

NOTICE REGARDING WELLNESS PROGRAM

Your wellness program is a voluntary wellness program available to all eligible individuals. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve individual health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary Health Assessment (HA) (also referred to as Health Risk Assessment (HRA), Health Risk Questionnaire (HRQ), Wellness Assessment (WA), Personal Health Assessment (PHA), Health Risk Evaluation (HRE) or Health Behavior Questionnaire (HBQ) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which will include a blood test for various biometric measurements, e.g., BMI, Blood Pressure, Glucose, etc. You are not required to complete the HA or to participate in the blood test and/or other medical examinations.

However, eligible individuals who choose to participate in the wellness program may receive an incentive for completing the HA or participating in the biometric screening. Although you are not required to complete the HA or participate in the biometric screening, only eligible individuals who do so will receive any available incentives.

Additional incentives may be available for individuals who participate in certain health-related activities or achieve certain health outcomes, e.g., weight loss, smoking cessation, lower blood pressure, etc. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you are entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting your wellness program administrator or Human Resources department.

The information from your HA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as coaching, courses, etc. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) those individuals determined to be necessary such as a "qualified health professional", a "wellness program administrator" or a "health coach" in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your wellness program administrator or Human Resources department.

Authorization

We are required by law to obtain your prior, knowing, voluntary, and written authorization prior to obtaining your health information. For all spouses in the wellness program, your health information is considered genetic information protected under Title II of the Genetic Information Nondiscrimination Act of 2008 and the above notice describes your protections from disclosure of medical information (i.e., health information). By signing below I acknowledge that I have read the above sections regarding the wellness program and understand the rights and protections available to me through the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. Your signature below authorizes collection of your health information to be used for purposes of the wellness program.



NOTE: To receive credit, physical and blood work must have occurred between 4/1/16-3/31/17 for existing employees and within 1 year of hire date for new employees

PHYSICIAN SCREENING FORM

Schedule an appointment with your personal doctor, and take this form with you (or send this to your doctor for appointments that have already occurred). After your doctor completes the form, you or your doctor must return this form by: **email (support@assethealth.com), fax (248.816.3326) or mail (Asset Health Inc., Attn: Physician Forms, 2250 Butterfield Drive, Suite 100 Troy, MI 48084).** **This form must be completed in its entirety and returned by 3/31/2017 to receive credit.**

By signing below, you acknowledge that you have read and accept the ADA and GINA notice provided above in its entirety.

By signing below, you acknowledge that you have read and

Patient Name	Patient Signature	Date of Birth / /	Gender (circle one) M F
Employee Name		Company Name	
Address	City	State	Zip Code
Home Phone	Cell Phone		

The top section of this form must be filled out completely.

Do you smoke/chew tobacco? Yes No Did you fast prior to taking this screening? Yes No

TEST	YOUR RESULT
Height	_____ ft. _____ in.
Weight	_____ lbs.
Blood Pressure Blood pressure monitoring is used to detect hypertension, a risk factor for heart disease and stroke.	Systolic _____ mm/Hg Diastolic _____ mm/Hg
Total Cholesterol Cholesterol is a fat-like substance, and although a certain amount is needed for proper body function, too much can build up in the arteries and put you at risk for heart disease and stroke.	_____ mg/dl
HDL HDL stands for high-density lipoprotein. HDL is considered “good” cholesterol because it may protect you from a heart attack. Unlike other cholesterol levels, the higher your HDL, the better. You can raise your HDL by quitting smoking, losing excess weight and being more active.	_____ mg/dl
Glucose Glucose testing is a measure of sugar in the blood to help determine diabetes risk. Your health care provider may recommend further testing if you have symptoms such as increased thirst and urination, fatigue, blurred vision or wounds that are slow to heal.	_____ mg/dl
LDL LDL stands for low-density lipoprotein. LDL is considered “bad” cholesterol because it can slowly build up on the walls of your arteries. Together with other substances, it can form plaque that clogs the arteries. If a clot forms, blood flow can be blocked, causing a heart attack or a stroke.	_____ mg/dl
Triglycerides Triglycerides in the blood come from fatty foods eaten, and they are made in the body from other food sources such as carbohydrates. Excess calories are converted to triglycerides and stored as fat cells. High triglyceride levels are associated with being overweight, excessive drinking, having diabetes and other disorders.	_____ mg/dl

Physician's Signature _____

Date: / /2017