

# Health Care Provider Biometric Screening Form

## Step 1

Make your appointment with your personal physician for a **fasting glucose and lipid panel blood test with health information measurements**. Since the blood test requires you to fast for 8 – 10 hours, we recommend you schedule an early-morning appointment.

The fasting glucose and lipid panels will test your blood for:

- Total cholesterol (TC)
- High density lipid proteins (HDL)
- Low density lipid proteins (LDL)
- Triglycerides
- Blood sugar level (blood glucose)

The required health information measurements include your:

- Height (feet and inches)
- Weight (pounds)
- Waist circumference (inches)
- Blood pressure (systolic and diastolic values)

## Step 2

1. Completely read the **Screening and Informed Consent/Authorization Release Terms** on page 2.
2. Print the form on page 3 and complete the **Employee or Participant Section**. Be sure to include your **Wellness Program Member ID, signature, and date**. Your signature also confirms you agree to the terms on page 2. Contact your Wellness Program Administrator if you do not remember your Wellness Program Member ID.
3. Provide the form to your physician.

## Step 3

1. Ask your physician to complete the **Physician or Office Staff Section** and fax the completed form to the fax number provided on page 3.
2. Request a copy of the completed form from your physician for your own records.

**ALL FIELDS** in the form must be completed. **BOTH** you and your physician must sign and date the form. Forms will **NOT** be accepted without this required information. We will not notify your physician if the form is incomplete. It will be **YOUR** responsibility to resubmit the form with all of the required information.

## Screening and Informed Consent/Authorization Release Terms

1. I agree to participate voluntarily in this health screening activity coordinated by beBetter Health and Mary Baldwin University. The health screening includes:
  - Blood pressure
  - Measured height, weight, waist circumference
  - Blood test to include Fasting Glucose and Lipid Panel
2. I hereby release beBetter 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/organization.
5. I understand that my employer/organization will not have access to the personal health information that I provide to the program except as follows: my employer/organization may receive participant information in a group summary form that does not identify my specific individual health information. In addition, if I am voluntarily participating in an employer-sponsored program that offers incentives or other benefits to me that are directly related to the presence of key health indicators, my employer/organization and/or wellness program sponsor may receive my personal health information related to those health indicators.
6. I authorize my physician to perform the above listed tests and release information regarding these tests to beBetter Health. The results will be faxed by my physician directly to beBetter Health using the fax number provided on page 3. beBetter Health contact information:

beBetter Health  
415 N. Dearborn St. Suite 510  
Chicago, IL 60654  
General phone number: (800) 348-5307  
Form fax number: (866) 427-8552  
[www.bebetter.com](http://www.bebetter.com)
7. I acknowledge that beBetter Health has made available for my use the Privacy Statement at the following website address: <https://www.bebetterhealth.net/Privacy.aspx>

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

