



# WELLNESS SCREENING FORM

## INSTRUCTIONS FOR PATIENTS AND HEALTH CARE PROFESSIONALS

- Print this form and bring it with you to the doctor's office.
- Fill out the Patient Information section, sign and date.
- Have your doctor, or health care professional, fill out the Wellness Screening Information section, sign and date.
- Please make sure all questions have been answered. Forms with blank responses cannot be processed.

### Marking instructions

A	B	C	D	E	1	2	3	4	5
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### Forms may be sent by:

**Mail:** Signature Wellness  
PO Box 390841  
Omaha, NE 68139-0841

**Online:** Upload your form at  
[www.YourSignatureWellness.com](http://www.YourSignatureWellness.com)

### PATIENT INFORMATION

Relationship:  Employee  Spouse/Domestic Partner

Gender:  Male  Female

Patient's First Name

MI

Patient's Last Name

Street Address, Apt Number, PO Box

City

State

Zip

Patient Date of Birth

 /  / 

Preferred Telephone Number

 -  - 

Patient Social Security Number

 -  - 

Employee Social Security Number

 -  - 

Email Address

Patient Signature (required). My signature means that the information on this form is correct

Today's Date:  /  /

I understand that Actuarial Consulting Services, Inc. receives this information, and may use it for determining my eligibility for incentives when applicable.

I understand that providing this authorization for Actuarial Consulting Services, Inc. to collect my health information is voluntary under the employer wellness program.

[www.YourSignatureWellness.com](http://www.YourSignatureWellness.com) is owned and operated by Actuarial Consulting Services, Inc.

### WELLNESS SCREENING INFORMATION

Date of Screening:  /  /

BMI

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**OR**

Height/Weight

 Feet  Inches

 Pounds

Waist

 Inches

Blood Pressure

 Systolic

 Diastolic

Fasting Blood Sugar mg/dl

**OR**

Non-Fasting Blood Sugar mg/dl

Total Cholesterol mg/dl

LDL mg/dl

HDL mg/dl

### HEALTH CARE PROFESSIONAL INFORMATION

Health Care Professional/Doctor First Name

MI

Health Care Professional/Doctor Last Name

City

State

Zip

Signature of Health Care Professional/Doctor (required)

Today's Date:  /  /

## **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, Actuarial Consulting Services, Inc 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. Please note that individually identifiable genetic information (such as information about family health history, or a child's health conditions) is not collected by this plan.

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 personally identifiable health information that is received will only be used 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, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Actuarial Consulting Services, Inc has an information security program consisting of people, process, and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event a data breach, as defined by law, occurs involving information you provide in connection with the wellness program, you will be notified as required by law.

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 or need additional information regarding your employer sponsored wellness program, or about protections against discrimination and retaliation, please contact your Plan Administrator or Employer.