



**Release to Disclose Protected Health Information  
to Flexible Savings Account or Disease Management Vendor / Broker / Consultant**

Name of Employer: \_\_\_\_\_

DIV code: \_\_\_\_\_

Name of TPA, HMO or MCO ("Third Party")  
(if applicable): \_\_\_\_\_

Name of Vendor/Broker/Consultant ("Recipient"): \_\_\_\_\_

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

1. Pursuant to the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") of the Health Insurance Portability and Accountability Act of 1996, Employer 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'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, and Employer hereby authorizes Express Scripts ("ESI") to provide the PHI to Recipient.

2. If a Third Party is authorized to direct the provision of PHI to Recipient, Third Party represents and warrants in addition to the representations above, as follows: (a) Employer has authorized and directed Third Party to disclose the PHI to Recipient on Employer's behalf; and (b) Recipient has entered into a written agreement with Third Party (or Employer) pursuant to which Recipient has agreed to be bound by all of the same business associate terms and restrictions that Third Party is subject to under its agreements with Employer. Third Party agrees to promptly notify ESI in the event the aforementioned representations and warranties cease to be accurate, and agrees to indemnify and hold ESI harmless to the extent ESI incurs any damages or penalties in reliance on this Release, except in the event of ESI's fraud, negligence or willful misconduct.

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

Express Scripts, Inc.  
Attn: Client Contracting  
13900 Riverport Dr.  
Maryland Heights, MO 63043

**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 or Third Party (as applicable), and has executed this Release on behalf of such party.

Employer By: _____ Printed Name: _____ Title: _____ Date: _____	Third Party By: _____ Printed Name: _____ Title: _____ Date: _____
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