

Authorization for release of protected health information and testimonial/opinion statements

I hereby authorize Texas Health + Aetna Health Insurance Company, Texas Health + Aetna Health Plan Inc. and any and all of their parents, subsidiaries, affiliates (including but not limited to Aetna and Texas Health Resources), contractors, subcontractors, partners and joint venturers, and their respective officers, directors, agents, employees, attorneys and representatives (collectively, "Texas Health Aetna"), to use my name, state of residence, still photographs, video and/or sound recordings of me, statements made by me and confidential information and testimonial/opinion statements about me in Texas Health Aetna marketing communications and/or advertising materials, including television and/or radio ads, related to Texas Health Aetna health plan(s).

The information that I authorize Texas Health Aetna to use and disclose by this Authorization includes information about my personal experiences with and/or opinions related to Texas Health Aetna health plan(s) in which I was enrolled, including information about my experience with and/or opinions about enrollment, eligibility or coverage under such insurance policy or benefits plan, and communications concerning such matters.

The authorized information that I authorize Texas Health Aetna to disclose by this Authorization may also include information and documents concerning diagnosis and treatment information, information pertaining to chronic diseases, behavioral health conditions, psychological and psychiatric counseling or treatment, alcohol or substance abuse, communicable diseases, including HIV/AIDS, and/or genetic marker information, and any and all other information relating to my health, medical or mental conditions, medical or mental health treatment or health or other insurance that I would otherwise be entitled to keep confidential under state or federal laws or regulations.

I understand that Texas Health Aetna may not condition payment, enrollment or eligibility for benefits based on this Authorization.

I hereby release Texas Health Aetna from any and all claims that I may have against Texas Health Aetna for or relating to the use of my information for the purpose described above.

This Authorization shall remain valid for one year from the date signed unless sooner revoked in writing sent by certified mail to:

Attn: Genevieve Caruncho-Simpson
612 E. Lamar Blvd., Suite 100
Arlington, TX 76011

I agree that any such revocation will not have any effect on actions taken by Texas Health Aetna in reliance on the Authorization before actual receipt of the revocation by the person identified above.

When I checked the box with my member story submission, I verified that I have read this Authorization and consent to and agree with its terms.