



Biometric Data Form

Name: _____ Date of Birth: _____ Employee ID #: _____

This form is to be completed by your provider as part of the yearly HealthWorks 2.0 screening. Return the completed form with lab work to the HealthWorks office to demonstrate completion of Step 1 of the HealthWorks Open Enrollment process by September 30, 2024.

Employee Biometric Data	
Height: _____ ft _____ in	Weight: _____ Blood Pressure _____/_____ Blood Pressure (re-check) _____/_____
Pulse: _____	Tobacco Use: Yes _____ No _____
Provider Signature _____	Date completed _____
**Attach a copy of A1C or Glucose and Lipid Panel report if <u>completed after 10/23</u> **	

I authorize the use or disclosure of the above named individual’s health information as described below:

- Huntsville Hospital is authorized to make the disclosure in accordance with HIPAA privacy rules.
- I understand that Huntsville Hospital, Employee Health, HealthWorks 2.0 and US HealthCenter, Inc. (USHC), will have access to my test results for determining if the results are within normal ranges. Group statistics may be used for reporting and research purposes.
- The information to be used or disclosed are **laboratory reports for Lipid Panel and A1C, Blood Pressure, Pulse, Height, Weight, BMI & Body Fat. An optional PSA is also included for men 40 years and older.**
- The information will be used solely for the purpose of enrollment in the Huntsville Hospital’s employee wellness program, HealthWorks 2.0.
- I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to be presented to the Medical Record Department. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- Rewards for participation in the wellness program are available to all employees. If you think you may be unable to meet a standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. We will work with you to find a way to fulfill the requirement that is right for you. Contact HealthWorks at 256-265-6288.
- Bloodwork completed at your physician’s office may be subject to copays/deductibles in accordance with your insurance plan.
- I consent to the release of my name as a participant in the Employee Wellness Program for the purpose of creating a participant list. If there is an incentive related to my completion of the wellness program, biometrics, and/or coaching participation, I authorize USHC to disclose such information as deemed necessary in order to qualify for the incentive. In addition, I consent to the use of my anonymous PHI for group reports and annual comparisons where my individual confidentiality will be protected. I understand my information will be used to create my protected Personal Health Desktop (PHD) page. I also consent to being contacted by a health coach to review my results.

Signed _____ Date: _____