

## *County of San Bernardino Health Care Provider Biometric Screening Form*

### **Step 1:**

Make your appointment with your personal physician for a Non-fasting lipid panel, status test. During your visit, have the physician's office record your height, weight, blood pressure and pulse.

### **Step 2:**

Read page 2 and complete page 3 in its entirety. **BOTH** participant and physician **must sign**. Forms will **NOT** be accepted without both parties' signatures.

### **Step 3:**

Send your results to a secure Summit Health fax location:

1. Have your physician office fax results to DIG (Data Integrity Group) at 248.864.4409.

All lab results will need to be received by Summit Health **no later than April 30, 2014**.

# County of San Bernardino

## Screening and Informed Consent/Authorization Release Form

1. I agree to participate voluntarily in this health screening activity coordinated by Summit Health and County of San Bernardino. The health screening includes:
  - Blood Pressure/Pulse
  - Measured Height, Weight
  - Blood test to include:
    - o Non-Fasting Lipid Panel
    - o Glucose values
2. I hereby release to Summit Health and/or their agents and staff from any and all liability arising from or in any way connected with my health screening.
3. I understand it is my responsibility to 1) direct questions regarding testing to those administering the tests and 2) follow-up with my physician to discuss the results of these tests when so advised.
4. I understand that any information collected as part of this health screening will be treated as confidential. Individual health information will not be shared with my employer.
5. I understand that my individual health data will be used by Summit Health to:
  - o Evaluate the impact of the wellness program.
  - o Provide my employer aggregate information as part of a group summary report (my individual data will not be disclosed).

I authorize my physician to perform the above listed tests and release information regarding these tests to Summit Health. The results can be sent directly to the Data Integrity Group at Summit Health. The contact information is listed on the first page.

6. I acknowledge that Summit Health has made available for my use the Notice of Privacy Practices.

**By signing page 3, I agree to the terms outlined above.**

