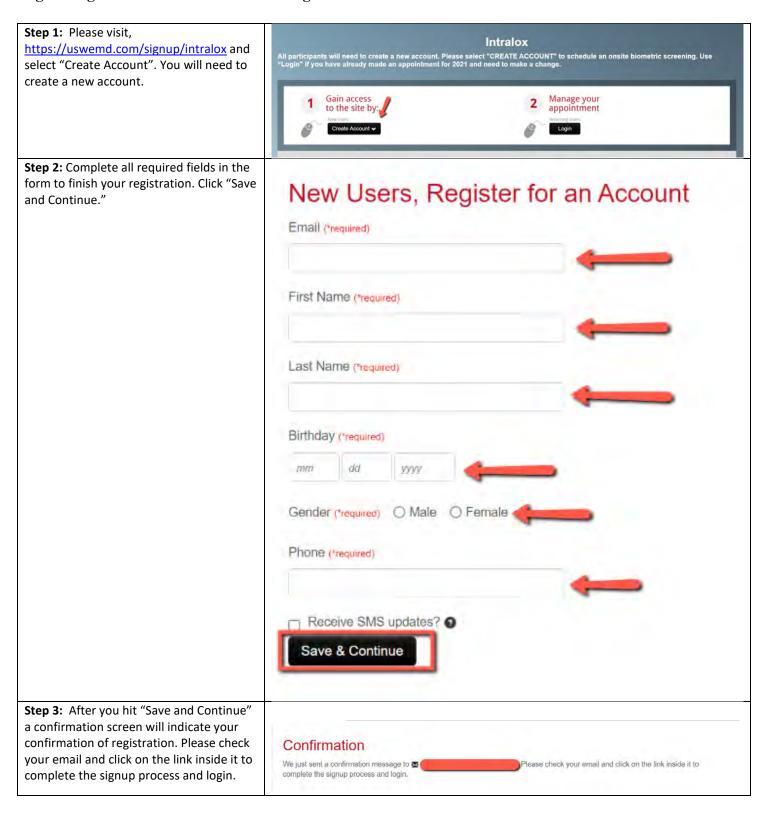
## Registering for an Onsite Health Screening



Step 4: Go to your email and look for a message from "No Reply". Be sure to check all folders including your junk/spam folders.

Upon locating the email, click "here" in the message to finish setting up your account.



Hello Test.

Welcome! Whenever you're ready click here to complete the sign-up process which will include setting up a password and selecting a screening option.

Questions? Call US Wellness at 301-926-6099 x900.

Healthfully Yours, **US Wellness** 

Step 5: Create a new password and click "Save & Continue".

## Create a New Password



Password must have:

A length of at least 8 characters

At least one number or a special character listed here: !@#\$%^&\*-\_

New Password

.......

Confirm Password

Save & Continue

Step 6: Read the consent and click "I Agree"

## E-Consent Authorization

- nd that a screening does not replace a consultation, physical examination, or evaluation from my physician or other appropriate healthcare provider and will not ne
- · I understand that this screening may generate an inaccurate result. I will discuss my screening results with my physician and will not use my result as an indicator for medication dos
- I understand that the recommendation to contact my physician about the result of the screening is not a medical diagnosis or assessment of good health as only my own physician a judgment and more information would be needed to establish or rule out a diagnosis or assessment of good health.
   I understand that I am responsible for any follow-up examinations with my physician that may be indicated from the results of this screening.
   I understand that any genetic information collected by US Wellness will be treated as strictly confidential in accordance with requirements of the Genetic Information Nondiscrimina.

n equity including, but not limited to any injury, loss, or death sustained from or arising as a result of this screening program and any claim that this screening failed to identify or incorrectly

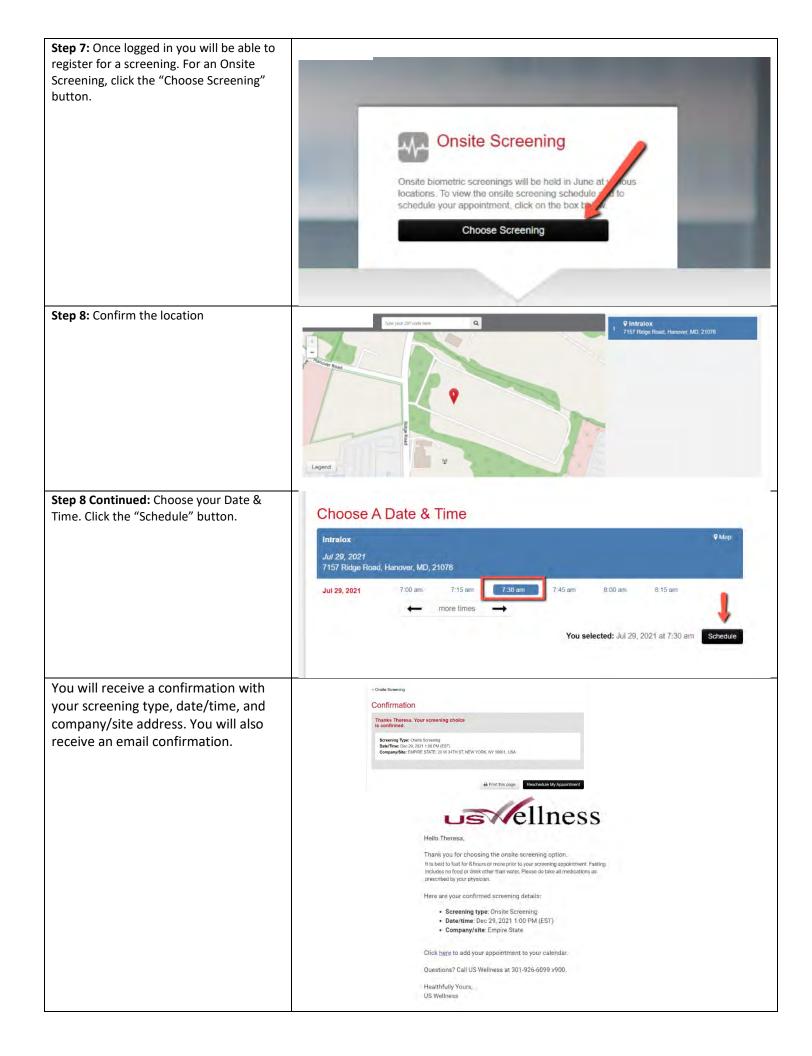
identified a health condition.

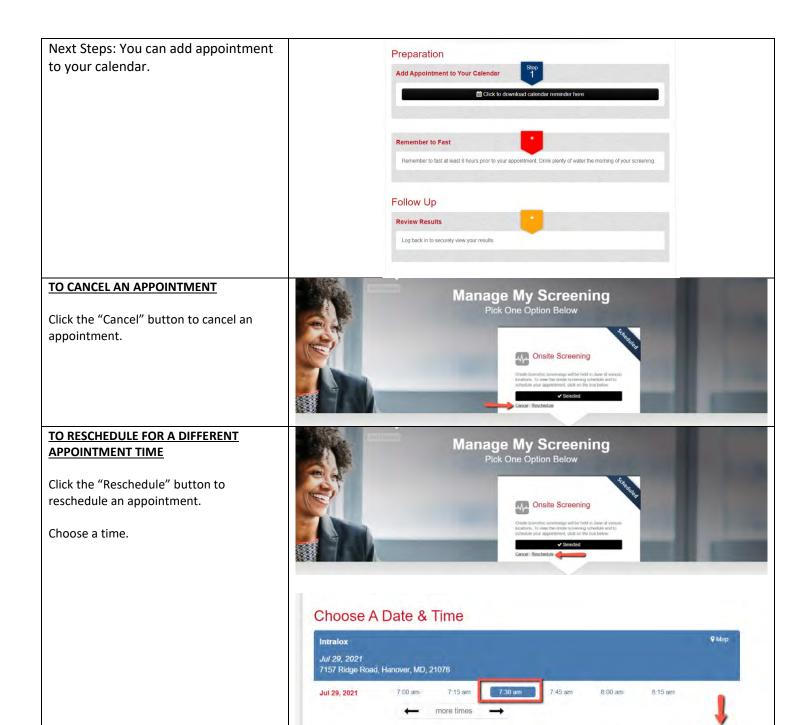
I understand that any individually identifiable health information about me obtained in the course of this screening may be collected and maintained by US Wellness, I authorize US Wellness to share my individually identifiable health information with third party vendors engaged or designated by my employer to: (a) Inform me of relevant health related and health education programs, (b) administer any incentive offered by my employer or for the purpose of providing wellness services and analysis, I understand that my information will not be shared with my employer. I authorize that US Wellness may contact me and that my information will be menaged in accordance with the uses and disclosures permitted of covered entities under the federal HIPAA Privacy Rufe. I may revoke this authorization through winters communication to privacy/geavenless come. Revocation of this consent will apply to data sharing that has not yet occurred at the time of the revocation. By signing below, I acknowledge that I have read, understand, and accept all of the statements on this consent form.

SIGNATURE AUTHORIZATION: By clicking the "Accept" button below, I am signifying that I have read understand and agree to the uses and disclosures of the information as described



I Agree | I Decline | 🖨 Print this page





You selected: Jul 29, 2021 at 7:30 am Schedule