

HEALTH & WELLNESS/BIOMETRIC SCREENING CONSENT FORM

This Biometric Screening Consent Form give Meliorem Health permission to (a) conduct a biometric screening and (b) maintain biometric screening results for patient tracking purposes. **Please read this consent form carefully.**

(initial one) I ____ do/ ____ do not consent to have Meliorem Health administer health and wellness screenings.

(initial) ____ 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:

1. Meliorem Health provides preventive health screening and education that provides information and support as part of its wellness initiative. Meliorem Health is not a substitute for my doctor's care.
2. I am entitled to receive a copy of this Consent, my health screening results, and any other protected health information that is collected by Meliorem Health in connection with my health screenings.
3. The screening equipment used to determine results may yield results not as accurate as those produced by laboratory.
4. I am responsible for contacting my primary care doctor for questions about any abnormal screening results or specific medical needs that may be indicated by these biometric screenings. I will not hold Meliorem Health responsible for providing information, diagnosis, or treatment as a substitute for the care I receive from my physician or other qualified healthcare provider.
5. The test results collected here by Meliorem Health will be held securely and confidentially by Meliorem Health and will not be shared with any other individual, group, or organization unless I provide written authorization to Meliorem Health, in advance and specifically identifying the information to be shared and with whom to share.
6. My test results will be made available to me electronically if I so wish. A link to my records will be emailed to the email address in which I provide below if requested. I will not hold Meliorem Health responsible for access to my information or results by another person accessing the email account provided.
7. I recognize that if I do not sign this Consent, Meliorem Health cannot administer the screenings.

I do / do not authorize Meliorem Health to email me a link to my biometric screening results to this email address: _____.

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

Print Name

Date of Birth

Signature

Date

Signature

Date