



EMPLOYEE WELLNESS PROGRAM RELEASE, PRIVACY AUTHORIZATION AND CONFIDENTIALITY NOTICE

1. I hereby authorize and give permission to City of North Little Rock staff as designated by the Mayor to use the following protected health information:

Information obtained as a result of my voluntary wellness screening under the North Little Rock Employee Wellness Program, specifically: Body Mass Index, Waist-to-Height Ratio, blood pressure, cholesterol and triglyceride levels, blood glucose/A1c levels, and tobacco/nicotine use. I provide permission for the tests to be performed and results shared by my Primary Care Provider (PCP).

2. I understand that my screening results will be processed by City of North Little Rock staff as designated by the Mayor for the sole purpose of establishing appropriate records to track and administer the Wellness Program. This information will be treated confidentially.
3. I understand that rewards for participating in a wellness program are available to all full-time employees on the City's health insurance plan. If I am unable to meet the goal range for the gift card incentive through the first screening, I understand that I may qualify for a reasonable alternative and earn the same reward by retesting at a later date and showing improved numbers. Contact: Bernadette Rhodes, Employee Wellness Coordinator, at brhodes@nlr.ar.gov or (501) 975-8777.
4. I understand that I have the right to revoke this authorization in writing at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.
5. I acknowledge that I have read this INFORMED CONSENT NOTICE, or it has been read to me. By agreeing, I acknowledge that I have had an opportunity to review and consider this Release and any related matters and to have all of my questions answered to my satisfaction. My signature acknowledges that I understand and I voluntarily consent to the sharing of my health information and consent to the testing and record keeping as described above. I understand that I may refuse to sign this authorization and forgo testing.

Print Name

Signature

Date