



## Terms of Use for the Online Health Risk Assessment

**The information below describes how your personal information will be safeguarded and used to develop your report.**

The following is an important notice regarding your personal information. Please read this carefully.

Congratulations for choosing to participate in the Personal Wellness Profile assessment. Consider this assessment as your first step to better health. By choosing to take personal responsibility for your good health now, you may live a longer, healthier, and happier life. This assessment is designed for adults 18 years or older.

**Terms of Use.** By participating in the Personal Wellness Profile assessment, you agree that the results of the assessment will be used for educational purposes only and that the Personal Wellness Profile is not intended to and cannot replace the advice of a medical professional. You should not rely on the Personal Wellness Profile for diagnosis or treatment. Persons who display disease symptoms, fall into certain high-risk categories, or who receive abnormal laboratory test results should consult a physician before embarking on any course of action or any lifestyle change. Neither Wellsource, Inc. (Wellsource), nor Vanderbilt HEALTH Plus is liable for any health consequences resulting from your participation in this program.

**Use of Personal Information.** I understand that Vanderbilt HEALTH Plus has teamed up with Wellsource, Inc., a company specializing in population health management systems, to provide this Online Health Risk Assessment. This notice sets forth Wellsource and Vanderbilt HEALTH Plus's practices regarding the information collected from Personal Wellness Profile participants. Wellsource retains the information you submit in the course of taking the Personal Wellness Profile assessment. Upon your consent to this End User Notice, your answers to the questionnaire will be disclosed to Vanderbilt HEALTH Plus; that is, with your consent, Vanderbilt HEALTH Plus will have access to your personal information from Wellsource. Wellsource and Vanderbilt HEALTH Plus have contractually agreed to fully comply with laws and regulations on the use of personal information; however, both Wellsource and Vanderbilt HEALTH Plus are independently responsible for fully complying with privacy and security practices. If you consent to be bound by this End User Notice, information about you will be shared with Vanderbilt HEALTH Plus in two forms: (1) aggregate data (your data combined with those of other participants which does not personally identify you), and (2) personally identifiable data (data specific to and identifiable to you). Additionally, in the course of providing services associated with the Personal Wellness Profile, Wellsource may have access to your personal information. You may delete your Personal Wellness Profile at any time; however, we cannot guarantee that your information in aggregate form will be completely removed from the Wellsource system.

I understand that my participation in the Online Health Risk Assessment is voluntary. Name and ID will be used to authorize wellness benefits for active, full-time, benefits-eligible Vanderbilt faculty and staff. Any information collected through this Online Health Risk Assessment will be confidential and will not be disclosed by Vanderbilt HEALTH Plus without my express permission except as required or authorized by law. I hereby authorize Vanderbilt HEALTH Plus to use my information for statistical purposes or to collect group data, provided that my identity not be disclosed. I understand this authorization will expire ten years after the date on which I agreed to it unless earlier revoked by me as set forth below. I understand I may revoke this authorization by sending a written request to Vanderbilt HEALTH Plus, except to the extent that action has already been taken in reliance on this authorization.

In consideration for Vanderbilt HEALTH Plus providing this Online Health Risk Assessment, I hereby hold harmless Vanderbilt University and Wellsource, Inc., their trustees, agents, officers, servants, and employees from and against any and all claims or causes or action of any kind which may in anyway arise in connection with the Online Health Risk Assessment.

**Consent.** This notice contains our policy with respect to our security and privacy practices. This policy and notice may change at any time. I acknowledge that I have read, understand, and agree to the above and assert that I am at least 18 years of age.