



DC Notice of Non-Disclosure of Minor-Initiated Vaccination

Pursuant to 22-B DCMR § 600.9, minors, 11 years of age or older, may consent to receive a vaccine if the minor is able to comprehend the need for, the nature of, and any significant risks ordinarily inherent in the medical care. The vaccine also must be recommended by the United States Advisory Committee on Immunization Practices ("ACIP") and be provided in accordance with ACIP's recommended immunization schedule.

Notice Type (check one)
<input type="checkbox"/> New Non-Disclosure Agreement
<input type="checkbox"/> Withdrawal of Non-Disclosure Agreement

1. Minor Information (Information About Minor Whose Records Are Being Protected)

Last Name:	First Name:	Middle Initial:
Minor's Health Plan I.D. Number:	Birthdate (MM/DD/YYYY):	
Minor's Street Address:	City, State and ZIP Code:	
Mother's or Legal Guardian Last Name:	First Name:	Middle Initial:
Father's or Legal Guardian Last Name:	First Name:	Middle Initial:

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING
YOUR NON-DISCLOSURE AUTHORIZATION.**

Attached is a signed agreement that states the minor consented to a vaccine in accordance with 22-B DCMR § 600.9, and the minor and the licensed health professional agree that the minor's vaccination should not be disclosed to the minor's parents/legal guardian.

is hereby notifying the minor's health plan that the minor has received a vaccine pursuant to 22-B DCMR § 600.9 and that the minor's self-initiated vaccination services should not be disclosed to the minor's parent(s)/legal guardian through the health plan's explanation of benefits. Should the non-disclosure agreement be withdrawn, the health provider will notify the health plan with an updated agreement.

**PLEASE COMPLETE AND SEND PAGES 1 & 2 OF THIS DC NOTICE OF
NON-DISCLOSURE OF MINOR-INITIATED VACCINATION FOR TO AETNA**



DC Notice of Non-Disclosure of Minor-Initiated Vaccination

Return this form to: **Address:** Aetna HIPAA Member Rights Team, P.O. Box 14079, Lexington, KY 40512-4079
Email: HIPAAfulfillment@aetna.com OR **Fax:** (859) 280-1272. Be sure to send secure.

Minor's Statement:

I am a minor and am 11 years of age or older. I am seeking vaccination without consent, knowledge, or participation of my parent/legal guardian, as permitted by D.C. Municipal Regulations. I understand the need for, the nature of, and any significant risks associated with this medical care. My health care provider and I had a discussion and agreed, that it is in my best interests not to involve my parents in my decision to be vaccinated, at this time. I am requesting confidentiality of my minor-initiated vaccination and that this information not be disclosed to my parent(s)/legal guardian through my health plan's explanation of benefits. I understand that I may withdraw this agreement at any time to remove confidentiality of my minor-initiated vaccination and my other services from my parent(s)/legal guardian(s).

1. Minor's Signature REQUIRED:

Signature of Minor (<u>Required</u>):	Date:
Printed Name:	Date of Birth (MM/DD/YYYY):

2. Licensed Health Professional's Signature REQUIRED:

Vaccination/Immunization Type:	Date Administered:
Signature of Licensed Health Professional (Required):	Date:
Printed Name:	

3. Agency or Business Information:

Name of Agency/Business:	
Phone Number:	NPI#
Name of Health Professional who conducted the "minor-initiated" vaccination (if applicable):	

4. To be completed by minor with dates initialed by the minor's health professional:

Nondisclosure Effective Date:		Agreement Withdrawal Date:	
-------------------------------	--	----------------------------	--

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@actna.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).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

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.
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
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.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.