



Health Maintenance Institute

Individual Screening Program Form

HMI is pleased to offer the Individual Screening Program for your convenience. As an alternative to being screened onsite, HMI can send you to a local lab for your wellness screening.

To ensure your form is processed in a timely manner, please be sure to follow all instructions as provided.

PARTICIPANT INSTRUCTIONS

1. Complete the Consent/Registration Form (page 2 of this document).

If you select any additional tests, you are **REQUIRED** to complete the BCBS information on Page 2.

2. Fax, Email, or Mail your completed Consent/Registration form to HMI.

Registration Options: **Fax** completed form to 312-858-6330; Attn: Individual Program

Email completed form to psc@hmihealth.com

Mail completed form to: HMI Individual Program, 4205 Westbrook Drive, Aurora, IL 60504

If you have not received your confirmation email within 5 business days of returning the form, please call HMI at 847-635-6580.

3. Set up an account and view your results.

- Go to www.myhmihealth.com

Returning Users

- If you have already created an online account for a previous wellness screening, please login with the same username and password you created.

New Users

- Please click "Register Account" and complete all required fields. Your site code is: **L773**

4. Verification/Receipt of Lab Confirmation Order.

Once we receive your Consent/Registration form, HMI will create a Lab Confirmation Order and email you further instructions. Locating a lab, instructions for you at the lab, etc will be provided in this Lab Confirmation Order email.

5. Visit the Lab by 11/27/2019.

6. After your Visit to the Lab.

You can expect to receive an email letting you know that your personalized screening results are completed and ready for your review on your online profile, about 5-7 business days from your lab visit. You can also elect to receive a results packet in the mail within 3 weeks of your screening.

Individual Screening Form **MUST** be returned by: **11/25/19**

Screening Deadline: **11/27/19**



LOYOLA

INDIVIDUAL SCREENING PROGRAM CONSENT/REGISTRATION FORM

SITE CODE L773

SECTION 1: PARTICIPANT INFORMATION

Form fields for Last Name, First Name, Mailing Address, City, State, Zip, Email Address, Social Security #, Birth Date, Gender, and Phone #.

PLEASE SELECT ONE: [] EMPLOYEE/SPOUSE ON LOYOLA BCBS PPO - MUST BE ON LOYOLA UNIVERSITY HEALTH INSURANCE TO PARTICIPATE

Form fields for BCBS PPO Insured ID #, BCBS PPO Group No./Group ID #, and Employee/Spouse/Partner selection.

Informed Consent for Administration of Wellness Screening Tests:

I hereby consent to have Health Maintenance Institute of Illinois (HMI), a division of Empower Health Services, LLC (EHS), and its assigned screening partners, complete and obtain the following items that may be included in the Wellness Screening Program: a blood sample; blood pressure; height and weight; BMI and/or body composition calculation.

I consent to have a sample of my blood taken via venipuncture and I understand that there are possible risks associated with taking a blood sample by venipuncture including, but not limited to, the risk of discomfort, bruising, fainting, or infection. I consent to and authorize the drawing of my blood for lab analysis as indicated above.

I authorize HMI and its assigned screening partners to disclose my screening results to my employer's group health plan for the purpose of administering any incentive awards, or for payment, treatment, or health care operations as permitted by applicable law. I understand that my participation in this Wellness Screening Program is voluntary.

HMI's Notice of Privacy Practices (NPP) has been made available to me in connection with this Wellness Screening Program. A current copy of the NPP is also available at www.hmihealth.com/privacy.html. My signature below acknowledges receipt and acceptance of the NPP.

I understand the information provided in this Wellness Screening Program is not intended as a substitute for the professional advice and care of my personal physician and in no way provides a medical diagnosis. If I have any questions or concerns about my results, or obtain an abnormal screening result, I will consult my physician.

I release and discharge HMI and any other organization(s) associated with this Wellness Screening Program and their respective shareholders, parents, subsidiaries, officers, directors, employees, affiliates, successors, or assigns, and the program sponsors, the owners/operators of this facility, my insurer, and/or administrative service provider/wellness program provider associated with this program from any and all liability, damages, claims or causes of action that may arise from or are in any way connected with my participation in this Wellness Screening Program. This release shall be binding upon my heirs, assigns, executors, administrators, and representatives.

Signature: _____ Date: _____

[X] 304234 (Lipid/Chemistry Profile) [X] 19694 (Biometrics)

ADDITIONAL TEST OPTIONS - Please check any additional blood tests

For additional tests you MUST provide BCBS PPO information

- 6399 - CBC, 36127 - Thyroid, 5363 - PSA (males only), 17306 - Vitamin D



Registration Options

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Email completed form to: psc@hmihealth.com

REGISTRATION DEADLINE: 11/25/19

SCREENING DEADLINE: 11/27/19