



# Privacy Waiver Form

In order to protect your privacy, federal law restricts access to personal information about you. Access to information about you is limited to you and to individuals to whom you give written permission.

Sterling Health Services Administration will never release any protected health information to anyone but you. We may only provide information to your authorized individual(s) relating to your current address, contact details, dates and amounts of contributions, dates and amounts of disbursements, current balance information and any associated tax forms or reports.

You may give certain people access to this information in writing by acknowledging and signing the authorization form below.

\_\_\_\_\_  
Name (Please Print Accountholder Name)

\_\_\_\_\_  
Sterling HSA Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**I hereby authorize Sterling Health Services Administration to release information regarding my account as stated above to the following individual(s):**

_____ Name	_____ Relationship	_____ Phone Number
_____ Address		_____ End Date of Authorization
_____ Name	_____ Relationship	_____ Phone Number
_____ Address		_____ End Date of Authorization

*Note: If no end date is indicated, a one-year authorization period will be put into effect.*

Please review the form before signing. Information will only be released if requested and if we have your signed authorization. Original signature must be mailed to Sterling HSA's home office at:

**Sterling HSA, P.O. Box 71107, Oakland, CA 94612**

\_\_\_\_\_  
Signature of Accountholder

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Printed Name of Accountholder

\_\_\_\_\_  
Date