

**CMU Wellness Program****Enrollment/Waiver Form  
2020 Benefit Plan Year**

The CMU Wellness Program is a voluntary program that is available to all benefit-eligible Faculty and Administrative employees.

**By signing below, I certify that I have read and understand the following:**

Rally Health, Inc. is a secure online wellness portal that is available for CMU employees. Rally Health, Inc. includes a **confidential** health risk assessment and worksite biometric screening that identifies modifiable risk factors for chronic disease. The following items are included in the wellness screening:

- **Online Health Risk Assessment:** An individual self-assessment of my physical and emotional health, stress, exercise, eating habits, alcohol use, safety, and readiness to improve.
- **Biometric Health Screening:** A Comprehensive Metabolic Panel that measures albumin, alkaline phosphatase, ALT (SGOT), AST (SGPT), calcium, chloride, complete blood count, creatinine, direct bilirubin, gamma-GT, glucose, HDL and LDL cholesterol, inorganic phosphorus, iron, magnesium, nicotine, sodium, total bilirubin, total cholesterol, total protein, triglycerides, urea nitrogen (BUN), uric acid.
- The biometric screening also includes body measurements of height, weight, Body Mass Index calculation, pulse, and resting blood pressure.
- An assessment of your preventive health care, medical history, cardiac risks, and cancer warning signs.
- A comprehensive report outlining your overall health score and related preventable risk factors.
- This is not a test for drugs, HIV, or Hepatitis.

This is a voluntary program and CMU will not have access to your personally identifiable information. Please see full Notice & Disclosure information when completing your online registration with Quest Diagnostics.

By participating, I understand that I must complete the HRA and participate in the biometric screening as scheduled by CMU.

As part of the program, I may be self-reporting the completion of wellness activities, which affect my overall wellness score and incentive. I affirm that all self-reporting will be accurate, and agree to provide proof of self-reported activities upon request.

I understand that I must achieve the required points offered through a wide range of activities in order to receive the incentive within the 2020 benefit year.

I understand that I may choose not to participate in the CMU Wellness Program. If I do not participate, I will not have the opportunity for a reduced health insurance premium.

YES, I agree to enroll and participate in the CMU Wellness Program and have read the copy of the Terms & Conditions. I understand this is a voluntary program.

NO, I am waiving enrollment in the CMU Wellness Program

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**Employee Name (Print)**

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**Signature**

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**Employee ID #**

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**Date**

1. Terms of Service: Quest Diagnostics Blueprint for Wellness represents health benefit management programs with policies in place to maintain the confidentiality of your information consistent with Quest Diagnostics Notice of Privacy Practices, which may be found at [QuestDiagnostics.com/home/privacy-policy/online-privacy.html](http://QuestDiagnostics.com/home/privacy-policy/online-privacy.html). Our Privacy of Protected Health Information (PHI) policy requires that we “must obtain, maintain, use and disclose patient protected health information in a manner that protects patient privacy and complies with all state and federal laws.” Though this is a voluntary program, should you choose not to accept these Terms and Conditions, you will not be able to participate.
2. You are participating in a voluntary screening program, and by your participation you freely and voluntarily assume any risks associated with the screening process. You must be 18 years of age or older. You consent to the collection of a blood sample from a fingerstick or from the arm; measurement of blood pressure, height, weight, waist and/or hip measurements; as well as the collection of a cheek swab or blood sample for the purpose of cotinine testing to detect tobacco use, as applicable. You understand that collection of a blood sample involves certain potential risks which may include but are not limited to: prolonged bleeding, fainting or feeling lightheaded, bruising and multiple sticks. If the program includes the reporting of results at the point of collection, this data should be considered preliminary, they are screening assessments only. The instrument used onsite may yield results that vary from what would be reported if the same testing was performed by the laboratory on a specimen obtained from your arm.
3. By participating in the wellness screening program(s) you acknowledge, and consent to, Quest Diagnostics Blueprint for Wellness’ disclosure of the data and outcomes of your Health Questionnaire and test results in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable laws. If you are providing family medical history or other genetic information through a Health Questionnaire or test results, you are also authorizing and consenting to the use of such genetic information for the purposes of the wellness screening program as described in paragraph 4 below. If you are a spouse or dependent of another participant in the wellness screening program, you are also authorizing and consenting to the use of your genetic information, which genetic information may include blood pressure, BMI, and blood work results such as cholesterol, glucose, and triglycerides, in your spouse’s data. Your employer will not receive your results in any form that may match the data to you; however your employer’s benefits plan, which may be self-administered, may receive identifiable information for purposes of managing the benefits plan or administering incentives on your behalf.
4. If your employer or program sponsor selects additional health benefits management services as part of this wellness screening then, at the direction of your employer or program sponsor, your data may be shared with health care professionals/companies and/or your employer’s Group Health Plan representatives who offer additional services provided by your employer. Data sharing with authorized third parties will be performed via a secure data exchange process designed to keep your personal and protected health information secure. In no event will Quest Diagnostics sell, exchange, or otherwise disclose your data except as stated in these Terms of Service.
5. To ensure optimal participation in a wellness program, your employer or plan sponsor has engaged Quest Diagnostics Blueprint for Wellness to contact you regarding your voluntary participation in the program. You may receive communications via telephone, email, and/or cell phone text messaging that include reminders, confirmations and instructions to participate, using information that you have provided, or that your employer and/or plan sponsor has provided to Quest Diagnostics Blueprint for Wellness via an eligibility file.
6. If information was provided through an eligibility file from your employer or plan sponsor, then as part of the registration process you were asked to verify and/or update your personal information. You are responsible for the accuracy of your personal information and at any time, you can return to the [My.QuestForHealth.com](http://My.QuestForHealth.com) site, log in, and provide additional updates to your personal information.
7. If you provided a cell phone number as a means to contact you, you acknowledge and consent that we may contact you by telephone, voicemail and/or text message with respect to Quest Diagnostics Blueprint for Wellness at that number. You also consent that we may contact you at that phone number using an automatic dialing and/or announcing device that may play pre-recorded messages. You are not required to provide a cell phone number and participation in Quest Diagnostics Blueprint for Wellness is not conditioned on providing a cell phone number. If you wish to be contacted at another number or by another means, please edit your profile information at [My.QuestForHealth.com](http://My.QuestForHealth.com). By accepting these terms, you consent to receiving these contacts intended to provide helpful and timely guidance regarding these services.
8. Use of the information collected through participation in this program is limited to the purposes stated in this notice. The personal information collected or generated through participation in this program is retained for as long as is required by applicable state and federal laws. Upon the expiration of that retention period it is disposed of in a secure manner compliant with the requirements of HIPAA.
9. The information you receive from participating in this program does not constitute the practice of medicine, and is provided to you for informational purposes only. It is not meant to replace the customary physician patient relationship. You are encouraged to share this information with your health care provider for medical treatment purposes, or for interpretation of the results in conjunction with your medical history, when appropriate.
10. I hereby release and discharge, to the extent permitted by law, Quest Diagnostics, my employer, my insurer/payer/third party administrator and of each, the controlled and controlling entities and affiliates and each of their respective officers, directors, employees, agents and contractors, program sponsors and their related agents, from any and all claims or causes of action on account of any injury to me which may result from my participation in this Biometric Screening and Wellness Program. This release shall be binding upon my heirs, assigns, executors, administrators and personal representatives.