Physician Results Form Instructions

To complete your biometric wellness screening, provide the enclosed Physician Results Form to your doctor. Your doctor must complete the Healthcare Provider section, including Signature, Date Test(s) Performed, and UPIN/NPI. The UPIN/NPI is a unique number that identifies your doctor's office; your doctor will know this number.

Laboratory results must be collected between **01/01/2019** and **12/31/2019** to be accepted. If you have already completed your annual preventive care visit, your doctor's office may charge a copay and/or a form completion fee. You are responsible for paying any such copays and/or fees.

Review the information provided on the page titled Quest Diagnostics Terms and Conditions. By signing the Physician Results Form you are acknowledging and agreeing to the Quest Diagnostics Terms and Conditions.

If your form is complete with the required risk factors you will receive your results online within 10 days and a paper report in the mail within three (3) weeks of submitting the form. If you have not received your results within the time frame described above please contact the Health & Wellness Customer Service Center at 855-623-9355.

Ensure your form is accepted by following these steps:

- ☐ **Date Test(s) Performed**—Have your doctor collect your lab results between **01/01/2019** and **12/31/2019**. Results collected before or after this date will not be accepted.
- ☐ Both you and your doctor need to sign the form.Your doctor must complete the "Healthcare Provider Completes" section of the form.
- ☐ Use black ink and write legibly
- ☐ All required form fields must be completed.
- ☐ Confirm your form was successfully faxed to Quest Diagnostics **844-560-5221** . You are responsible for ensuring your doctor returns this form by **12/31/2019**. Results received after this date will not be accepted.
- ☐ If you have multiple forms for members of your household, they must be faxed separately
- ☐ Fast for at least 9-12 hours prior to your appointment. Continue taking medication as directed and be sure to drink plenty of water.

101C B871 0000 0000

Quest Diagnostics™

Physician Results Form

Completed form must be faxed to **844-560-5221**.

REQUIRED ALL FIELDS ARE REQUIRED unless otherwise noted with (*). Your form will be rejected if all fields are not completed. If you have not completed these tests with your Healthcare Provider, they will need to be completed before this form is submitted. Complete in BLACK INK for best results.

Company Name	FEDERAL EMPLOYEE HEALTH BENEFITS	Contract Name	FEDERAL EMPLOYEES HEALTH BENE

You need to fill this section out. ! Complete this section before you see your healthcare provider.

Last Name		First Name		MI	

Gender	☐ Female ☐ Male	AETNA WID	

Email Address		Phone Number	

Address	

City		State		Zip Code	

By signing this requisition form and receiving these services, I acknowledge and agree to the Terms of Service which have been provided to me by Quest Diagnostics.

Participant Signature		Date of Birth	

FOR LAB USE ONLY	101C B871 0000 0000

This section must be completed by your Healthcare Provider. ! The information provided below will be kept confidential.

Date Test(s) Performed	MM-DD-YY	Testing and Measurements Must be Collected Between	01/01/2019 12/31/2019

Systolic BP *		Diastolic BP *	

Trigs (mg/dL) *		HDL *		Total Chol *		LDL *	

Glucose (mg/dL) *		Fasting >9 Hours	☐ Yes ☐ No

Waist Circumference (inches) *	

Healthcare Provider (Printed)		UPIN/ NPI	

Healthcare Provider (Signature)	

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. 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 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. 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.