

# Consent to Release Results

**PLEASE PRINT – Form Must Be Completed in Full**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Penn ID#: \_\_\_\_\_ Date of Physician Exam or Laboratory Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)

Sex assigned at birth: Male  Female  I prefer not to answer

*(We require this information as it determines which medical reference ranges to use for your screening results. All information is kept private and secure.)*

I consent that Health Advocate may report that I completed the following biometric screening between 7/1/2024 and 6/30/2025 to Virgin Pulse. My confirmed results from my physician or laboratory are listed below and include blood pressure, blood cholesterol and glucose/blood sugar. I also acknowledge that I have read and understand the conditions provided on the reverse of this form.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please enter the results of your biometric screening below.

Total Chol: _____	Glucose Fasting: _____
HDL: _____	OR Glucose Non-Fasting: _____
Trig: _____ LDL: _____	OR HbA1c: _____
Ratio: _____	Blood Pressure: ____/____

Please email or fax this completed form to Health Advocate by **June 30, 2025**.

Email: [biometricforms@healthadvocate.com](mailto:biometricforms@healthadvocate.com) • Fax: 610.397.7891

If you have any questions, please call the Screening Assistance Line at 800.970.1263.

## Important Information

This Consent Form gives **Health Advocate, Inc. (Health Advocate)** permission to: **Section 1)** Conduct an onsite biometric screening, or **Section 2)** Submit personal biometric screening results for University of Pennsylvania employees. Please read this form carefully.

### Section 1: Authorization for Onsite Biometric Screenings

By my signature on this form (electronic or on paper), I consent to have **Health Advocate** administer each of the following screenings: (1) blood pressure, (2) blood cholesterol and (3) blood glucose by having a sample of my blood taken via a finger stick for analysis. If necessary, a hemoglobin A1C test may be administered based on the blood glucose results. I understand that there are possible risks associated with taking a blood sample by finger stick, including but not limited to the risk of bruising of the finger, infection, and fainting due to the sight of blood.

#### I understand that:

- **Health Advocate** is a healthcare advocacy and navigation company that provides information and support as part of Penn's wellness initiative. **Health Advocate** does not practice medicine and is not a substitute for my doctor's care.
- I am entitled to receive a copy of this Consent, my health screening results, and any other protected health information that is collected by **Health Advocate** in connection with my health screenings.
- The chemical analyzer used to determine cholesterol and glucose levels may yield results that are not as accurate as those produced by laboratory analyzers. A diagnosis can only be made by a qualified physician or licensed healthcare professional.
- I am responsible for contacting my primary care doctor for questions about any specific medical needs that may be indicated by these biometric screenings. I will not hold **Health Advocate** responsible for providing information, diagnosis, or treatment as a substitute for the care I receive from my physician or other qualified healthcare provider.
- If I have an abnormal screening result, I am responsible for following up with my primary care physician.
- The test results collected here by **Health Advocate** will be held securely and confidentially by **Health Advocate**. However the test results and identifying data will be shared with Virgin Pulse via secure communications in order to place the data in personalized health trackers located on the Penn/Virgin Pulse online wellness platform. Virgin Pulse is an online wellness organization that supports Penn's *Be in the Know* campaign and provides well-being content.
- Individual test results will not be shared with Penn by Virgin Pulse or **Health Advocate**, other than in a de-identified aggregate data report. Non-test result information, including my name and Penn ID number, will be sent by Virgin Pulse to Penn solely for the purpose of confirming my participation in the biometric screenings and administering any incentives.
- I acknowledge that *Be in the Know* is a voluntary wellness program administered according to federal rules, and I willingly choose to participate on my own accord.
- I may refuse to sign this Consent Form. But if I do refuse to provide my authorization, I may not participate in the health screening that is the subject of this authorization or receive any incentive payments from Penn.
- I may ask questions about the health information collected about me or make requests about this Consent Form by contacting **Health Advocate's** Privacy Officer at 1-866-385-8033.
- I may also complain to **Health Advocate**, my employer or group health plan, or the Secretary of HHS if I believe my privacy rights have been violated, and no retaliatory actions will be taken against me for filing a complaint.
- By participating, I hereby release the administrators of the screenings, **Health Advocate**, the employer and/or its group health plan from any and all claims, demands, actions, and causes of action which may result from participation in this program.
- I understand that this authorization may be revoked in writing if delivered to **Health Advocate**, although revocation will not be effective as to the disclosure of any information whose release I have previously authorized, or where other action has been taken in reliance on my authorization.

### Section 2) Authorization to Submit Biometric Screening Results Provided by a Physician or Laboratory

By my signature on this form (electronic or on paper), I consent to the related Section 1 information and to **Health Advocate** reporting to Virgin Pulse that I completed the following biometric screenings, as confirmed by the test results from my physician or laboratory that are recorded on this form.

- Blood Pressure
- Cholesterol: Total and High Density Lipoproteins (HDL) or Full Lipids with TC, HDL, LDL, TRIG, and HDL Ratio
- Blood Sugar (Blood Glucose). If available, Hemoglobin A1C