

## Wellness Screening Terms & Privacy Notice

This notice discloses the risks of the wellness screening and how we and you can protect you against those risks, how your health information will be protected and used, and your related rights and your responsibilities in regard to this information.

Health Maintenance Institute (HMI) and HPN Worldwide (HPN) share the commitment to serve you and all customers with professionalism and care to deliver a quality wellness screening and related support that is safe and secure and to protect the privacy of all Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA), other relevant laws and regulations, public health and clinical guidelines.

Your PHI in print, electronic and other formats includes your medical, health and individually identifiable information, such as your name, address, date of birth, phone, email address and/or social security number.

### I. Risks and Protecting Against Them – It Takes Both of Us

The risks associated with obtaining a sample of blood (at the doctors, office, hospital, screenings and other places) can include: pain, bruising, infection and/or fainting. These risks are minimized at this wellness screening by our well-trained, skilled staff using good phlebotomy, hygiene and prevention methods to protect everyone involved against infections (including blood borne pathogens) and injury (e.g., due to fainting). **As with any blood sample taken, it is important for YOU to:**

- A. **BEFORE the screening** → Notify the screening staff if you ever felt faint or fainted when donating blood or having a blood taken for a test in the past.
- B. **DURING** → Notify the screening staff if you are feeling faint, and sit before falling.
- C. **AFTER** → Keep the bandage on AND the area clean where the sample was taken for at least 12 hours or until it heals; AND IF the area does not appear to be healing as expected (from past blood sample experiences), THEN call or see your doctor.

### II. Your Responsibilities – In addition to those in section I-ABC

- A. This Wellness Screening includes asking you questions that are related to your current and future health. As such, it is important that you answer these accurately and completely (not leaving any questions unanswered) in order for you to obtain a personal report that is MOST accurate, credible, meaningful and helpful to you;
- B. It is your responsibility to follow-up with your usual source of health care (e.g., doctor, nurse practitioner, PA) and share these screening results with them on the next visit, or earlier if your report suggests doing so; and
- C. It is also important for you to help to protect your PHI that you wish to keep private considering your conversations with other people, secure emails, where you keep or store your report (print and pdf versions) and other ways.

### III. Protection of Your PHI

We will protect your PHI by:

- A. Maintaining and enforcing policies and procedures (e.g., secure servers, encryption, secure logins) that ensure the physical security of your PHI;
- B. Limiting how we may use or disclose your PHI and by limiting who may see your PHI as noted in section IV (below);
- C. Obtaining your consent before releasing your PHI for any purpose other than those purposes identified in section IV; and
- D. Never selling, sharing or divulging (in any way) any customer PHI to marketing agencies or other entities that are not involved in the usage of PHI described in section IV (below).

### IV. Legal, Protected Uses of Your PHI

During the course of serving you we may be required to use and share your PHI with other health care providers, legal authorities and HIPAA Business Associates of your employer and/or health plan (also abiding by HIPAA) involved in routine benefit plan operations, the delivery of health care and support resources to improve the health, well-being, safety and health care of you and others. The following are examples of how your PHI may be used for such purposes:

- A. We may use your PHI to contact you about your screening results, or to send you reminder(s) about screenings and/or available support resources.
- B. We may share your PHI with your health care provider(s), health benefit plan and appropriate HIPAA Business Associates specializing in health care counseling, health coaching, risk/disease/condition and other outreach support services (sponsored by your employer or health plan) to provide appropriate information and support.
- C. Section IV-A&B (above) mean that you may receive one or more phone calls from a physician, nurse, health education specialist or other qualified health professional, reminders, and other support resources by mail, online (the internet) and other means to assist you with personal actions that may

be needed to follow-up on specific screening results, improve your health and/or health care.

D. For billing purposes and for incentive plans that may be available to you through your employer and/or health plan, we will only disclose the minimum information needed by the specific human resources or benefits department of your employer or other HIPAA Business Associate that you or your employer identifies for such purposes - for example: 1) With billings, a list is provided of screening participants; and 2) With incentives, a list is provided of those who met the requirement(s) for any applicable incentive(s) as described by your employer and/or health plan. In both cases, NO personal screening results are shared.

E. We may use your PHI for research to improve the health support services to you and others, outcome evaluation and best practices in health care, public health and routine health plan operations.

F. We may disclose your PHI to Emergency Medical Personnel in the event of a medical emergency, or in the event of death, to a coroner, medical examiner or funeral director.

G. We will disclose your PHI to the appropriate public health and/or other legal authorities, as required by law and to the extent necessary to avert serious and imminent threat to your health or safety or the health or safety of others.

H. We may include your results (anonymously) in group or aggregate administrative reports where only screening summary results of the entire group are reported (with no names or other personal identifiers).

### V. Your Rights:

A. You have the right to inspect and review your PHI online at the website [www.myhmihealth.com](http://www.myhmihealth.com) or the site noted in your screening report. The website is also noted in communications about signing up for the screening and may be in other health, benefit and/or wellbeing communications from your employer or health plan. This free annual 24/7 access is renewed each year that you participate in this Wellness Screening.

B. You have a right to request a printed or PDF format of your screening report (PHI) by obtaining a form from the Privacy Officer of HMI (see VI below for contact information). This and other requests below must be made by in writing. If you request a printed or PDF report to pick up or be mailed, the minimum charge is \$15 per report plus shipping charges to locate and send you your PHI. **However, if you have access to the Internet and your results online, no form is necessary and you can avoid any such charge. Here's how:** Login to the website listed in your report and/or in other screening-related communications, then view, print and/or download (a pdf) of the report yourself.

C. You have the right to request and receive a list of instances in which we disclosed your PHI for purposes specified in section IV.

D. You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement.

E. You also have the right to agree to terminate a previous restriction that we have may have received from you.

F. You have the right to request that we amend your PHI. Your written request must explain why the information should be amended. If we accept your request to amend your PHI, we will do so and make reasonable efforts to inform appropriate others of our amendment, and will include our changes in any future disclosures of your PHI. We may deny your request in instances where we did not create the information or where the information is complete and accurate. If we deny your request, we will provide you with a written explanation.

G. You have the right to register a complaint. If you believe we have violated your privacy rights you may file a complaint with us by submitting your complaint in writing to the Privacy Officer of HMI. You may also submit a written complaint to the U.S. Department of Health and Human Services (HHS). We will provide you with the address to file your complaint with the HHS upon request.

### VI. Contact Information

If you have a request, complaint or questions regarding how HPN handles your PHI you may contact us by:

E-mailing us at: [info@hmihealth.com](mailto:info@hmihealth.com)

Calling us at: 847.635.6580

Writing to us at: Health Maintenance Institute, Attn: Privacy Officer  
2604 E. Dempster - Suite 301, Park Ridge, IL 60068

### VII. Effective Date & Future Updates

This Notice takes effect on July 18, 2016. We reserve the right to change and update this notice and make any such updated notice apply to PHI we already may have and PHI collected in the future. The most current version of this notice is provided at the time of each Wellness Screening and is also posted on the website noted in section V-A (above).