

MY HEALTHY BLUEPRINT PROGRAM ENROLLMENT CONSENT

I would like to enroll in My Healthy Blueprint for 2020

Printed Legal Name: _____ Signature: _____

Date of birth: _____ Employee ID of insured employee: _____

Today's date: _____

Return completed form to My Healthy Blueprint by **October 31, 2020**. Form may be faxed to **850.908.9030**, emailed to blueprint@bhcpns.org or submitted in person at 1901 North E St.

As a participant or potential participant in the Baptist Health Care (“BHC”) or Lakeview Center, Inc. (“LCI”) Health Plans, I have decided to voluntarily participate in the My Healthy Blueprint Program hereafter referred to as “BHC/LCI Wellness Program” or the “Wellness Program.” I understand that the purpose of the BHC/LCI Wellness Program is to provide me with information about my current health status and to assist me in understanding how I may be able to maintain a healthy lifestyle. I hereby consent to participate in the BHC/LCI Wellness Program. I understand that my participation in this program is completely voluntary and if I elect not to participate my employment status will not be affected.

I understand that as part of my participation in the BHC/LCI Wellness Program, I will be asked to share my personal health information with the BHC/LCI Wellness Program staff. I understand and agree that my personal health information will be maintained, used and disclosed solely for the operation of the BHC/LCI Wellness Program, which may include health screenings, health coaching, health management, and/or collaboration with healthcare providers, specifically including but not limited to my primary care physician, to develop plans to help achieve my health goals. I understand that my personal health information may be stored and accessed by my providers and the BHC/LCI Wellness Program staff through an electronic medical record, but will be kept separate and apart from my personnel records.

I understand that as a result of my participation in the BHC/LCI Wellness Program, BHC’s/LCI’s Health Plan may receive the following information: (1) aggregate data (my de-identified health information combined with that of other participants) for statistical purposes, such as identifying trends for future programming and/or disease management, and (2) my name, for the exclusive purpose of providing me incentives for participating in the Wellness Program. I understand that my personal health information created by the BHC/LCI Wellness Program will not be shared with BHC’s/LCI’s Health Plan or my BHC/LCI leader.

I understand that the wellness services provided by the BHC/LCI Wellness Program should not replace regularly scheduled physician visits or be considered for medical diagnosis. I acknowledge and agree that it is my responsibility to discuss my wellness information with my physician.

I acknowledge and agree that I have been provided with BHC’s Notice of Privacy Practices that provides a more complete description of how my personal health information may be used and disclosed. I understand that I have the right to review the Notice prior to signing this consent.

If I choose to participate in the Wellness Program, I will be asked to complete a voluntary initial biometric screening and then an annual wellness exam with a physician. I understand that as an incentive to participate in the Wellness Program,

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850.469.6903

Blueprint@bhcpns.org

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BLUEPRINT
BY BAPTIST HEALTH CARE

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HEALTH CARE

those who complete the biometric screening (and participate in health coaching and pharmacotherapy, if required) will receive a premium discount on their BHC sponsored health insurance plan. Although I am not required to participate in the initial biometric screening or annual wellness exam, I understand that only those who do so will receive the insurance premium discounts.

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 calling 850.469.6903.

The BHC/LCI Wellness 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.

Protections from Disclosure of Medical Information

The BHC/LCI Wellness Plan is required by law to maintain the privacy and security of your personally identifiable health information. Although the Wellness Program and BHC may use aggregate information it collects to design a program based on identified health risks in the workplace, the BHC/LCI 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 are staff members of BHC/LCI Wellness Program and your health care provider(s) in order to provide you with services that fall under the Wellness Program or persons that you have requested that we send it to by form of a medical release of information.

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 Melissa Benton at 850.437.8458.

850.469.6903
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