

Health Savings Account (HSA) Individual Authorization for Use or Disclosure of Protected Information



Why is this Important?

This authorization gives us permission to exchange limited claims information between Health Net and Wells Fargo that is needed to administer your HSA Program with the highest levels of service and satisfaction to you. This authorization will be used to comply with the terms of the federal HIPAA privacy regulations, 45 C.F.R. § 164.508. The authorized information **will not be shared** outside of Health Net and Wells Fargo Bank and will not be used for any purpose other than to administer the Health Net HSA program.

May We Have Your Authorization?

I hereby authorize Health Net to furnish to Wells Fargo Bank limited claims information about plan participants in Health Net's High Deductible Health Plan.

What is the Duration of the Authorization You Are Providing?

This authorization shall become effective immediately and shall remain in effect until the termination of the Health Net High Deductible Health Plan coverage or you notify Health Net you are revoking this authorization.

What Are Your Rights?

You may revoke this authorization at any time as set forth in Health Net's Notice of Privacy Practices. Please detach and keep the duplicate copy of this authorization for your records.

Neither payment, enrollment nor eligibility for benefits covered under the High Deductible Health Plan will be conditioned on you providing or refusing to provide this authorization. This restriction does not apply if Health Net is seeking to obtain information in connection with your eligibility or enrollment in Health Net when you are not already a member or to obtain information required for payment of a specific claim for benefits.

Signature

Date: _____

Print Name: _____

[patient]

Signature: _____

[patient / representative / spouse / financially responsible party]

Social Security Number: _____

[patient]

If signed by other than patient, indicate relationship: _____

Witness: _____

Please Note: Information used or disclosed pursuant to an authorization may be subject to re-disclosure by the recipient and no longer protected by the federal health information privacy regulations.