

2020 Annual Exam Health Screening Form Instructions

Bring this page and the Health Screening Form to your healthcare provider.

Why your biometric screening numbers matter

Your biometric screening numbers are one snapshot of your health. It's a great way to celebrate the things you're doing well, and to take a look at where you'd like to do better. After your results are sent to RedBrick Health, you'll find them in your online account. You'll also get health-related tips and suggestions that are tailored to your interests and health goals.

Earn incentives in 2020 for annual exam and biometric screening!

Complete your requirements anytime during the program year, January 1 – December 31, 2020, and earn gift cards from major retailers such as Visa, Target, Amazon and more.

- Be sure to complete your wellness activities and submit all required paperwork by December 15, 2020 in order to receive your Wellness Incentive by the end of the program year.

Incentives:

- Employees: \$300/year in gift card rewards
- Covered Spouses: \$200/year in gift card rewards

Follow these steps:

Step 1: Schedule your annual exam and biometric screening tests with your healthcare provider

The attached Health Screening Form outlines the appropriate biometric screening tests for your visit.

Step 2: Complete the Health Screening Form

Bring the attached Health Screening Form to your healthcare provider. First, review all of the instructions and information within this document and provide your signature on the Health Screening Form. Once the lab values (i.e., your cholesterol and glucose levels) are available, your health care provider should complete and sign the Health Screening Form.

Step 3: Send the Health Screening Form

- There are three ways to submit your form:
 - Upload to your secure RedBrick Health account
 - Mail: RedBrick Health, P.O. Box 2260, Minneapolis, MN 55402-0260
 - Fax: 844-343-2709
- If your provider sends the form by mail or fax, ask for a copy for your records.
- Your results will appear in your account 10 business days after the form is received.
 - Be sure to complete your wellness activities and submit all required paperwork by December 15, 2020 in order to receive your Wellness Incentive by the end of the program year. Once earned, gift card rewards are immediately redeemable and must be redeemed by December 31, 2020.

For more information: Log in to your account at <https://cargill.redbrickhealth.com>

Having trouble logging in to your account? Please call us at 1-866-322-1719

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees enrolled in a Cargill plan. 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 different means. Contact us at 1-866-322-1719 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Your privacy is important to us and we protect your personal information. Want to know more? Read our privacy policy at Home.RedBrickHealth.com/Privacy.

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AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Last updated: December 30, 2016

This Authorization for Use and Disclosure of Protected Health Information (“Authorization”) is intended to satisfy the authorization requirement of the Genetic Information Nondiscrimination Act of 2008 (“GINA”).

This Authorization pertains to your right to the privacy of your Protected Health Information (PHI) and relates to participation in employer-sponsored voluntary wellness programs offered by an employer to its eligible employees and their eligible dependents. We collectively refer to all eligible participants, including employees and their eligible dependents, as “Participants.”

RedBrick Health (“we,” “us” or “our”) administers voluntary wellness programs, including health screenings, health assessments, coaching and other clinical services. We collectively refer to all these types of programs as “Services.”

You may be eligible to use our Services if your health plan, benefits provider, employer (or the employer of the person through whom you receive your healthcare coverage) or other similar type of organization has purchased our Services and instructed us to provide you with our Services. We collectively refer to all these types of organizations as the “Sponsor.”

Our Services are administered according to Federal rules, within the United States, permitting employer-sponsored wellness programs that seek to improve health or prevent disease. Your eligibility or enrollment in your employer health plan or payment or reimbursement for healthcare services will not be based on your authorization for the requested use or disclosure of your PHI.

1. What is Protected Health Information (“PHI”)?

PHI is a special category of Personal Information defined and protected by Health Insurance Portability and Accountability Act of 1996 (HIPAA), a Federal law within the United States. PHI includes individually identifiable information, like your name, combined with medical or health insurance-related information that is collected or maintained on behalf of your health insurance provider or your medical provider.

2. How Is PHI Obtained, Used or Disclosed?

Our Services are subject to this Authorization, and your PHI will be obtained, used and disclosed through your participation in our Services including, but not limited to:

- **Health Screening.** The results of health screenings from your health Provider, an Onsite provider or a number of community access vendors can be made available through our Services. Your results may be used to direct you to tools that can help you meet your health goals or to help you understand your current health conditions and potential risks. Your results may also be used to offer you more of our Services and, if applicable, services under your Sponsor’s health plan. You are encouraged to share your results or concerns with your own doctor.
- **Health Assessment.** Our health assessment asks questions about your health history, such as your health numbers, lifestyle and diagnosed conditions. Your responses may be used to direct you to health and well-being tools that can help you meet your health goals or to help you manage current health conditions and potential risks. Your responses may also be used to offer

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you more of our Services and, if applicable, services under your employer's health plan. You are encouraged to share your results or concerns with your own doctor.

- **Phone and Onsite Services.** Through Services like Health Coaching and Next Steps Consult, our coaches and guides will ask questions about your health and well-being status, including your health numbers, lifestyle, diagnosed conditions and medications. Your information may be used to help you set and achieve your health and well-being goals or to help you understand your current health and potential risks. Your information may also be used to offer you more of our Services and, if applicable, services under your employer's health plan.

You should **never** disregard professional medical advice or delay seeking it because of something you have read or heard in or on our Services.

3. How Is PHI Protected?

Your PHI, including health screening results, health assessment responses and coaching notes, will not be obtained by your employer except as described in this Authorization and will not be used by your employer for any employment-related purposes. Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in our Services or receiving an incentive.

We will only share your personal information with entities that have a legal right to access it, that are obligated to protect it in similar ways that we are obligated to protect it, and that assist in providing our Services or health benefits to you. Although we and your Sponsor may use collected aggregate information to design a program based on identified health risks, information that personally identifies you and that is provided in connection with our Services will not be provided to your employer, except as permitted by law. For more information, refer to our Privacy Policy.

We will ask you to accept this Authorization each year of your participation in our Services.

4. Can You Refuse This Authorization?

YES. You have the right to refuse this Authorization. You are not required to authorize these disclosures. However, authorizing these disclosures is required to participate in our Services. You may have been offered an incentive to participate in all or some of our Services, and only Participants who sign this Authorization and participate in the relevant Services will receive that incentive.

Contact Us

Please contact us with any questions or concerns about this Authorization:

by email at:
compliance@redbrickhealth.com

by mail at:
RedBrick Health Corporation
510 Marquette Avenue South
Minneapolis, MN 55402
ATTN: Compliance

Your privacy is important to us and we protect your personal information. Want to know more? Read our privacy policy at RedBrickHealth.com/privacy.

HEALTH SCREENING FORM

Submit this completed form by uploading it to your secure RedBrick Health account, or by fax (844-343-2709) or mail: RedBrick Health, P.O. Box 2260, Minneapolis, MN 55402-0260. Results will appear in your wellness account approximately ten business days after the form is received.

PART 1: PATIENT (Patient completes Part 1.)

First Name

Last Name

Phone -- Date of Birth mm / dd / yyyy / / Sponsor or Employer Name **CARGILL**

By signing below, you allow your health screening to be used and disclosed as is described in the instructions that come with this form.

_____ For RedBrick use only

Patient Signature

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2.)

Healthcare Provider Phone -- NPI Date of Exam mm / dd / yyyy / /

PATIENT INFORMATION

Height feet inches Weight pounds Fasted for at least 9 hours? Yes No

METRICS: For results that are healthy for this person, but outside the guidelines range, also check the box and initial.

Waist Circumference	<input type="text"/> inches	<input type="checkbox"/>	HDL	<input type="text"/> mg/dL	<input type="checkbox"/>
BMI	<input type="text"/>	<input type="checkbox"/>	LDL	<input type="text"/> mg/dL	<input type="checkbox"/>
Blood Pressure	<input type="text"/> mmHg	<input type="checkbox"/>	Non-HDL	<input type="text"/> mg/dL	<input type="checkbox"/>
Total Cholesterol	<input type="text"/> mg/dL	<input type="checkbox"/>	TC/HDL Ratio	<input type="text"/> mg/dL	<input type="checkbox"/>
Triglycerides	<input type="text"/> mg/dL	<input type="checkbox"/>	Notes:		
Glucose	<input type="text"/> mg/dL	<input type="checkbox"/>			

_____ Healthcare Provider Name (*please print*) _____ Healthcare Provider Signature