EXPRESS SCRIPTS®

Release to Disclose Protected Health Information

Employer/Plan Administrator: _____

DIV code: _____

Name of Recipient: _____

Relationship of Recipient to Employer/Plan Administrator: _____

Please identify the specific data fields that should be provided to Recipient ("PHI"):

_____

PHI is collected by Express Scripts, Inc. and its subsidiaries or affiliates ("ESI") in connection with the prescription drug program of Employer/Plan Administrator which is administered by ESI pursuant to ESI's arrangement with Employer/Plan Administrator. Pursuant to the Standards for Privacy of Protected Health Information ("Privacy Rule") of the Health Insurance Portability and Accountability Act of 1996, Employer/Plan Administrator represents and warrants that: (a) Recipient is performing certain flexible savings account, consultant, disease management or other services in connection with the management of Employer/Plan Administrator's plan, and such services constitute "treatment", "payment" or "healthcare operations" functions (as those terms are defined by the Privacy Rule), and (b) in order to perform these services Recipient needs access to PHI relating to Employer/Plan Administrator; and (c) Employer/Plan Administrator has the authority to authorize and does so authorize ESI to provide the PHI to Recipient as directed herein.

Once completed, this Release should be sent to the following address:

Express Scripts, Inc.
Attn:_____
(Insert Account or Implementation Manager's name)

_____
(Insert Account or Implementation Manager's site address)

NOTE: Upon return, please attach to Account in Houston

The undersigned hereby certifies that he or she has full authority to act on behalf of Employer/Plan Administrator and has executed this Release on behalf of Employer/Plan Administrator.

Employer/Plan Administrator

By:_____

Printed Name:_____

Title:_____

Date:_____