



## INTERACTIVE HEALTH INFORMATION PRIVACY STATEMENT for Wellness Vendors and Employer-Sponsored Wellness Programs

Latest Revised Date: May 29, 2018

### THIS PRIVACY STATEMENT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Interactive Health Solutions, Inc. d/b/a/ Interactive Health (and its subsidiaries Health Solutions, Inc., Health Solutions Services, Inc. individually and collectively referred to as "Interactive Health") and your Employer-Sponsored Wellness Program respects that you have entrusted us with your health information, and we are committed to safeguarding all the information you supply—including personal information, results of biometric screening tests, and information in your health risk assessment. If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment that asks 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 a blood test for various biometric measurements, including BMI, Blood Pressure, Glucose, etc. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

This wellness program is voluntary and available to all eligible participants. 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. This Statement sets forth Interactive Health's obligations and your rights in accordance with the Health Insurance Portability & Accountability Act and its amendments ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act and its amendments ("HITECH"), and the regulations issued under these Acts, but does not imply that Interactive Health is necessarily acting as a Covered Entity as defined by HIPAA. In most instances, Interactive Health receives and shares your "Protected Health Information" ("PHI") as a Business Associate and in accordance with a Business Associate Agreement. If you participate in a wellness program or disease management program ("Program") as a member of a "Health Plan", the Health Plan may have a separate Notice of Privacy Practices that might also be applicable to your PHI. When you receive health care services from a third-party, such as laboratory testing services, the laboratory's Notice of Privacy Practices may apply to your PHI. All capitalized terms not otherwise defined in this Privacy Statement will have the meanings assigned to them under HIPAA. References to "us", "we" and "our" refer to Interactive Health.

#### OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

Interactive Health has policies and procedures in place to protect the privacy and security of your personal information including your PHI. Interactive Health uses a combination of physical, electronic, and procedural safeguards in accordance with applicable Federal and State laws. To use the Interactive Health website or mobile device accessible applications you will create your own password protected account. Data transfer, storage, and integrity are secured and transmitted via secure encryption technology, regular data backups, and key code authentication. Interactive Health also limits access to your PHI only to those employees, contractors and agents who need the data to do their jobs or provide their services.

We reserve the right to change the terms of our Information Privacy Statement and to make the new provisions effective for all PHI that we maintain. If and when this statement is changed, we will post this information on our website and provide you with a copy of the revised Information Privacy Statement upon your request or as otherwise required by law. It is your responsibility to check our website periodically for updates or changes to our privacy statement.

#### HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

##### 1. USES AND DISCLOSURES FOR PARTICIPANT SERVICES, PAYMENT, AND HEALTH CARE OPERATIONS

Interactive Health is permitted to use and disclose PHI for participant services, payment, and health care operations and, when applicable, in accordance with a Business Associate Agreement as required by HIPAA. 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. The following examples are illustrative and do not list every type of use or disclosure that may fall within that category.

**Participant Services:** Interactive Health may use and disclose your PHI in connection with your participation in a Program to help you understand your health and potential risks to your health. Your Program may involve, at your option, completing a health risk assessment form, obtaining laboratory biometric screenings for various health risks, discussing your health with health care coaches or others associated with your Program. Interactive Health may provide you with online viewing of forms, explanations of lab test results and other health care information that may be relevant to you. Interactive Health may disclose PHI to third-parties designated by the sponsoring health plan for use in your participation in the Program.

**Payment:** HIPAA permits the use and disclosure of PHI so that we can bill and collect payment for our services, however Interactive Health's policy is not to share biometric screening results in connection with billing and payment processes.

**Health Care Operations:** Interactive Health is permitted to use and disclose your PHI in performing business operations. These include conducting quality improvement activities, training and auditing functions, and cost management analysis and customer service. We may use and disclose your PHI to provide training to new employees who work with PHI within the scope of their employment. All of our employees receive training on the importance of maintaining the privacy of your PHI. Interactive Health may also provide data aggregation services to your sponsoring health plan as part of the plan's health care operations whereby Interactive Health would aggregate de-identified information for purposes of data analyses relating to the plan's operations. De-Identified Information is PHI that has been de-identified by removing all references to individually identifiable information.

**Health Related Services:** Interactive Health may contact you to provide appointment reminders or to provide you with information about changes to your Program or other participant services that may be of interest to you as we view such information as part of the services you receive under your Program. And, as directed by you or your sponsoring health plan, our contracted third-party vendors may contact you directly with such Program information.

##### 2. OTHER USES AND DISCLOSURES

**Disclosures Required By Law:** We will disclose your PHI when required to do so by law. For example, we may disclose your PHI

when required by national security laws, or when required by the U.S. Department of Health & Human Services.

**Business Associates:** In accordance with the Participant Services, Health Care Operations, and/or Payment permitted uses and disclosures, we may provide your PHI to other companies (such as third-party wellness providers, disease management providers, Health plans, and/or other health management providers) or other individuals (i) to assist us in providing you with health and wellness services in conjunction with your Program, or (ii) that perform various activities on our behalf. These other entities are referred to under HIPAA as Business Associates. Interactive Health is required by HIPAA to have written Business Associate Agreements with these entities whenever we will share your PHI with the Business Associate. Likewise, we may receive your PHI by virtue of providing Business Associate services to your sponsoring health plan or Covered Entity. Business Associates are required by HIPAA to maintain privacy and security of PHI and to only use/disclose your PHI in accordance with HIPAA.

**Wellness Program:** Interactive Health may provide certain elements of your information to your sponsoring health plan, incentive administrator, or other health management providers determined by the sponsoring health plan for purposes of administering the Health Plan or the implementation of incentives related to your participation in the Program. The employer may receive a confirmation only that you have qualified for an incentive. However, Interactive Health will not provide the employer with information you supplied on your Health Risk Assessment, your biometric screening results, or how you qualified for an incentive. Participants who choose to participate in the wellness program may be eligible for incentives, as detailed in your Employer-Sponsored Wellness Program. 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 alternative standard or a reasonable accommodation.

**Uses and Disclosures Requiring Authorization:** Other uses and disclosures of PHI about you will be made only with your written authorization. Each authorization will contain an expiration date, your signature and date. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization. You may make such revocation by providing written notice to the address provided below. Information disclosed pursuant to your authorization may be subject to re-disclosure by the recipient and no longer be protected under HIPAA.

**Website and Security Procedures:** Interactive Health may use personally identifiable information collected through our website to tailor your use and experience on the website and to authenticate your access to our website.

**YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

**Right to Request Restrictions:** You have the right to revoke your authorization to disclose data as detailed in this Privacy Statement by sending a written request to Interactive Health. Any revocation of this authorization will not apply to any disclosure made prior to receipt of your revocation. To make a written request to exercise this right contact the Interactive Health Privacy Officer. In addition, you have the right to request specific restrictions on certain uses and disclosures of PHI, including those related to family members or to certain individuals involved in your care or benefit coverage that otherwise are permitted by HIPAA. Interactive Health is not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases. To request restrictions, you must make your request in writing to the Covered Entity (for example, your sponsoring health plan), or in accordance with any Business Associate responsibilities assumed by us, to our Privacy Officer.

**Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that Interactive Health contact you at home, rather than at work. You must make your request in writing to the Covered Entity (for example, your sponsoring health plan), or in accordance with any Business Associate responsibilities assumed by us, to our Privacy Officer in writing.

**Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you from the Covered Entity, and perhaps in certain records that Interactive Health maintains as a Business Associate. We may deny your request only in limited circumstances. To inspect and copy PHI, contact our Privacy Officer. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used to meet your request.

**Right to Amend:** You have the right to request that the Covered Entity, and perhaps in certain instances that we, amend PHI about you as long as such information is kept by or for our office. To make this type of request of us, you must submit your request in writing to our Privacy Officer. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request or if we are not the proper entity under HIPAA to perform such amendments.

**Right to Receive an Accounting of Disclosures:** You have the right to receive a list of certain disclosures of your PHI in the past six years other than disclosures made for participant services, payment or health care operations, disclosures made to you or made pursuant to an authorization, and certain limited exceptions under HIPAA. You may exercise this right by contacting the Covered Entity and Interactive Health will work closely with the Covered Entity to provide any accounting of disclosures in accordance with HIPAA.

**Right to Breach Notification:** Under HIPAA, a Covered Entity must provide notification to you upon any Breach of your Unsecured PHI. Interactive Health will work with the Covered Entity to provide any information necessary as required of a Business Associate.

**Right to a Paper Copy of this Statement:** You have a right to receive a paper copy of this statement even if you have previously agreed to receive this statement electronically. To obtain a paper copy or a prior version of this statement, contact the Privacy Officer.

**Questions/Complaints:** If you want further information about matters covered in this Privacy Statement, or believe that your privacy rights have been violated, or disagree with a decision made about access to your personal and health information, you can contact our Privacy Officer. You may also submit a complaint to the Office of Civil Rights of the U.S. Department of Health and Human Services. We want to hear your concerns and you will not be retaliated against if you file a complaint. **For more information regarding this notice, protections against discrimination and retaliation from the Employer, or a reasonable alternative standard, contact your Sponsored Wellness Program.**

<p><b>For more information about this Notice from your Wellness Provider:</b>  Interactive Health, Attention: Privacy Officer  1700 East Golf Road, Suite 900, Schaumburg, Illinois 60173  (800) 840-6100</p>	<p><b>For more information about HIPAA or to file a complaint:</b>  The U.S. Department of Health &amp; Human Services Office of Civil Rights  200 Independence Avenue, S.W. Washington, D.C. 20201  (202) 619-0257 / Toll Free: 1-877-696-6775</p>
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