

## Wellness Program Disclosure

### **HIPAA Wellness Notice**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all participants. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources, at 215 N Mason Street, 2nd Floor, 970-221-6535, [hrrbenefits@fcgov.com](mailto:hrrbenefits@fcgov.com) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status, if you are eligible for an alternate standard.

### **EEOC Wellness Notice**

City of Fort Collins Wellness Program is a voluntary wellness program available to all employees. 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 will 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 are not required to complete the HRA.

If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include a blood test for glucose and cholesterol levels. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of an additional day off for getting a screening done onsite every Spring. For Type the criteria for receiving the incentive in the space provided (e.g. "completing the health risk assessment by September 30"). Although you are not required to participate, only employees who do so will receive the incentive.

### *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 The City of Fort Collins may use aggregate information it collects to design a program based on identified health risks in the workplace, City of Fort Collins 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) The health information recipient 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 Human Resources at 215 N Mason Street, 2nd Floor, 970-221-6535, [hrbenefits@fcgov.com](mailto:hrbenefits@fcgov.com).