

MCEBT HHBD CONSENT & RELEASE

I understand that:

- The decision to participate in the “Healthy Heart Blood Draw” and other screening tests listed below is completely voluntary and not a requirement of my employment;
- There may be slight soreness, tenderness, redness or irritation at the site of the blood draw;
- The data derived from this screening is considered preliminary and does not constitute a diagnosis of diabetes, hypercholesteremia, or hypertension;
- I will be sent a report summarizing all results from the tests completed today;
- If the results from the screening suggest that I may be at risk (“At Risk” as defined below); it is my sole responsibility to contact a medical professional of my choosing for follow-up;
- All participant-specific health screening data compiled from the “Healthy Heart Blood Draw” is confidential and will not be released to my employer.

Screening Tests	“At Risk” Defined	Recommended Action if “At Risk”
Healthy Heart Blood Draw: <input type="checkbox"/> Fasting Option: (8 hrs fasting recommended, medications permitted, water encouraged) <input checked="" type="checkbox"/> Fasting Blood Glucose <input checked="" type="checkbox"/> Lipid Profile <input checked="" type="checkbox"/> Blood Pressure OR <input type="checkbox"/> Non-fasting Option: <input checked="" type="checkbox"/> Cholesterol, HDL & TC/HDL Ratio	Fasting glucose: >109 mg/dL	Follow-up with personal physician to discuss results; Retest; and/or begin treatment.
	Total Cholesterol: >199 mg/dL LDL: >129 mg/dL HDL: <40 mg/dL Triglycerides: >149 mg/dL	Follow-up with personal physician to discuss results; Retest; and/or begin treatment.
	If blood pressure is between 120/80 and 140/90 on 3 separate occasions it indicates pre-hypertension, and if >140/90 on 3 separate occasions it indicates hypertension.	Follow-up with personal physician to discuss results; Retest; and/or begin treatment.
<input type="checkbox"/> Hemoglobin A1c Recommended for diabetic patients to monitor glucose control over the last few months.	Hemoglobin A1c: > 6.9 (for patients with diabetes)	Follow-up with personal physician to discuss results; Retest. The American Diabetes Association recommends reevaluation of therapy.

I hereby:

1. Consent to my blood pressure being measured and the drawing of a blood sample for the purpose of measuring my selected tests which may include: lipid profile (total cholesterol, HDL, LDL and triglycerides), blood glucose and hemoglobin A1C.
2. Release and agree to hold harmless Mohave County Employee Benefit Trust (MCEBT), Gallagher Benefit Services, Inc. (the Trust’s “Health and Wellness Program Management Consultant”), Healthwaves Corporation, and other organizations, parent and affiliated companies, successors and assigns, officers, directors and employees associated with this screening from any and all liability arising from or related to, or in any way connected with the blood draw and other screening tests performed by Healthwaves Corporation or from the data derived therefrom.
3. Give consent and authorization for my results to be released to the Health and Wellness Program Management Consultant, Healthwaves Corporation, American Health Group (AHG), for follow-up and tracking purposes only. This information will be further compiled in a group summary report that will be sent to my employer; participants WILL NOT be identified individually.
4. Consent and authorize my name to be disclosed in relation to the announcement of a wellness incentive, if applicable.

PLEASE PRINT

LEGAL FIRST AND LAST NAME:	PHONE #:	DOB:	AGE:	SEX:
EMAIL:	MAILING ADDRESS:	CITY:	STATE:	ZIP:
EMPLOYER OF PRIMARY INSURED:	CIRCLE ONE: PRIMARY INSURED DEPENDENT	PARTICIPANT’S LAST 4 DIGITS OF SS#		
EXTRA LAB RESULT SHEET (TO GIVE TO PHYSICIAN): <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME & DOB OF PRIMARY INSURED:	INSURANCE MEMBER ID#:		

X

SIGNATURE

DATE

HEALTHWAVES PERSONNEL ONLY BELOW THIS LINE

	BLOOD PRESSURE	SCREENER INITIALS	SENT ON / BY
			CONCERN A B