



BIOMETRIC SCREENING CONSENT FORM
2019 – 2020



This Biometric Screening Consent Form gives AREUFIT Health Services, Inc. permission to: Section 1) Conduct a biometric screening, or Section 2) Submit personal biometric screening results, for employees of the University of Pennsylvania, as part of the Be in the Know wellness campaign, 2019 – 2020. Please read this consent form carefully.

Section 1: On-Site Biometric Screenings

I consent to have AREUFIT Health Services, Inc. administer each of the following screenings: (1) blood pressure, and (2) blood cholesterol and 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:

- AREUFIT Health Services Inc. (AREUFIT) is a preventive health screening and education company that provides information and support as part of Penn’s wellness initiative. AREUFIT 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 AREUFIT 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 AREUFIT 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 AREUFIT will be held securely and confidentially by AREUFIT.
However, the test results and identifying data will be shared with StayWell Health Management (StayWell) via secure communications in order to place this data in a personalized online health assessment in the Penn/StayWell online Wellness Portal. StayWell is an online wellness organization that supports Penn’s online health assessment and the Be in the Know campaign. In addition, StayWell will provide test results to Health Advocate via secure communications for the purposes of aggregate data analysis and population health management.
Individual test results will not be shared with Penn by Staywell 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 StayWell 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 recognize that if I do not sign this Consent, AREUFIT cannot administer the screenings, and I will not have completed the necessary steps to participating in the Be in the Know campaign and will not be eligible to receive any incentive payments from Penn.

Section 2) COMPLETE ONLY TO SUBMIT PERSONAL RESULTS: Biometric Screening documentation provided by a Physician or Laboratory

I consent to related Section 1 information, and to AREUFIT Health Services, Inc. reporting to Penn and StayWell Health Management that I completed the following biometric screenings between July 1, 2019 and June 30, 2020, as confirmed by the attached test results from my physician or laboratory. (Please only submit relevant biometric screening results to AREUFIT. Irrelevant data will be disregarded.)

- 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.

NOTE: THIS COMPLETED FORM AND PERSONAL RESULTS MUST BE RECEIVED BY AREUFIT ON OR BEFORE JULY 31, 2020.

Options for returning this completed form, plus official documentation of your results, to AREUFIT Health Services, Inc. include:

Secure Fax: 610-993-9125
Email: Scanned copy to UPenn@AREUFITHealthServices.com

** IMPORTANT NOTE: Emailed documentation will receive a confirmation email from AREUFIT. Please keep your fax confirmation sheet as verification of receipt. Please Contact StayWell at 1-855-428-6324 for any related questions. We kindly request that you do not contact AREUFIT to confirm receipt of documents.

I have had full opportunity to read and consider the contents of this Biometric Screening Consent Form and consent to the actions stated above.

Printed Name

Date of Birth (mm/dd/yy)

Penn ID# (bolded 8-digit number)

Signature

Today’s Date

Revised Sept. 2019

You may revoke this Consent by sending written revocation to: AREUFIT Health Services Inc. at 1390 Birmingham Road, West Chester, PA 19382. Revocation of this Consent will not affect actions AREUFIT takes in reliance on this Consent before AREUFIT receives your written revocation.