



# Revocation of Authorization Previously Given to Allina Health | 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.)

<input type="checkbox"/>	Authorization for Allina Health   Aetna to Disclose Health Information to Other Persons or Organizations
<input type="checkbox"/>	Authorization for Allina Health   Aetna to Request Health Information from Other Persons or Organizations
<input type="checkbox"/>	Authorization for Other Persons or Organizations to Disclose Health Information to Allina Health   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:

<ul style="list-style-type: none"> <li>You revoke your authorization(s) as indicated above for Allina Health   Aetna to either use and/or disclose your protected health information, or to request it from others.</li> <li>You understand that revocation of your authorization will not have any effect on actions that Allina Health   Aetna took before we received your notification.</li> <li>You may receive a copy of this form if you request it in writing from the address listed below.</li> </ul>	
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**

Allina Health | 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,  
**1-800-648-7817**, TTY: **711**,  
Fax: **859-425-3379**, [CRCoordinator@aetna.com](mailto: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).

**Health plans are offered, underwritten or administered by Allina Health and Aetna Insurance Company (Allina Health | Aetna). Allina Health | Aetna is an affiliate of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to Allina Health | Aetna. Allina Health | Aetna has sole financial responsibility for its own products.**

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.
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
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
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Lao	ເພື່ອເຂົ້າໃຊ້ບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ።
Karen	လၢတၢကမူၤကျိၣ်တၢမၤစၢအတၢဖံးတၢမၤတဖၣ် လၢတၢအိၣ်ဒီးအဖၢလၢတၢနကဘၣ်ဟ့ၣ်အိၣ်အကျိၣ်ကိးဘၣ်လီတဲၣ်စိနီၣ်ကံၤလၢတၢအိၣ်လၢတၢနခိၣ်ကိ ၁ (ရှီ) အလံၤတက့ၢရှီ
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
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.

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