



# 2019 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
★ 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
★ 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 MA and ME, please visit [www.ConvenientMD.com](http://www.ConvenientMD.com)

\* You must have your screening no later than November 30, 2019 to receive the 2019 Biometric Health Screening reward. Screenings completed after this date will count toward the 2020 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!**

## 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:** \_\_\_\_\_