

# Notice for Employer-Sponsored Wellness Programs

New rules published on May 17, 2016, under the Americans with Disabilities Act (ADA) require employers that offer wellness programs that collect employee health information to provide a notice to employees informing them what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential. The EEOC has published the sample notice below to help employers comply with the ADA:

## NOTICE REGARDING WELLNESS PROGRAM

American Health Care is a third party wellness program administrator and all of our wellness programs are administered on behalf of an employer. These wellness programs are voluntary wellness programs that are made available to all employees by employers who have contracted with American Health Care. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee 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 risk assessment or "HRA" 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 may include a blood test for health-screening purposes. If you have questions about the specific tests being performed, please see your human resources department. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Employees who choose to participate in the wellness program may receive an incentive that varies by employer. If you have questions about the specific incentives available to you, please contact your human resources department. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will be eligible to receive these incentives.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. Please contact your human resources department regarding these additional incentives. 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 may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting American Health Care.

The information from your HRA 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. You are encouraged to share your results or concerns with your own healthcare provider.

## **Protections from Disclosure of Medical Information**

American Health Care is 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, American Health Care will never disclose any of your personal information publicly or to your employer, except as necessary to respond to a request for a reasonable accommodation in order for you to participate in the wellness program, to obtain payment for services, 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 are those who require the information in order to provide you with services under the wellness program (see our privacy policy at [www.americanhealthcare.com/privacystatement](http://www.americanhealthcare.com/privacystatement) for more information).

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 decisions. 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 protection against discrimination and retaliation, please contact your human resources department.