

# GINA/PHI NOTICE

## **AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Last updated: 3/11/2021

This authorization for Use and Disclosure of Protected Health Information ("Authorization") is intended to satisfy the authorization requirement of the Genetic Information Nondiscrimination Act of 2008 ("GINA").

This Authorization pertains to your right to the privacy of your Protected Health Information (PHI) and relates to participation in the Company Driver Wellness Program and the Driver Health and Fitness Program.

The Company Driver Wellness Program and DHF Program is a voluntary wellness program which may include health screenings, health assessments, coaching, and other clinical services.

Our program is administered according to Federal rules, which allow organizations, such as employers, to sponsor wellness programs that seek to improve health or prevent disease. Your eligibility or enrollment in your employer health plan and payment or reimbursement for healthcare services will not be based on your authorization for the requested use or disclosure of your PHI.

### **WHAT IS PROTECTED HEALTH INFORMATION ("PHI")?**


PHI is a special category of Personal Information defined by Health Insurance Portability and Accountability Act of 1996 (HIPAA), a United States Federal Law. PHI includes individually identifiable information, like your name, combined with medical or health insurance-related information that is collected or maintained on behalf of your health insurance provider or your medical provider.



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## HOW IS MY PHI COLLECTED, USED OR DISCLOSED?

Your PHI will be collected, used and disclosed as you share it through your participation in Our Program and the services and features that may be available to you including, but not limited to:

- **Health Screening:** The results of health screenings from your health provider, an onsite provider or other community access vendors can be made available through Our Program. Your results may be used to direct you to tools that can help you meet your health goals or to help you understand your current health conditions and potential risks. Your results may also be used to introduce other features of Our Program to you, and if applicable, services under your Program Sponsor's health plan. You are encouraged to share your results or concerns with your own doctor.
  - **Health Assessment:** Our health assessments ask questions about your health history, such as your health numbers, lifestyle and diagnosed conditions. Your responses may be used to direct you to health and well-being tools that can help you meet your health goals or to help you manage current health conditions and potential risks. Your responses may also be used to introduce other features of Our Program to you and, if applicable, services under your Program Sponsor's health plan. You are encouraged to share your results or concerns with your own doctor.
  - **Phone, Programs, and onsite services:** Through Services like Health Coaching, Nutritional Counseling, Personal Training, and our health and well-being programs, our coaches and guides will ask questions about your health and well-being status, including your health numbers, lifestyle, diagnosed conditions, and medications. Your information may be used to help you set and achieve your health and well-being goals or to help you understand your current health and potential risks. Your information may also be used to introduce other features of Our Program to you and, if applicable services under your Program Sponsor's health plan.
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## **HOW IS MY PHI COLLECTED, USED OR DISCLOSED?**

You should never disregard professional medical advice or delay seeking it because of something you have read or heard in Our Program.

## **HOW IS MY PHI PROTECTED?**


Your PHI, including health screening results, health assessment responses and coaching notes, will not be obtained by your program sponsor except as described in this Authorization and will not be used by your Program Sponsor for any employment related purposes. Your PHI will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law, and you will not be asked or required to waive the confidentiality of your PHI as a condition of participating in Our Program or receiving an incentive.

We will only share your PHI with entities that have a legal right to access it, that are obligated to protect it in similar ways that we are obligated to protect it, and that assist in providing Our Program or other health benefits to you. Although We and your Program Sponsor may use collected aggregate information to design programs based on identified health risks, the PHI you provide in connection with Our Program will not be provided to your Program Sponsor, except as permitted by law. For more information, please read Our Privacy Notice.

## **CAN I REFUSE THIS AUTHORIZATION?**

YES. You have the right to refuse this Authorization. You are not required to share your personal or health information with Us and you are not required to participate in the Program.

However, authorizing these disclosures is required to participate in Our Program. You may have been offered an incentive to participate in all or some of Our Program, and only Members who sign this Authorization and participate in the Program can qualify to receive that incentive.





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## **HOW CAN I CONTACT DHF AND THE COMPANY DRIVER WELLNESS PROGRAM?**

Please contact Us with any questions or concerns about this Authorization:

by email at:

[dhf@driverhealthandfitness.com](mailto:dhf@driverhealthandfitness.com)

by mail at:

Prime Inc.

2740 N. Mayfair Ave

Springfield, MO, 65803

Attn: DHF Coordinator

