Asset Health®

FRISCO

BIOMETRIC SCREENING FORM – Physician Only

Schedule an appointment with your personal doctor or with an independent clinic, and take this form with you. Fully completed forms must be received by October 31, 2020 by: ***fax (248-816-3326) or upload on your wellness portal (assethealth.com/frisco).*** **Please allow up to 10 business days for your results to be posted.**

To be completed by the employee:

Patient Name:_____ Date of Birth: ____ /____ /____
LAST FIRST MM DD YY

I authorize the physician indicated below or his/her authorized office staff to release my confidential medical information to Asset Health. I understand that my form will not be accepted by Asset Health if any of the Healthy Measure values are missing. By signing below, I acknowledge that I have read and accepted the ADA and GINA notice provided in its entirety.

Signature of Patient or Legal Representative: _____ Date: ____ /____ /____
MM DD YY

To be completed and submitted by the medical provider: Note: All Healthy Measures are required. Only screening data from November 1, 2019 through October 31, 2020 will be accepted.

TEST	YOUR RESULTS
The City's standards are set based on fasting.	
Height – Healthy Measures	_____ ft. _____ in.
Weight – Healthy Measures	_____ lbs.
Waist Circumference Male: < 40", Female: < 35" - **Healthy Measures** **OR Body Mass Index** ≤ 25	_____ in. _____
Blood Pressure < 130/85 mmHg - **Healthy Measures**	Systolic _____ mm/Hg Diastolic _____ mm/Hg
Fasting Glucose < 110 mg/dL - **Healthy Measures**	_____ mg/dL
Triglycerides < 150 mg/dL - **Healthy Measures**	_____ mg/dL
HDL Cholesterol Male: ≥ 40 mg/dL, Female: ≥ 50 mg/dL - **Healthy Measures**	_____ mg/dL
LDL Cholesterol	_____ mg/dL
Total Cholesterol	_____ mg/dL

PHYSICIAN'S SIGNATURE DATE OF LAB WORK DATE SIGNED PHONE NUMBER

PHYSICIAN'S SIGNATURE (PRINTED) _____

NOTICE REGARDING WELLNESS PROGRAM

Your wellness program is a voluntary wellness program available to all eligible individuals. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve individual 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, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary Health Assessment (HA) (also referred to as Health Risk Assessment (HRA), Health Risk Questionnaire (HRQ), Wellness Assessment (WA), Personal Health Assessment (PHA), Health Risk Evaluation (HRE) or Health Behavior Questionnaire (HBQ) 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). You may also be asked to complete a biometric screening, which will include a blood test for various biometric measurements, e.g., BMI, Blood Pressure, Glucose, etc. You are not required to complete the HA or to participate in the blood test and/or other medical examinations.

However, eligible individuals who choose to participate in the wellness program may receive an incentive for completing the HA or participating in the biometric screening. Although you are not required to complete the HA or participate in the biometric screening, only eligible individuals who do so will receive any available incentives.

Additional incentives may be available for individuals who participate in certain health-related activities or achieve certain health outcomes, e.g., weight loss, smoking cessation, lower blood pressure, etc. 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 are entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting your wellness program administrator.

The information from your HA and the results from your biometric 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 coaching, iKnowledge courses, etc. 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 personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the 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. Medical information that personally identifies you that is provided 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.

Your 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 health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) those individuals determined to be necessary such as a “qualified health professional”, a “wellness program administrator” or a “health coach" in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. 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 immediately.

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, or about protections against discrimination and retaliation, please contact your wellness program administrator or Human Resources department.

Authorization We are required by law to obtain your prior, knowing, voluntary, and written authorization prior to obtaining your health information. For all spouses in the wellness program, your health information is considered genetic information protected under Title II of the Genetic Information Nondiscrimination Act of 2008 and the above notice describes your protections from disclosure of medical information (i.e., health information). By signing below I acknowledge that I have read the above sections regarding the wellness program and understand the rights and protections available to me through the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. Your signature authorizes collection of your health information to be used for purposes of the wellness program.