Confidential Healthcare Information be sent to a specific address, email, or phone number of your choosing.

To make this request, you must complete all fields on the form below, sign, and mail or fax the form to us at:

Return this completed form to:

Address: Aetna HIPAA Member Rights Team
P.O. Box 14079
Lexington, KY 40512-4079

Fax: (859) 280-1272

You may also make this request by contacting Member Services at the number listed on the back of your ID card.

**DO NOT USE THIS FORM TO REQUEST A CHANGE OF ADDRESS
OR UPDATE A PHONE NUMBER**

If you need assistance in completing this form, or with a change of address, please call the Member Services number listed on the back of your ID Card.

* "Confidential Healthcare Information" means all information relating to a patient's healthcare history, diagnosis, condition, treatment, or evaluation obtained from a healthcare provider who has treated the patient.



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Please note: Your request will be complete within 10 calendar days of receipt.

1. Your Information

Your first name	Middle initial	Last name
Your member ID number	Birth date (MM/DD/YYYY)	Phone number
Your street	City, State, ZIP code	

Tell us how we should contact you. Some laws may require certain communications to be in writing, so an alternate mailing address is required to ensure confidentiality. We will send communications to your email address only if permitted by law.

2. Preferred Contact

<input type="checkbox"/>	U.S. mail at this address: (Required)	
<input type="checkbox"/>	Email at this email address:	
<input type="checkbox"/>	Phone call to the following number:	
<input type="checkbox"/>	Send to my authorized representative: (provide name & contact information)	

IMPORTANT! The following section MUST be completed:

3. Provide a phone number or email address to contact you if there are questions about this request.

Phone number	Email address
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4. Your signature or your legal representative's signature

Signature	Date:
Printed Name:	



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PLEASE READ THE FOLLOWING INFORMATION:

- This confidential communication request will remain valid until you or your authorized representative submits a revocation request, or a new confidential communication request is submitted. To submit a revocation request contact Member Services at the number on the back of your ID card.
- If this request is being signed by the member's legal representative, legal documentation authorizing the legal representative to act on the member's behalf must be provided (e.g., legal guardianship, power of attorney, personal representative).
- For minor dependents - Legal documentation (divorce decree or custody paperwork) is required before making changes on behalf of a minor child, unless both custodial parents agree to the changes and that is confirmed with both parents on a phone call. Both parents can confirm this request by calling Member Services at the number on your ID card.
- Rhode Island State law defines "Confidential communications request" to mean a request by an insured individual or authorized representative covered under a health insurance policy that insurance communications containing confidential healthcare information be communicated to him or her at a specific mail or email address or specific telephone number, as designated by the insured individual or authorized representative.



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Aetna 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
(CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), 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).

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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Lao	ເພື່ອຂໍ້າຖົງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Igbo	Inweta enyemaka asụsụ na akwughị ugwo obula, kpọọ nomba nọ na kaadi njirimara gị!
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Yoruba	Láti ráyèsí àwọn isẹ̀ èdè fún ọ̀ lófèṣẹ̀, pe nọmbà tò wà lórí káàdì idánimò rẹ.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.