

**Employee Health Questionnaire**

**Group Size 2 – 14 (medically enrolling employees)**

Employee Name	Employer Name:
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**Provide the following information for yourself AND any eligible dependents, including spouse or domestic partner to be enrolled.**

Name	Gender	Relationship
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Employee
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild*
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild*
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild*
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild*

\* Grandchildren may be covered if the parent is enrolled. Please advise name of enrolled parent:

**Please answer the following questions for yourself AND any eligible dependents, including spouse and domestic partners to be enrolled.**

1. Is anyone confined at home, incapacitated, confined in a treatment facility or incapable of self-support because of physical or mental disability?  YES  NO

2. Has anyone been treated for a serious illness, been hospitalized or had surgery in the past 5 years, is currently hospitalized or been advised that medical treatment, diagnostic testing, surgery, or hospitalization is necessary?  YES  NO

**If “yes” please enter reason:** \_\_\_\_\_

3. Is anyone currently being treated or been advised to seek treatment or counseling for cancer, heart disease, chest pain, stroke, high blood pressure, liver disease, brain tumor, birth defects, transplants, kidney disorder, nervous system disorders, diabetes, AIDS, AIDS-related complex, chronic respiratory disease, alcoholism, chemical dependency, mental illness or other serious conditions? **IF “YES” PLEASE CIRCLE CONDITION(S)**  YES  NO

4. Is anyone currently pregnant?  YES  NO  
 If “yes” provide due date: \_\_\_\_\_

*California law prohibits an HIV test from being required or used by health care service plans as a condition of obtaining coverage*

The CHOICE Administrators® Notice of Privacy Practices\* provides more detailed information about how CHOICE Administrators® may use and disclose my protected health information. I have a legal right to review this Notice of Privacy Practices before I sign this consent and I am encouraged to read it in full. I have a right to request restrictions on how my protected health information is used and disclosed. CHOICE Administrators® is not required by law to grant my request. However, if my request is granted, CHOICE Administrators® is bound by its agreement. I have a right to revoke this consent in writing, except to the extent CHOICE Administrators® or my health plan have already used or disclosed my protected health information in reliance upon my consent.

Employee <b>SIGN HERE</b>	Date:

\*See reverse side for Privacy Statement

# ENROLLMENT PRIVACY

**CHOICE Administrators®** is proud to provide quality employee benefit products and services to our customers. Keeping your personal information secure and protecting your privacy rights are important to you, and it is one of our top priorities.

This statement tells you about the information we request from our customers. It also tells you how we safeguard the personal information and protect the privacy rights of our current and former customers.

## **Our Privacy Commitment to You**

**CHOICE Administrators®** will safeguard your personal information and protect the privacy rights of our customers in accordance with state and federal laws. We will accomplish this in ways that are reasonable and consistent with sound business practices.

## **Protecting Your Health Information**

We do not share your personal health information (such as medical questionnaires) except when necessary to conduct underwriting reviews at the time of your Employer's initial enrollment into Kaiser Permanente Choice Solution or upon an Employer requested underwriting review at a subsequent renewal. In certain circumstances, we may share your personal health information if permitted or required by law.

**CHOICE Administrators®** is committed to protecting the confidentiality and security of your private health information. We maintain physical, electronic, and process safeguards that restrict unauthorized access to your personal health information. These security procedures include locked files and information system security measures such as user passwords, data encryption or firewall technology.

**CHOICE Administrators®** employees are required to comply with our policies and procedures to protect the confidentiality of your personal health information. Any employee who violates our privacy policy is subject to a disciplinary process. Employee access to private information is limited on a business "need-to-know" basis such as: when necessary to conduct underwriting reviews, or for anonymous statistical analysis.

## **Information About our Customers**

**CHOICE Administrators®** receives information about you in order to provide customer service, offer new products or services, administer our products, and fulfill other legal and regulatory requirements. We will provide you with access to this information and the ability to review, amend, correct or copy this information, if we are required to do so under state law. The methods we use to protect this information are similar to those described above to protect your health information.

The information we receive may vary by product; therefore, the examples that follow may apply to all customers but are designed to show the general categories of information that may be received and maintained by **CHOICE Administrators®**:

- Information provided by you on applications, forms, surveys and our Web sites, such as your name, address, date of birth, Social Security number, gender, marital status and dependents.
- Information provided by your employer.
- Information about your transactions and experiences with Kaiser Permanente Choice Solution, such as: products or services purchased, account balances, payment history, policy coverage, and premiums.
- Information from healthcare providers or other third parties such as credit history, medical information, and demographic information.

## **Information Shared Within The **CHOICE Administrators®** Family of Companies**

While understanding the importance of protecting your personal information, certain information will need to be shared during the normal course of business. We may disclose to the extent permitted by law the personal information we receive about you, as described above, within the **CHOICE Administrators®** family of companies.

## **Information Shared With Others**

We may disclose the personal information (not your personal health information) we receive, as described above, to the following types of third parties:

- Other third parties as permitted or required by law, such as for compliance with a subpoena, fraud prevention, or inquiries from state or federal regulatory agencies.
- Financial service companies with whom we have agreements, such as: insurance companies, insurance brokers or agents, administrators, and service providers.
- Other companies to help them market their products and services, unless you request otherwise.

We maintain written contracts with third parties to help ensure that the personal information we share about our customers is used for a legitimate business purpose.

## **Your Privacy Option**

**CHOICE Administrators®** values you as a customer, and we are committed to bringing you products and services that help you to feel healthier and more secure. Our goal is to always use your information in a responsible business manner. However, if you do not want **CHOICE Administrators®** to share your information with third parties, you may call our Member Services department at (800) 580-9626 during normal business hours to "opt out." We will be happy to comply with your request. This option does not apply to sharing information, including health information, that is necessary for underwriting coverage or that is permitted by law. If there are State law requirements that prohibit sharing your information without your written permission, **CHOICE Administrators®** will comply with those requirements. "Opt out" requests from a subscriber will apply to that subscriber's dependents who are also covered under the plan or policy. Please allow sufficient time for us to process your request.