

Program Enrollment Consent

I hereby consent to voluntarily participate in the LiveNOW program. I understand that the purpose of the LiveNOW 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 understand that my participation in this program is completely voluntary and that my employment and my participation and/or my continued participation in my employer's health plan are not conditioned on this consent. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I understand that as part of my participation in the LiveNOW program, I will be asked to share my personal health information with the LiveNOW team. I understand and agree that my personal health information will be used and disclosed as necessary for the operation of the LiveNOW program, which may include health screenings, health coaching, health management and collaboration with health care providers to develop plans to help achieve health goals. I also understand and agree that my personal health information may be used to evaluate the effectiveness of the LiveNOW program and/or my employer's health plan. I understand that my personal health information will be maintained by the LiveNOW program, and kept separate and apart from my personnel records.

I understand that by enrolling in the LiveNOW program, I am agreeing to complete an online questionnaire, participate in an annual screening, and meet with a LiveNOW coach to discuss the results of the screening. I also understand that in order to remain enrolled in the LiveNOW Program, I may need to meet with a LiveNOW coach on a periodic basis if my initial screening results are unacceptable or become unacceptable during the year. I understand that the coaching requirement may start on the first day of the plan year or if I am a new hire, the first day that I participate in my employer's health plan.

I understand that LiveNOW has additional programs that are available to help me develop a healthy lifestyle. If I choose to participate in those additional programs, I need to complete an online enrollment form. I understand that I will need to satisfy the requirements of each program, as detailed in the LiveNOW website at www.Avera.org/livenow, to participate in each program and receive the benefits of each program.

I understand that as a result of my participation in the LiveNOW program, my employer's designee will 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.

Program Enrollment Consent continued

I understand that my personal health information from LiveNOW will not be shared with my employer.

I understand that the wellness services provided by the LiveNOW Program should not replace regularly scheduled primary care provider visits or be considered for medical diagnosis. I acknowledge and agree that it is my responsibility to discuss my wellness information with my primary care provider.

LiveNOW is committed to helping you achieve your best health. 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 a different means. Contact us at **1 (605) 504-5483** or email LiveNOW@avera.org and we will work with you (and if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status. If at any time you choose to opt out of the LiveNOW program please contact us at **1 (605) 504-5483** or email LiveNOW@avera.org

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 your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, LiveNOW 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 as required by law, and 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 health coaches and wellness specialists 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 as required by law.

You may not be discriminated against an 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 LiveNOW at **1 (605) 504-5483** or email LiveNOW@avera.org.



NOTICE REGARDING WELLNESS PROGRAM

LiveNOW 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 (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 will also be asked to complete a biometric screening, which will include blood tests to evaluate your blood glucose and lipid levels. We will use the results from your HRA and biometric screening along with labs and vital signs from your AveraChart* to maximize your wellness program benefits. You are not required to complete the HRA or to participate in the blood test or other medical examinations in order to participate in the health plan and/or wellness program.

Participants who choose to complete the voluntary HRA and biometric screening may be eligible for incentives for meeting certain criteria as designated by your employer. You may access the details of your employer's wellness program incentives by clicking www.Avera.org/livenow. Although you are not required to complete the HRA or participate in the biometric screening, only individuals who do so will receive the incentive.

If you have certain circumstances that prevent you from participating in the HRA and biometric screening, or if you are unable to participate in any of the designated health-related activities, or if you are unable to meet the criteria 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 LiveNOW at **1 (605) 504-5483** or email LiveNOW@avera.org.

The information from your HRA, lab values and vital signs from your AveraChart,* and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching, weight management or support for a chronic illness like diabetes or high blood pressure. You are encouraged to share your results or concerns with your own health care provider.

*Lab values and vital signs from your AveraChart will only be included for Avera Health Employee Health Plan members. If you do not want your AveraChart accessed for this purpose please contact LiveNOW at **1 (605) 504-5483** or email LiveNOW@avera.org



Avera.org/LiveNOW