

EEOC PRIVACY NOTICE

Federal law requires 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 notice below fulfills these requirements.

Notice Regarding Wellness Program

Your employer has contracted with Bravo Wellness, LLC to administer all or part of its voluntary employee wellness program. 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 (ADA) of 1990, the Genetic Information Nondiscrimination Act (GINA) of 2008, the Affordable Care Act (ACA) and the Health Insurance Portability and Accountability Act (HIPAA), 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 or other examinations, which may include a blood test for cholesterol levels (Total, HDL, LDL), triglycerides, serum cotinine (nicotine) and glucose as well as a blood pressure reading(s), height, weight, waist measurements and your pulse. When possible, your blood specimen will be confidentially processed by a laboratory that provides a panel of common preventive wellness measures provided solely for your information.

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, such as targeted health education, online and telephonic health coaching and health challenges. You also are encouraged to share your results or concerns with your own provider. You are not required to complete the HRA or to participate in the screening or other medical examinations.

However, if you choose to participate in the wellness program you may receive an incentive for participating. More specific details regarding the wellness program, including how incentives are earned, can be found in the Program Overview on the [Resources page](#).

As noted in the Program Overview, a portion of the incentives available may be linked to certain health-related activities or to the achievement of certain health outcomes. 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. You may request a reasonable accommodation or an alternative standard by contacting Bravo Wellness at [844.925.2782](tel:844.925.2782). See the Program Overview for more details concerning reasonable alternatives. Additional information will be provided to you in your results summary as well.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your protected health information (PHI). Although the wellness program and your employer may use aggregate information collected to design a program based on identified health risks in the workplace, Bravo Wellness and its contracted partners will never disclose any of your personal medical 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, as necessary to support health plan or wellness program administration or as permitted by law. In no event will medical information that personally identifies you that is provided in connection with the wellness program 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.

In addition, all medical information obtained through the wellness program is required to be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program may 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 can ask to see or get a copy of the health information we have about you. We may charge a reasonable cost-based fee.

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 are a member of your employer-sponsored health plan, the provisions of the health plan privacy notice may also apply. Please contact your health plan administrator for a copy of the notice. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, or if you would like a paper copy of this notice or a copy of Bravo's Privacy Statement mailed to you, please contact Bravo Participant Services at 844.925.2782. Bravo's Privacy Statement is also located on the Bravo website at <http://www.bravowell.com/privacy-statement/>.