Authorization of Enrollee

Disclosure of Healthcare Information	I authorize any physician, other healthcare professional, hospital, other healthcare institution and my employer to disclose, at any time and to the extent allowed by law, to Aetna Life Insurance Company or an affiliated entity ("Aetna"), information concerning healthcare (including dental) advice, treatment or supplies provided to my spouse or dependents or to myself, including those involving mental health, substance abuse and HIV/AIDS ("healthcare information").
Redisclosure of Healthcare Information	I also authorize Aetna to redisclose the healthcare information to my employer, healthcare professionals and institutions, independent claims administrators, utilization review organizations and reinsurers or other insurers with which Aetna has contracted.
Purpose of Disclosure/ Redisclosure	The healthcare information will be used for the coordination of patient care, administration of benefits, quality management and audit of services, and for fulfilling obligations imposed on Aetna by contract or law.
Dependents' Authorization	I have discussed the terms of this authorization with my spouse and competent adult dependents, and I have obtained their consent to the release of their healthcare information pursuant to this authorization.
Insured's Rights	I understand that I may review and offer corrections to the healthcare information, except information about me or my dependents that relates to claims or civil or criminal proceedings involving me or my dependents. I also understand I may revoke this authorization at any time, except to the extent it has been relied on by Aetna or other party. In addition, I understand that I may receive a copy of this authorization and that a copy of this authorization is as valid as the original.
Duration of Authorization	This authorization shall remain valid for the term of this coverage or for so long as allowed by law.
Payroll Deductions and Other Payments	I request the coverage which I have indicated and for which I am eligible. I authorize deductions from my earnings for any contributions required for healthcare coverage, and I agree to make any necessary payments as required for coverage.
Misrepresentations	I understand it is unlawful for me or my dependents to knowingly provide false, incomplete or misleading facts or information to Aetna for the purpose of defrauding or attempting to defraud Aetna. Penalties may include imprisonment, fines, denial of coverage, rescission of benefits, and legal damages.
Independent Contractors	Applicant acknowledges that Aetna Life Insurance Company's participating providers, including all participating primary care physicians, are independent contractors and are not agents or employees of Aetna Life Insurance Company.