



# 2018 Biometric Health Screening Authorization Form — No Appointment Needed —

## Important Notes:

- ✓ Beginning 11/1/17, if you are a HealthTrust covered Employee, Retiree, or Spouse, you can print and bring this **Authorization Form, along with your Anthem Blue Cross and Blue Shield Identification (ID) card** to any ConvenientMD location.
- ✓ **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 is completed, **your results will be sent to Onlife Health to ensure you earn your Biometric Health Screening reward\*.**

\*Biometric Health Screening rewards (\$75) earned between 11/1/17 and 12/31/17 will be processed in January 2018 as part of the 2018 Slice of Life program.

### 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

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