HMI is pleased to offer the Individual Screening Program for your convenience. As an alternative to being screened onsite, HMI can send you to a local lab for your wellness screening.

To ensure your form is processed in a timely manner, please be sure to follow all instructions as provided.

**PARTICIPANT INSTRUCTIONS**

1. **Complete the Consent/Registration Form** *(page 2 of this document).*

2. **Fax, Email, or Mail your completed Consent/Registration form to HMI by 12/05/18.**
   - **Registration Options:** Fax completed form to 312-858-6330; Attn: Individual Program
   - **Email** completed form to psc@hmi.health
   - **Mail** completed form to: HMI Individual Program, 2604 E Dempster St. Suite 301, Park Ridge, IL 60068
   
   *If you have not received your confirmation email within 5 business days of returning the form, please call HMI at 847-635-6580.*

3. **Set up an account, complete the REQUIRED Health Power Assessment and view your results.**
   - **Go to** www.myhmihealth.com
   
   **Returning Users**
   - If you have already created an online account for a previous wellness screening, please login with the same username and password you created.
   
   **New Users**
   - Please click "Register Account" and complete all required fields. Your site code is: **L773**

   - **Complete the REQUIRED Health Power Assessment.**

4. **Verification/Receipt of Lab Confirmation Order.**
   
   Once we receive your Consent/Registration form, HMI will create a Lab Confirmation Order and email you further instructions. Locating a lab, instructions for you at the lab, etc will be provided in this Lab Confirmation Order email.

5. **Visit the Lab by 12/07/18.**

6. **After your Visit to the Lab.**
   
   You can expect to receive an email letting you know that your personalized screening results are completed and ready for your review on your online profile, about 5-7 business days from your lab visit. You will also receive a copy in the mail 1-2 weeks after you visit the lab.

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**Individual Screening Form MUST be returned by:**  **12/05/18**

**Screening Deadline:**  **12/07/18**
# SECTION 1: PARTICIPANT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Mailing Address</th>
<th>Phone #</th>
</tr>
</thead>
</table>

- Mailing Address: [Address Line 1] [Address Line 2] [City] [State] [ZIP Code]
- Phone #: [Phone Number]
- APT #: [Apt Number]

**Provide the LAST 4 digits of your Social Security #** [Digits]

**Birth Date** [Day] [Month] [Year]

**Employee** [Yes] [No]

**Spouse/Domestic Partner** [Yes] [No]

**Male** [Yes] [No]

**Female** [Yes] [No]

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**Informed Consent for Administration of Wellness Screening Tests:**

I hereby consent to have Health Maintenance Institute of Illinois (HMI), a division of Empower Health Services, LLC (EHS), and its assigned screening partners, complete and obtain the following items that may be included in the Wellness Screening Program: a blood sample; blood pressure; height and weight; BMI and/or body composition calculation.

I consent to have a sample of my blood taken via venipuncture and I understand that there are possible risks associated with taking a blood sample by venipuncture including, but not limited to, the risk of discomfort, bruising, fainting, or infection. I consent to and authorize the drawing of my blood for lab analysis as indicated above.

I authorize HMI and its assigned screening partners to disclose my screening results to my employer’s group health plan for the purpose of administering any incentive awards, or for payment, treatment, or health care operations as permitted by applicable law. I understand that my participation in this Wellness Screening Program is voluntary.

HMI’s Notice of Privacy Practices (NPP) has been made available to me in connection with this Wellness Screening Program. A current copy of the NPP is also available at www.hmihealth.com/privacy.html. My signature below acknowledges receipt and acceptance of the NPP.

I understand the information provided in this Wellness Screening Program is not intended as a substitute for the professional advice and care of my personal physician and in no way provides a medical diagnosis. If I have any questions or concerns about my results, or obtain an abnormal screening result, I will consult my physician.

I release and discharge HMI and any other organization(s) associated with this Wellness Screening Program and their respective shareholders, parents, subsidiaries, officers, directors, employees, affiliates, successors, or assigns, and the program sponsors, the owners/operators of this facility, my insurer, and/or administrative service provider/wellness program provider associated with this program from any and all liability, damages, claims or causes of action that may arise from or are in any way connected with my participation in this Wellness Screening Program. This release shall be binding upon my heirs, assigns, executors, administrators, and representatives.

**Signature:** ___________________________ **Date:** ___________________________

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- **304234** (Lipid/Chemistry Profile)
- **19694** (Biometrics)