



MEDICAL MUTUAL®

Solutions Program Authorization for Release of Health Screening Results

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic information’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I authorize Medical Mutual of Ohio and its subsidiaries and affiliated companies (collectively, “Medical Mutual”) to release to the Diocese of Toledo the number of health factors I met gathered from my health screening for the purposes of coordinating with the Diocese of Toledo for the receipt of wellness benefits. No specific results, including the specific factors met or not met nor the specific measures or test results will be shared with my employer.

I understand information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the Diocese of Toledo and may no longer be protected by Federal or State privacy laws. I understand this authorization and my participation in the wellness program is voluntary. I may revoke this authorization at any time by delivering such revocation in writing to Medical Mutual at: Wellness Team; MZ: 01-5B-7500; Medical Mutual 2060 East 9th Street; Cleveland, Ohio 44115. I further understand Medical Mutual may not condition treatment, payment, enrollment or eligibility for benefits on my signing this Authorization. I hereby release Medical Mutual from all legal responsibilities or liabilities that may arise from any use or disclosure of information made pursuant to this Authorization, and further understand and agree that any use of my individual health information by the Diocese of Toledo is independent from the health plan programs and services provided by Medical Mutual. I certify that I have read, understand and agree to this Authorization.

Print name:
Signature of member:
Relationship (Circle one): Employee Spouse
Date of birth:
Medical Mutual identification number:
Date:

Send this form to Medical Mutual **by January 15, 2017**. If you have any questions, please call (419) 473-7213. **Email form to:** Solutions@medmutual.com **Fax form to:** (888) 219-8693

Or mail form to: Medical Mutual
Wellness Team MZ: 01-5B-7500
2060 E. 9th Street
Cleveland, OH 44115