



## Request for Counseling Services

1. Name \_\_\_\_\_.

Address \_\_\_\_\_.

Email Address \_\_\_\_\_.

2. I am requesting counseling services for myself and/or members of my family relating to an incident involving the mailing of a benefits notice to me in an envelope that may have enabled the viewing of certain of my protected health information ("PHI") by unauthorized third parties (the "Mailing").

3. I request that Aetna provide me up to three counseling sessions. Aetna will pay all costs related to the counseling sessions for services from accredited or licensed healthcare providers that participate in Aetna's health plan networks. I can locate participating providers in my area using DocFind on Aetna.com. I understand that not all of the costs for the counseling sessions may be payable under this program if I seek services from a provider who is not in Aetna's network of providers. Aetna will pay non-network providers their routine billed charges up to a maximum of \$300 per counseling session.

4. I further understand that Aetna will send me information via email that I will present to the healthcare provider at the time of the service in order for the services to be paid under this program.

5. I understand that any amounts received from Aetna may be offset or credited against any total amounts that Aetna may agree or be required to pay in any potential legal, regulatory, or other proceeding, including in settlement.

6. I also understand that Aetna's payment of any portion of my request does not constitute in any way an admission of liability or a waiver of any of Aetna's claims or defenses, nor does my acceptance of such payment constitute a release of any possible claims against Aetna.

I hereby certify and declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Please email this form and any attachments to [Counselingrequests@AETNA.com](mailto:Counselingrequests@AETNA.com).

Dated: \_\_\_\_\_  
(mm/dd/yyyy)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_