



## **NOTICE -- VOLUNTARY WELLNESS HEALTHKICK PROGRAM**

Healthkick, the Forsyth County Wellness Program, is a voluntary wellness program available to all employees. The program is administered by Wake Forest Baptist Health ("WFBH") on behalf of the County 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 voluntarily participate in the wellness program you will be asked to: complete a health risk assessment ("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); complete a biometric screening, which will include a blood test (finger stick) obtained for your lipid (cholesterol) profile, glucose & A1C; and allow WFBH to take your blood pressure, weight, height, waist measurement, and calculate your BMI. Participation also includes health coaching sessions.

**Incentive -- Discounted Premium.** Wellness participation is voluntary. You are not required to complete the HRA, to participate in the blood test or other medical examinations, and to attend health coaching sessions. However, only those employees and retirees as well as their spouses covered under the medical plan who choose to voluntarily and fully participate in the wellness program, to include the scheduled coaching sessions, will receive a medical insurance premium discount incentive.

**Incentive -- \$250 Cash.** An additional financial incentive of up to \$250 cash may be available for employees who participate in the Weight/Waist portion of the Program and meet the following weight/waist threshold:

- **Women: < 35 inches waist circumference**
- **Men: < 40 inches waist circumference**
- **OR improve your waist measurement or weight by 5% from the last measurement**

**Alternative Standard.** If you are medically 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 Katie Ivers, Wake Forest Baptist Health at (336) 409-9056.

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

The information from your HRA and the results from your biometric screening will be disclosed to, and used by, WFBH to provide you with information to help you understand your current health and potential risks, and may also be used to offer services such as health coaching designed to promote health and prevent disease through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

The privacy and security of your personally identifiable health information is maintained as required by law. Only aggregate information will be used to design a County Program based upon identified health

risks in the workplace. Your personal information will not be further disclosed neither publicly nor to Forsyth County except to the extent of your voluntary authorization, or to respond to your request for a reasonable accommodation in order to participate in the Wellness Program, or as expressly required by law. As well, your personally identifiable medical information provided in connection with the Wellness Program will not be further disclosed to your managers, supervisors, any others who make employment decisions, or to anyone else in the workplace. It will never be used to make decisions regarding your employment. Prior to completion of the HRA, you will be asked to acknowledge receipt of this Notice as follows:

*I acknowledge receipt of the Forsyth County Voluntary Wellness Program Notice; that my Program participation is voluntary to complete a computerized HRA form, to complete biometric screening, and if identified to do so after the HRA and the assessment of biometric results, to complete regularly scheduled health coaching in order to remain eligible for premium deductions. Further, I authorize Wake Forest Baptist Health to disclose my name to the County if I participate in biometric screenings, if I am non-compliant with completion of scheduled coaching sessions, and if I meet the weight/waist threshold requirements to receive the financial incentive.*

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 Wake Forest Baptist Health administrators of the wellness program in order to provide you with services under the wellness program.

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 Shontell Robinson, HR Director at 336-703-2400 or [robinssa@forsyth.cc](mailto:robinssa@forsyth.cc).