



**Release to Disclose Protected Health Information**

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

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

Name of Recipient: \_\_\_\_\_

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

\_\_\_\_\_

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.

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 and has executed this Release on behalf of Employer.

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