

EXHIBIT E

BOIES, SCHILLER & FLEXNER LLP

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Meredith Schultz, Esq.
E-mail: mschultz@bsflp.com

May 23, 2016

VIA E-MAIL

Laura A. Menninger, Esq.
HADDON, MORGAN AND FOREMAN, P.C.
150 East 10th Avenue
Denver, Colorado 80203
lmenninger@hmflaw.com

Re: *Giuffre v. Maxwell*
Case No. 15-cv-07433-RWS

Dear Laura:

This letter is to seek your agreement to produce Ross Gow for deposition, as the agent of your client, Ms. Maxwell. We can work with Mr. Gow's schedule to minimize inconvenience. Please advise by Wednesday, May 25, 2016, whether you will produce Mr. Gow, or whether we will need to seek relief from the Court with respect to his deposition.

Sincerely,


Meredith Schultz

MLS:dk



Haddon, Morgan and Foreman, P.C.
Laura A. Menninger

150 East 10th Avenue
Denver, Colorado 80203
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May 25, 2016

VIA EMAIL

Meredith Schultz
Boies, Schiller & Flexner LLP
401 East Las Olas Blvd., Suite 1200
Fort Lauderdale, FL 33301
mschultz@bsflp.com

Re: *Giuffre v. Maxwell*, Case No. 15-cv-07433-RWS

Dear Ms. Schultz:

I am not aware of any legal authority that would allow Ms. Maxwell to “produce” Ross Gow for a deposition and you do not cite to any rule or case that would either enable or require her to do so. If you are aware of any authority for this request please provide it to me and I will consider it.

Sincerely,

HADDON, MORGAN AND FOREMAN, P.C.

/s/ Laura A. Menninger
Laura A. Menninger

BOIES, SCHILLER & FLEXNER LLP

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Sigrid S. McCawley, Esq.
E-mail: smccawley@bsflp.com

May 12, 2016

VIA E-MAIL

Laura A. Menninger, Esq.
Jeffrey Pagliuca, ESQ.
HADDON, MORGAN AND FOREMAN, P.C.
150 East 10th Avenue
Denver, Colorado 80203

Re: *Giuffre v. Maxwell*
Case No. 15-cv-07433-RWS

Dear Ms. Menninger:

Please find enclosed Bates-stamped GIUFFRE005370 through GIUFFRE005438, which are being produced pursuant to Defendant's Request for Production. Certain of the documents within this production have been designated as CONFIDENTIAL in accordance with the Protective Order. Please treat these documents accordingly.

If you have any questions concerning the foregoing, or if there are any issues with the media, please do not hesitate to contact me at (954) 356-0011.

Sincerely,



Sigrid S. McCawley

SSM/ep
Enclosures

Authorization to Disclose Protected Health Information

Name: Virginia Giuffre
[REDACTED]

I hereby authorize the use and/or disclosure of my protected health information as described in this authorization.

1. Specific person/organization (or class of persons) authorized to provide the information:

Judith Lightfoot

2. Specific person/organization (or class of persons) authorized to receive and use the information:

**Sigrid McCawley
Boies, Schiller & Flexner LLP
401 East Las Olas Blvd., Suite 1200
Fort Lauderdale, FL 33301**

3. Specific description of the information: **Medical records from 1999 to the present**, including, but not limited to, all of my office medical records, hospital medical records, patient information sheets, questionnaires, x-rays, other diagnostic studies and laboratory tests, emergency room records, out-patient records, consultation records, therapy records, and all other in-patient or out-patient hospital notes, charts, documents, all personal notes and all billing records.

4. Specific purpose for the use and/or disclosure of the protected health information: At my request in connection with litigation pending in the County District Court.

5. I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, on the date I become an adult according to state law. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. I understand that revocation will not apply to information that has already been released as specified by this authorization or to my insurance company when the law provides my insurer with the right to contest a claim under my policy or the policy itself.

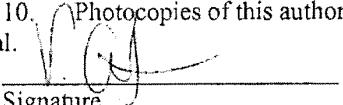
6. I understand that the medical information released by this authorization may include information concerning treatment of physical and mental illness, alcohol/drug abuse and past medical history.

7. I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it.

8. I understand that I am entitled to receive a copy of this authorization.

9. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment from the above-named medical provider.

10. Photocopies of this authorization are to be given the same effect as the original.

 5/2/16

Signature Date

