



## Authorization for Release of Protected Health Information

**Hello and congratulations on your success in creating new healthy habits!**

**Thank you for agreeing to share your story with us.** Stories like yours are an inspiration to us here at LifeDojo, and we believe it will be an inspiration to many others who are considering spending 12 weeks creating their own new health habits. When you share your experience, you also let your employer know that you enjoyed the program and you want to see more like it in the future.

*I, the undersigned, hereby authorize LifeDojo, Inc. ("LifeDojo") to release health information related to my participation in LifeDojo's health program to my employer The Goodyear Tire and Rubber Company ("Goodyear") and other participants of the LifeDojo programs, including but not limited to other employees utilizing the solution, for the purpose of sharing indicators of success related to the program.*

*I understand that by signing this authorization:*

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed.*
- I have the right to withdraw permission for the release of my information, I can revoke that authorization at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed.*
- I have the right to receive a copy of this authorization upon my request.*
- I am signing this authorization voluntarily and treatment, payment, or my eligibility for benefits will not be affected if I do not sign this authorization.*
- I further understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.*

SIGNED BY: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_