LETTER OF DIRECTION FOR DISCLOSURE OF PHI TO A DESIGNATED THIRD-PARTY VENDOR OF PLAN SPONSOR

This Letter of Direction ("Letter") form directs Aetna Life Insurance Company and its affiliates and subsidiaries (collectively, "Aetna") to disclose customer data to a third-party Business Associate vendor of HealthBreak Inc., the self-funded health plan client ("Client").

1. **Direction.** Under its Business Agreement between Client and Aetna, Client hereby directs and authorizes Aetna to disclose Protected Health Information ("PHI") identified below on behalf of Client to the following third party that is a Business Associate of Client ("Third Party").

2. **Third-Party Recipient Information**. Client to include the Name/Contact information of the Third-Party **RECIPIENT** (i.e., the Third-Party broker, consultant, or vendor) to which you are instructing Aetna to disclose PHI.

Entity Name:	Healthbreak, Inc.
Contact Name:	Dr. Lisa Piercey
Street Address:	601 16th Street, Suite C-311
City, State, Zip Code:	Golden, CO 80401
Phone Number:	(720) 344-9507
Email Address:	lpiercey@healthbreakinc.com

3. **Scope of Information.** Client to describe the categories or nature of PHI to be disclosed (e.g., claims data, demographic data, etc.) to the Third Party.

> Population Health Information, RX claims and utilization information without identifiable information. Preventive care utilization. Emergency Room information and Aetna program utilization information.

4. **Purpose.** Client to describe the purpose of the disclosure (e.g., claims processing, data analytics, etc.).

> To help identify opportunities for cost containment.

5. **Duration of Disclosure of PHI to Third Party**. This Letter will remain in effect until terminated by Client or if Aetna ceases providing services to Client. Client may terminate this Letter at any time upon written notice to its Aetna account representative. Upon any such termination, Aetna will cease disclosure of PHI to the Third Party as soon as practicable.

6. **Signature**. By signing electronically below, Client agrees to the direction in this Letter.

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PLEASE RETURN THIS FORM TO YOUR AETNA ACCOUNT REPRESENTATIVE