Loyola University & Health Maintenance Institute are pleased to offer the Individual Screening Program for your convenience.

Early detection of illness is key to staying healthy. Participating in a screening allows you to identify potential health risks or diseases and better understand your overall wellness.

The HMI Individual Screening Includes:

**Panel B** – A comprehensive, confidential, blood lipid & chemistry profile and educational report.

**Health Power Assessment (HPA)** – An online questionnaire used to generate a personal report, summarizing how your lifestyle choices are influencing your ability to stay healthy and prevent problems. It includes useful tips for making positive changes to improve your health. (REQUIRED)

**myhmihealth.com** – 12 months of unlimited access to your results online and a personalized health portal with accredited content.

**Body Mass Index** – A numerical value of your weight in relation to your height. BMI is a good indicator of healthy weights for adult men and women, regardless of body-frame size. Your height and weight will be measured at your lab appointment in order to calculate your BMI.

**Blood Pressure Evaluation** – Your blood pressure will be measured at your lab appointment. Blood pressure is expressed by a systolic (top number) and diastolic (bottom number) measurement. Example: 120/80 (120 = systolic and 80 = diastolic).

**Additional Tests Available**

- **Complete Blood Count (CBC)** – A series of tests checking for anemia, infections, and certain cancers.
- **Advanced Thyroid Profile** – Determines thyroid function, including TSH and the Free T4.
- **Vitamin D** – Measures levels of vitamin D in the blood.
- **PSA (Prostate Specific Antigen)** – A screening for benign or cancerous growth of the prostate in men. (Men only)

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**ELIGIBLE PARTICIPANTS**

| All Faculty, Staff, Spouses & LDA on University Health Insurance Plan |

**SCREENING FEES**

| No cost to you, covered by Loyola University |

**ADDITIONAL TEST FEES**

| No cost to you, covered by Loyola University |

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**REGISTRATION DEADLINE IS 11/23/21**

**SCREENING DEADLINE IS 12/03/21**
Follow These Steps To Participate

1. Complete the Consent/Registration form (page 3 of this document).

2. Upload, Fax, or Mail your completed Consent/Registration form to HMI by 11/23/21.
   Registration Options:
   Upload completed form to ehsupload.com
   Fax completed form to 630.385.0156 • Attn: Individual Program
   Mail completed form to HMI Individual Program • 4205 Westbrook Dr., Aurora, IL 60504
   
   NOTE: If you have not received your email confirmation within 7 business days of uploading/faxing/mailing, please contact the Individual Program Department. Please allow 7 business days for processing before contacting HMI.

3. Set up an account and complete the REQUIRED Health Power Assessment.
   Returning Participants:
   a. Go to www.myhmihealth.com
   b. Complete the Member Login with your Username and Password
   c. On the home page, click "Health Power Assessment" (REQUIRED)
   New Participants:
   a. Go to www.myhmihealth.com
   b. Click "Register Account" and complete all required fields. Your site code is L773
   c. On the home page, click "Health Power Assessment" (REQUIRED)

4. Receipt of Quest Diagnostics confirmation number.
   Once we receive your Consent/Registration form and verify that you have completed the REQUIRED Health Power Assessment, HMI will create the lab requisition for your Quest Diagnostics lab visit. You must wait to receive an email confirmation before visiting a lab.

5. Go to appointment.questdiagnostics.com to search for a nearby Quest location.
   a. Search by zip code, city, or address.
   b. Select a lab location (please do not choose a lab designated as "Drug Testing Only").

6. Visit the lab by 12/03/21.

7. After your visit to the lab:
   You can expect to receive an email letting you know that your personalized screening results are ready for review online approximately 3–5 business days from your lab visit.

Please contact your local Human Resources Administrator with questions regarding the HMI Individual Program and your company’s benefits plan. If you have additional questions about participating in the Individual Program, please contact HMI:

- Phone: 866.367.6974
- Email: psc@hmihealth.com
**LOYOLA UNIVERSITY**
**INDIVIDUAL PROGRAM INFORMED CONSENT/REGISTRATION**

**THIS IS NOT A REQUISITION FOR LAB WORK**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>APT #</th>
</tr>
</thead>
</table>

**Email Address**

<table>
<thead>
<tr>
<th>Daytime Area Code &amp; Phone Number</th>
<th>Provide the Last 4 of Your Social Security #</th>
<th>Birth Date</th>
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**Age:** Male Female

<table>
<thead>
<tr>
<th>Height FT</th>
<th>Weight LBS</th>
<th>Blood Pressure</th>
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<td>In</td>
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</table>

You must be Loyola Faculty, Staff, Spouse or LDA on University Health Insurance Plan to participate in this program.

**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](http://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: ______________________

- [ ] 304234 (Panel B)
- [ ] 19694 (Biometrics)

**ADDITIONAL TEST OPTIONS**

<table>
<thead>
<tr>
<th>Test Code</th>
<th>Description</th>
<th>Covered by Loyola University</th>
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<tbody>
<tr>
<td>5363 PSA</td>
<td>Prostate Specific Antigen; Men only</td>
<td></td>
</tr>
<tr>
<td>300100</td>
<td>Advanced Thyroid Profile</td>
<td></td>
</tr>
<tr>
<td>17306</td>
<td>Vitamin D</td>
<td></td>
</tr>
<tr>
<td>6399</td>
<td>CBC</td>
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</tr>
</tbody>
</table>

**Registration Options**

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