



Healthcare Provider  
Biometric Screening/Referral Form

for office use only

RN initials: \_\_\_\_\_

UR Empl ID: \_\_\_\_\_

Client ID: \_\_\_\_\_

SECTION I - EMPLOYEE / DEPENDENT INFORMATION - PLEASE ENTER YOUR INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Daytime telephone number \_\_\_\_\_

(MM/DD/YYYY)

Email \_\_\_\_\_

SECTION II - OPTIONS - PLEASE SELECT OPTION A OR B (Values must be obtained in the current calendar year)

Option A - I will complete section III and V

1) I have taken the lab values from my lab sheet and entered them into Section III below. I have attached a copy of my lab sheet to this form.  
Provider Signature is not required if this option is selected.

Option B - My provider will complete sections III, IV and V

1) I have seen my Provider and my Provider will enter all values listed in Section III and sign as required.

To return the form please make sure that the last page is signed by the employee / dependent. The form can be returned in any electronic format by email to [urcew@urmc.rochester.edu](mailto:urcew@urmc.rochester.edu) or by fax to 585-461-4488.

SECTION III - BODY MEASUREMENTS / BIOMETRIC RESULTS

Screening Date: (Values Must be from the current calendar year) \_\_\_\_\_ (MM/DD/YYYY)

Fasting ☐ Yes ☐ No

Are you pregnant, breast feeding, or less than 5 months postpartum? ☐ Yes ☐ No

Height \_\_\_\_\_ ft \_\_\_\_\_ in Weight \_\_\_\_\_ lbs Abdominal Girth \_\_\_\_\_ in Heart Rate \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Systolic Diastolic

Cholesterol Total Cholesterol: \_\_\_\_\_ HDL: \_\_\_\_\_ Non-HDL: \_\_\_\_\_ TRI: \_\_\_\_\_ LDL: \_\_\_\_\_ Blood Glucose \_\_\_\_\_

SECTION IV - PROVIDER'S REFERRAL FOR PATIENT

CONDITION MANAGEMENT

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Atrial Fibrillation   | <input type="checkbox"/> COPD                     | <input type="checkbox"/> Healthy Weight                     | <input type="checkbox"/> Menopause      |
| <input type="checkbox"/> Blood Pressure        | <input type="checkbox"/> Coronary Artery Disease  | <input type="checkbox"/> High Cholesterol                   | <input type="checkbox"/> Stroke         |
| <input type="checkbox"/> Chronic Low Back Pain | <input type="checkbox"/> Depression               | <input type="checkbox"/> Irritable Bowel Syndrome / Disease |   |

LIFESTYLE MANAGEMENT

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Manage Your Weight | <input type="checkbox"/> Cholesterol Management | <input type="checkbox"/> Stress Reduction  |
| <input type="checkbox"/> Physical Activity  | <input type="checkbox"/> Nutrition              | <input type="checkbox"/> Tobacco Cessation |

SECTION V - PROVIDER INFORMATION - PLEASE ENTER PROVIDER INFORMATION WHO COLLECTED BIOMETRIC VALUES

Provider's Name: (please print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ ☐ Provider is a member of Accountable Health Partners

Please read the below and sign on page 4

## SECTION VI - EMPLOYEE / DEPENDENT SIGNATURE - PLEASE SIGN AND RETURN

### Important Notice Regarding the Well-U Wellness Program

The medical components of the Well-U program (which include the Personal Health Assessment, biometric screenings, lifestyle management program, condition management coaching, and Behavioral Health Partners) are a grouping of voluntary wellness programs available to all employees enrolled in the University of Rochester's Health Care Plan. Other components of Well-U, such as UR Medicine EAP and Wellness Programs, are available to all University employees regardless of Health Care Plan enrollment.

The Well-U program also offers financial rewards for employees, spouses and domestic partners enrolled in a University Health Care Plan who participate in certain voluntary health screening activities and health management programs, as described below.

The Well-U program is administered in compliance with federal laws - including the Americans with Disabilities Act (ADA), the Genetic Information Nondiscrimination Act (GINA), the Health Insurance Portability and Accountability Act (HIPAA), and the Affordable Care Act (ACA), among others - which permit employers to sponsor wellness programs that seek to improve employee health or prevent disease. This notice is intended to comply with requirements of those laws, and to explain your legal rights and how your health information will be protected.

### Program Components and Financial Rewards

The Well-U Personal Health Assessment (PHA) program includes the online health survey 1, the online health survey 2, and a biometric screening program. The PHA's online health survey 1 asks a series of questions about your household and demographic information, health-related activities and behaviors, personal satisfaction and stress, physical activity levels, nutritional habits, sleep habits, and health goals. The PHA's online health survey 2 includes a series of questions about whether you have or had certain medical conditions (e.g., cancer, diabetes, high cholesterol, heart disease, high blood pressure, pulmonary disease, depression or anxiety, low back pain, allergies, or stroke). The PHA program also offers on-site biometric screenings, which will include your height, weight, body mass index (BMI), abdominal girth, heart rate, and blood pressure as well as cholesterol and glucose levels (which requires a finger prick to obtain a small sample of blood).

The information from your online health survey 2 and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through other components of the Well-U program, such as lifestyle management, condition management coaching, or Behavioral Health Partners. You also are encouraged to share your results or concerns with your own doctor. The results of your biometric screenings will be entered into your electronic health record, where they can be accessed by your personal physician for treatment purposes (if your physician participates in the University's network).

Enrolled employees, spouses, and domestic partners who complete the completely voluntary online health survey 1 will receive a taxable cash incentive of \$125. Participants are not required to complete the online health survey 2 or participate in the biometric screenings. No financial incentive will be paid for completing the online health survey 2 or participating in the biometric screening. Enrolled children are not eligible to participate in the PHA's online health survey 1 or the online health survey 2 nor the biometric screening, nor are they eligible for the cash incentive.

Additional cash incentives of up to \$200 may be available for enrolled employees, spouses, and domestic partners who participate in certain health management activities. Employees, spouses, and domestic partners may each earn \$100 for completion of a lifestyle management program and an additional \$100 for completion of a condition management coaching program.

Lifestyle management program options include individual programs for cholesterol management, nutrition, physical activity, or tobacco cessation and group programs for weight loss, stress reduction, mindfulness-based stress reduction, physical activity, and healthy lifestyles.

The condition management coaching program helps employees manage certain chronic health conditions, including asthma, atrial fibrillation, congestive heart failure, chronic obstructive pulmonary disorder, coronary artery disease, depression coaching & self-management, diabetes, high blood pressure, high cholesterol, low back pain, stroke, and weight loss. Eligible participants enrolled in a University Health Care Plan who are managing one or more of the chronic conditions listed above through the condition management coaching program may also qualify for reduced copays for their medications while actively participating in the condition management coaching program as well as for the remainder of the calendar year. The condition management prescription drug copay discount program (Rx/Dx) provides participants with a discount of their eligible prescription drug copay to treat these conditions or comorbid conditions under the University Health Care Plan. The condition management prescription drug copay discount program applies to eligible drugs only for Asthma, Coronary Artery Disease, Diabetes, Heart Failure, and High Blood Pressure condition management coaching programs. Participants in the HSA-Eligible Plan are not eligible for this discount until after meeting the deductible and before meeting their out-of-pocket maximum.

There are no direct cash incentives for seeing a Behavioral Health Partners (BHP) provider (for treatment of stress, anxiety, or depression), but employee cost sharing is generally waived for BHP providers as part of the health plan design (except that employees enrolled in the HSA-Eligible Plan must first satisfy the plan deductible). If you are unable to participate in any of the activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the University Office of Total Rewards at (585) 275-2084. Recommendations of your personal physician will also be accommodated.

### Protections from Disclosure of Medical Information

The information you share in the Well-U program is kept confidential and is protected by several laws, including HIPAA and the Americans with Disabilities Act, as well as the University's internal policies. Although the Well-U program and the University may use aggregate information it collects to design a program based on identified health risks in the workplace, the Well-U program will never disclose any of your personal information either publicly or to the parts of the University considered to be your employer (except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law). Medical information that personally identifies you that is provided in connection with the Well-U program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

The information you share in the Well-U program will be used only to promote your health and may be forwarded to your personal physician or to other University health plans for purposes of treatment, payment, and health care operations. Specifically, the University of Rochester Health Care Plan (including the lifestyle management program, the condition management coaching program, Behavioral Health Partners and Accountable Health Partners) and UR Medicine EAP are part of an Organized Health Care Arrangement, which means that protected health information can be shared among those plan components for purposes of treatment, payment, and health care operations, without the need for your consent or authorization to use or disclose your health information to carry out these functions.

Only University employees and vendors responsible for administering or providing treatment services under the Health Care Plan and UR Medicine EAP, such as employees who work in the Office of Total Rewards, the School of Nursing, Center for Community and Health Prevention, Behavioral Health Partners or Accountable Health Partners, have access to the Well-U program protected health information. This includes individuals with medical training such as Physicians, Internists, Lipidologists, Psychiatrists, Clinical Psychologists, Nurse Practitioners, Registered Nurses, Social Workers, Registered Dietitians, Exercise Specialists/Physiologists, Tobacco Cessation Counselors, and certified Wellness Coaches.

All medical information obtained through the Well-U program will be maintained separate from your personnel records. Information that is stored electronically will be secured when at rest and encrypted when in transit, and no information you provide as part of the Well-U program will be used in making any employment decision. All individuals handling protected health information are trained in HIPAA privacy and security rules and subject to disciplinary action (up to and including termination of employment) if they inappropriately use or disclose your protected health information. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you within the timeframes required by law and our HIPAA policies.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Well-U program and your medical treatment, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Well-U program will abide by the same confidentiality requirements.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the University Office of Total Rewards at 585-275-2084.

The University reserves the right to amend or terminate Well-U programs at any time. Additional information on the programs may be found at [rochester.edu/well-u](http://rochester.edu/well-u) and the Summary Plan Description for the University of Rochester Welfare Benefits.

## Notice of Nondiscrimination

Strong Memorial Hospital and the University of Rochester Health Plans comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Strong Memorial Hospital and the University of Rochester Health Plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Strong Memorial Hospital and the University of Rochester Health Plans:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Interpreter Services at (585) 275-4778

If you believe that Strong Memorial Hospital or the University of Rochester Health Plans have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the SMH Grievance Coordinator, 601 Elmwood Ave Box 612, Rochester, NY 14642, phone: 585-275-0954, fax: 585-756-5584.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu))。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-585-275-4778(email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

লক্ষ্য করুন: যদি আপনি বাংলা, কখা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা u পলব আছে। ফোন করুন 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

ملحوظة: اذ كن تتحدثا شكرا لال لغة فإن خدمة التل من اجل غوييقتوافر لال بالماج ان تصلي رقم 1-585-275-4778 (قم هاتفا ل صلايل بكم). (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

خبردار اگر آپ اردو بولتے ہیں تو آپ کو زبان کی مدد کی خدمات مفت میں پیش کی گئی ہیں۔ 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)) پر غل کریں

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-585-275-4778 (email: [Interpreter\\_services@urmc.rochester.edu](mailto:Interpreter_services@urmc.rochester.edu)).

Employee / Dependent Signature: \_\_\_\_\_ (MM/DD/YYYY)

**SECTION VII - CONFIRMATION - PLEASE CONFIRM (Check) YOU HAVE COMPLETED ALL SECTIONS AND ACTIONS**

- ☐ Section I - Employee / dependent information entered  
☐ Section II - Option A - lab slip faxed with completed and signed form  
OR  
☐ Option B - This form collected from provider after sections III and IV are completed  
☐ Section III - ALL biometrics data entered by employee or provider  
☐ Section IV - Provider information entered including provider signature if Option B  
☐ Section V - Form signed by employee / dependent  
☐ Completed form along with a copy of the lab slip, if applicable, emailed to [urcew@urmc.rochester.edu](mailto:urcew@urmc.rochester.edu) or faxed to (585) 461-4488 by December 26  
☐ Copy of this form retained by employee / dependent