

Health Screening Form Instructions

It's important for you to "know your numbers" to manage your health. Your cholesterol, blood pressure, glucose and body mass index (BMI, which is calculated using your height and weight) are key indicators of your health and your risk for illness.

By submitting your health screening results to RedBrick Health, you'll get more informed recommendations about your health. To receive credit for your health screening, your tests must be completed between August 1, 2016 and March 31, 2017 and the completed form must be submitted by March 31, 2017.

Step 1: Obtaining your health screening results

If you have completed a health screening since August 1, 2016, you can ask your health care provider to complete the Health Screening Form using those results. If not, schedule an appointment with your health care provider to have a screening conducted. Be sure to bring the Health Screening Form with you to your appointment.

Step 2: Completing the Health Screening Form

First, you must provide your signature on the Health Screening Form. Once the lab values (i.e., your cholesterol and glucose levels) are available, your health care provider should complete and sign the Health Screening Form.

Step 3: Submitting the Health Screening Form

You are responsible for submitting the completed Health Screening Form to RedBrick. If your provider submits the form on your behalf, request a copy for your records. Mail or fax the completed form to RedBrick using the contact information at the bottom of the form. The form will be processed within 10 business days of receipt if all of the necessary information is included.

If you have questions, call RedBrick Health at 855-491-8781.

Visit the More Resources page on your RedBrick Health portal to review the notice regarding the Live Your Whole Life Well-Being Program. From your RedBrick Health home page click More Resources on the left hand navigation bar. Then, scroll down to find the notice.

If it is unreasonably difficult or medically inadvisable, due to a medical condition, for you to have a health screening, call RedBrick Health.

Your personal information is private. RedBrick continually updates our information systems to keep your data safe. Our privacy policy is based on these five basic principles:

1. We will only disclose your health information to organizations that assist us in providing our services to you or that assist in providing healthcare benefits to you such as your care managers and physicians as part of a care management plan. Care managers may be provided through RedBrick Health, independent third-party health plan administrators, clinically integrated networks (CINs) of hospitals, physicians and other health care providers and professionals and other healthcare providers. Trinity Health facilities and healthcare providers and professionals affiliated with Trinity Health facilities participate in certain CINs. As a result, care managers working on behalf of a CIN may be employed by or affiliated with your employer. Outside of this purpose, your Protected Health Information (PHI) will not be shared with your employer without your consent.
2. Any access to and use and disclosure of PHI will comply with the regulations under the Health Insurance Portability and Accountability Act and any applicable state health information privacy and security laws.
3. Your information will **never** be sold or given to a third party for marketing purposes.
4. Your personalized programs and information are available to you through a secure, password-protected website.
5. Detailed personal information included in the PHI may not be used by your employer for any employment-related purposes.

Want to know more? Feel free to read the full Privacy Policy statement on mybenefits.trinity-health.org/lywl.

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AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

This authorization affects your rights in the privacy of your protected health information and is intended to satisfy the authorization requirement under the Genetic Information Nondiscrimination Act of 2008 (“GINA”) applicable to voluntary employer-sponsored wellness programs. Please read it carefully before signing.

PURPOSE. This authorization relates to your health screening. The health screening is part of a voluntary wellness program offered by an employer to its eligible employees and their eligible dependents. The voluntary wellness program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve health or prevent disease. The Trinity Health Corporation Welfare Benefit Plan (the “Plan”) will not condition eligibility or enrollment in the Plan or payment or reimbursement for health care services on your providing authorization for the requested use or disclosure.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS AUTHORIZATION. You are not required to sign this authorization form to participate in the health screening..

RESULTS OF HEALTH SCREENING. The health screening will provide you with information to help you understand your current health and potential risks and may be used to offer you certain health-related programs (e.g., nutrition classes and health coaching) and care management. By signing this authorization you are providing prior voluntary, knowing, and written authorization for RedBrick Health to disclose the results of your health screening (genetic information) to RedBrick Health and the Plan to be used by care managers and physicians as part of a care management plan and to offer your health-related programs. In addition, aggregate information collected through health screenings, but not the individual results of your health screening, may be used to design a health-related program based on identified health risks in the workplace. Care managers may be provided through RedBrick Health, independent third-party health plan administrators, a clinically integrated network of hospitals, physicians and other health care providers and professionals (“CIN”) and other healthcare providers. Trinity Health facilities and healthcare providers and professionals affiliated with Trinity Health facilities participate in certain CINs. As a result, please note that care managers working on behalf of a CIN may be employed by or affiliated with your employer.

EMPLOYER. Your personal health screening results and information may not be obtained by your employer except as described above and may not be used by your employer for any employment-related purposes. The fact that you underwent a health screening, but not the results of screening, will be used to determine applicable health plan incentives. Except as described above with respect to care management, your employer will be advised only that you have participated in the health screening.

Your personal information is private. RedBrick continually updates our information systems to keep your data safe. Our privacy policy is based on these five basic principles:

1. We will only disclose your health information to organizations that assist us in providing our services to you or that assist in providing healthcare benefits to you such as your care managers and physicians as part of a care management plan. Care managers may be provided through RedBrick Health, independent third-party health plan administrators, clinically integrated networks (CINs) of hospitals, physicians and other health care providers and professionals and other healthcare providers. Trinity Health facilities and healthcare providers and professionals affiliated with Trinity Health facilities participate in certain CINs. As a result, care managers working on behalf of a CIN may be employed by or affiliated with your employer. Outside of this purpose, your Protected Health Information (PHI) will not be shared with your employer without your consent.
2. Any access to and use and disclosure of PHI will comply with the regulations under the Health Insurance Portability and Accountability Act and any applicable state health information privacy and security laws.
3. Your information will **never** be sold or given to a third party for marketing purposes.
4. Your personalized programs and information are available to you through a secure, password-protected website.
5. Detailed personal information included in the PHI may not be used by your employer for any employment-related purposes.

Want to know more? Feel free to read the full Privacy Policy statement on mybenefits.trinity-health.org/lywl.

HEALTH SCREENING FORM

NOTE: The form should be completed in **CAPITAL LETTERS** using the entire box A B C D

First Name

Last name

Company/Organization

E-mail

Phone (no dashes) Birth Date mm-dd-yyyy

By signing below, patient authorizes his or her health screening results to be used and disclosed as set forth in the Health Screening Form Instructions accompanying this form.

Patient Signature: _____

Health Care Provider - Please complete the following information.

Your patient is involved in a wellness program. One component of this program is participation in a health screening. Please provide the following screening results and return this form back to your patient. You or your patient may submit this form to RedBrick Health by following the instruction below.

If a result is out of the healthy range for that metric, but is healthy for this individual, check the box and initial for the measure.

	Date of Screening <small>mm-dd-yyyy</small>	<input type="text"/>	Fasted for at least nine hours?
<input type="checkbox"/>	Height	<input type="text"/> feet <input type="text"/> inches	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Weight	<input type="text"/> pounds	
<input type="checkbox"/>	Waist Circumference	<input type="text"/> inches	
<input type="checkbox"/>	BMI (Body Mass Index)	<input type="text"/>	
<input type="checkbox"/>	Blood Pressure	<input type="text"/> / <input type="text"/> mmHg	
<input type="checkbox"/>	Total Cholesterol	<input type="text"/> mg/dL	
<input type="checkbox"/>	HDL	<input type="text"/> mg/dL	
<input type="checkbox"/>	LDL	<input type="text"/> mg/dL	
<input type="checkbox"/>	non-HDL	<input type="text"/> mg/dL	
<input type="checkbox"/>	TC/HDL Ratio	<input type="text"/>	
<input type="checkbox"/>	Triglycerides	<input type="text"/> mg/dL	
<input type="checkbox"/>	Glucose	<input type="text"/> mg/dL OR A1C <input type="text"/> %	

Enter either Glucose or A1C

Health care provider name: _____

Health care provider signature: _____

Provider phone (no dashes): NPI

Please send this form to RedBrick Health

Fax: 844-343-2709

Please allow up to 10 business days for processing before results will appear in your wellness account.

RedBrick Health
PO Box 2260
Minneapolis, MN, 55402-0260

Powered by RedBrick Health