

Important Notice:

The sample privacy notice is on the following page. This document is an example of a privacy notice that employers may give to their employees prior to performing employee wellness screens. Prior to use, please review this document with your company legal department or outside counsel. Please note, these protocols are specific to winery tasting rooms. A winery providing a sit-down, dine-in meal should follow the California state guidelines for dine-in restaurants.

Employee Privacy Notice

[Company Name] is committed to taking every step possible to protect employees in light of the current COVID-19 pandemic. In the course of doing so, [Company Name] will not discriminate against any employee based on that individual having a communicable and/or infectious disease, including but not limited to the current COVID-19 pandemic, and will comply with all applicable statutes and regulations that protect the privacy of employees' protected medical information.

During a communicable and/or infectious disease outbreak, including but not limited to the current COVID-19 pandemic, employees may not report to work while they are ill, experiencing flu-like symptoms, or following exposure or close physical contact with an individual who is experiencing flu-like symptoms or has tested positive for COVID-19. [Company Name] will follow guidance from the CDC and EEOC regarding employees returning to work, including regarding testing and information gathering pertaining to travel, symptoms, and potential exposure to COVID-19.

Any medical information discovered by, or disclosed to, [Company Name] as part of wellness screenings will be treated as confidential medical information and protected in accordance with applicable laws.

Any medical information obtained through inquiry or examination will be maintained in a confidential medical file and kept separate from the employee's personnel file.

[Company Name] may ask employees who report feeling ill at work, or who call in sick, questions about their symptoms to determine if they have or may have COVID-19. These symptoms include, without limitation, fever, chills, cough, shortness of breath, difficulty breathing, body shaking, muscle aches/pain, headache, sore throat, new loss of taste, new loss of smell, diarrhea, and runny/stuffy nose. Employees exhibiting symptoms will not be permitted to report to work, or, if the symptoms are discovered or reported while the employee is at work, the employee will be required to leave the workplace.

If a positive case is identified in the workplace, [Company Name] will immediately investigate the potential exposure of others in the workplace and will notify individuals who are identified as having potentially been exposed, without disclosing the name of the individual or any personally identifiable information about the individual believed to be the point of contact to exposure.

[Company Name] may be required to disclose protected health information regarding an individual who has tested positive for or been exposed to COVID-19 to state, local, or federal health departments or other authorities. [Company Name] will make every reasonable effort, as required by law, to limit access to and use of an employee's protected medical information and will limit any required disclosure of such information to the minimum necessary to accomplish the purpose of the disclosure.

Please sign here to confirm you have read and understand the contents of this notice:

Date: _____

Employee Name: _____

Employee Signature: _____