



# 2021 Biometric Health Screening Authorization Form — No Appointment Needed —

## Important Notes:

- ✓ If you are a HealthTrust covered Employee, Retiree or spouse, you can print this Authorization Form and bring it, along with your Anthem Blue Cross and Blue Shield Identification (ID) card, to any ConvenientMD location to receive a Biometric Health Screening free of charge.
- ✓ **All ConvenientMD locations are open 8am to 8pm, 7 days a week.** Just walk in; no appointment required.
- ✓ Fasting is not necessary.
- ✓ After your screening, your results will be sent to Onlife Health to ensure you earn your \$75 Biometric Health Screening reward.\*

### ConvenientMD Locations

★ Bedford .....	3 Nashua Rd.....	603-472-6700
★ Belmont .....	77 Daniel Webster Hwy.....	603-737-0550
★ Concord .....	8 Loudon Rd.....	603-226-9000
★ Dover .....	14 Webb Place .....	603-742-7900
★ Exeter/Stratham.....	1 Portsmouth Ave.....	603-772-3600
★ Keene .....	351 Winchester St.....	603-352-3406
★ Littleton .....	551 Meadow St.....	603-761-3660
★ Londonderry.....	42 Nashua Road .....	<b>COMING SOON</b>
★ Merrimack.....	2 Dobson Way.....	603-471-6069
★ Nashua .....	565 Amherst St.....	603-578-3347
★ Portsmouth.....	599 Lafayette Rd.....	603-942-7900
★ Windham/Greater Salem...	125 Indian Rock Rd.....	603-890-6330

For a list of locations in Maine, please visit [www.ConvenientMD.com](http://www.ConvenientMD.com)

\* You must have your screening no later than November 30, 2021 to receive the 2021 Biometric Health Screening reward. Screenings completed after this date will count toward the 2022 Slice of Life program. The amount of any cash and the value of any other wellness incentive rewards received from HealthTrust are taxable to the recipient for federal income tax purposes.

## Participant Information

Participant Status:  Employee  Retiree  Spouse

Accounts: HealthTrust Biometric Health Screening

Enrollee's Employer: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_

Anthem Member ID from Card: \_\_\_\_\_

## Services Requested

Biometric Health Screening

## Results

**ConvenientMD Staff:** Please verify account protocol on the Occupational Health Directory

- Occupational Health Directory Account: HealthTrust Biometric Health Screening
- Results should be recorded & discussed per protocol

Please read the **Notice, Privacy and Consent** on the back of this form and **sign where indicated.**



— Quality Care • When You Need It • Made Affordable —



## QUALITY CARE

- Full medical team on site
- Experienced & compassionate team
- X-ray, labs, procedures, EKGs & IV fluid



## CONVENIENT

- No appointment needed – just walk in!
- Open 8am - 8pm, 7 days a week
- Average visit under an hour



## AFFORDABLE

- Affordable rates
- Insurance accepted, but not required
- Low cost x-rays, labs, and procedures

8am-8pm, 7 Days a Week

**JUST WALK IN!**

# 2021 Slice of Life Wellness Program Notice



You are having a Biometric Health Screening as part of HealthTrust's 2021 Slice of Life program year. HealthTrust provides the "Notice Regarding HealthTrust's Wellness Program" below to all Slice of Life participants each program year. Please review the notice and take it with you when your screening is complete.

## Notice Regarding HealthTrust's Wellness Program

HealthTrust's Slice of Life wellness program is a voluntary wellness program available to individuals covered by a HealthTrust medical plan. The program is administered by HealthTrust and Onlife Health (Onlife) according to federal rules permitting wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others.

As part of the wellness program you have the option of completing a voluntary Health Assessment or "HA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). The wellness program also offers a Biometric Health Screening, which includes a blood test for cholesterol, glucose and triglycerides. You are not required to complete the HA or to participate in the Biometric Health Screening tests or other medical examinations.

All components of the wellness program are voluntary. However, employees who choose to participate in the wellness program will be eligible to receive incentives\* as described in the relevant Slice of Life wellness program materials. Although you are not required to complete the HA or participate in the Biometric Health Screening, only employees who do so will receive the applicable incentives.

Additional incentives may be available for employees who participate in certain health-related activities, or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting HealthTrust at 1.800.527.5001. The information from your HA and the results from your Biometric Health Screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching and disease management. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your individually identifiable health information (also known as "protected health information" under HIPAA). Your individually identifiable health information obtained as part of the wellness program will not be shared publicly or with HealthTrust or your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Protected health information that is provided by you in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. However, HealthTrust and/or your employer may be advised of your participation for purposes of incentive administration and may be provided aggregate information not containing any individually identifiable information in order to design a wellness program based on health risks in the workplace. The importance of safeguarding individually identifiable health information is recognized and all organizations involved in this wellness program are obligated to take reasonable steps to protect such information from unauthorized access or use in accordance with applicable HIPAA privacy and security policies.

Your protected health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your protected health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your protected health information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. An Onlife "health coach" and an Anthem "case manager" are the only individual(s) who may receive your individually identifiable health information in order to provide you with services under the wellness program.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you in accordance with applicable HIPAA and other privacy law requirements.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, please contact the HealthTrust Privacy Officer at:

[privacyofficer@healthtrustnh.org](mailto:privacyofficer@healthtrustnh.org).

*\*The amount of any cash and the value of any other wellness incentive rewards received from HealthTrust are taxable to the recipient for federal income tax purposes.*

## **Notice, Privacy and Consent**

I agree to participate in this Biometric Health Screening. I understand that this screening will be used to determine possible health risks. I understand that my participation is voluntary and that I am not required to participate as a condition of employment or enrollment in my employer's health plan.

I understand my individually identifiable information associated with this Biometric Health Screening will be shared with and used by Onlife Health to provide me with a wellness report and for other health management services including data aggregation for program improvement purposes.

My Biometric Health Screening information may also be provided to Anthem to provide case management services. I understand that my individually identifiable health information will not be shared with HealthTrust or my employer. However, HealthTrust and/or my employer may be advised of the fact of my participation for purposes of incentive administration and may be provided aggregate information not identifiable to any individual in order to design a wellness program based on health risks in the workplace.

The importance of safeguarding individually identifiable health information is recognized and all organizations involved in this screening are obligated to take reasonable steps to protect such information from unauthorized access or use in compliance with the privacy policies included in the Health Insurance Portability and Accountability Act (HIPAA).

I hereby also authorize ConvenientMD to share my Biometric Health Screening results with my Primary Care Provider noted below:

**Name of Primary Care Provider (PCP):** \_\_\_\_\_

**Name (Please Print):** \_\_\_\_\_  
(First, Middle Initial, Last)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_