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**HEALTHWISE SCREENING PROGRAM CONSENT**

The HealthWise Screening Program is a voluntary wellness program available to all full time Crown Equipment Corporation 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 questionnaire 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 wellness screening, which will include collecting biometrics and a blood test for a lipid panel and hemoglobin A1c. You are not required to complete the health questionnaire to participate in the wellness screening.

Employees who choose to participate in the wellness program will receive the annual 2023 HealthWise Credit of $130 for completing the health questionnaire and participating in the wellness screening by 12/31/2022. The 2023 HealthWise Credit is paid as an Earnings of $5 per pay period. Although employees are not required to complete the health questionnaire or participate in the wellness screening, only employees who complete both will receive the 2023 HealthWise Credit of $130. No credits or other incentives are provided for spouses who complete the health questionnaire or participate in the wellness screening.

The information from your health questionnaire and the results from your wellness screening will 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. You are encouraged to share your results or concerns with your healthcare provider.

**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 HealthWise wellness program and Crown Equipment Corporation may use aggregate information it collects to design a program based on identified health risks in the workplace, the HealthWise Screening Program will never disclose any of your personal information either publicly or to Crown’s personnel, 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 never be used to make decisions regarding your employment.

Your health information will not be sold. It will also not be 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 this 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 entities who will receive your personally identifiable health information are Quest Diagnostics Health & Wellness, Joint Township District Memorial Hospital (JTDMH), and Mercer County Joint Township Community Hospital (Mercer Health) to provide confidential services for participation in the HealthWise Screening Program.

In addition, all medical information obtained through this 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. Your privacy is important to Crown, and Crown has in place an official Privacy Policy for your protection. 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 will not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor will 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 the Crown Human Resources Department at 419-629-2311.

**I have read the information above and agree to participate in the HealthWise Screening Program.**

**I understand that my participation in the program is voluntary and confidential and that I am not required to participate as a condition of employment or of enrollment in health insurance.**

**I understand that the health questionnaire is completed at My.QuestForHealth.com and is a secure site managed by Quest Diagnostics Health & Wellness.**

**I understand that Quest Diagnostics Health & Wellness, JTDMH, and Mercer Health will assist with the wellness screening program and follow standard protocol on any lab tests that exceeds a critical limit so that urgent medical treatment can be arranged.**

**I understand that JTDMH and Mercer Health shall ensure that my lab results will be securely transmitted to Quest Diagnostics Health & Wellness and will be reported to My.QuestForHealth.com account.**

**I understand it is my responsibility to follow-up with my healthcare provider to discuss my results and/or secure treatment when so advised.**

**I understand that my personalized MyHealth Profile™ will be available online and mailed to my home after the wellness screening and health questionnaire is completed.**

**I understand that Quest Diagnostics Health & Wellness will compile my results with those of other Crown employees and report to Crown only in the form of group statistics without any reference to me or my personal information.**

**I understand that Crown will be informed that I have completed the health questionnaire and wellness screening to confirm my eligibility for a wellness incentive, but my individual responses and results will not be shared with Crown.**

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Print Name Crown Employee ID Number

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Signature Date