

TARGETCARE
Consent / Release of Liability



Voluntary Participation. I understand that participation in this Health Screening is voluntary and is offered by the employer to promote health and prevent disease. If I choose to participate, I may be offered some form of incentive by the employer. Further incentives may be available for participating in other wellness activities or for achieving certain outcomes, and I have been supplied with information about incentives available to me.

Health Screening. The employer has hired TargetCare to perform this screening and follow-up activities. The screening and health assessment are designed to provide information and feedback to help participants evaluate their lifestyle, identify health risks and decide where and how to make improvements if needed. It does not provide a diagnosis of medical problems. I consent to TargetCare or its associates to perform the collection of biometric measures including the drawing of my blood and the gathering of my physical measurements (including but not limited to my blood pressure, my weight, my height, etc.).

Confidentiality. Both TargetCare and the employer take confidentiality of personal health information very seriously, and reasonable safeguards are in place to protect the information. TargetCare will not disclose information that identifies me unless it is required to administer the wellness or health benefits program or required by law. Others may be engaged to aide in the administration the wellness or health benefits program only after ensuring the appropriate agreements are in place to safeguard the privacy and security of confidential information. Unless I authorize it, the only persons who will see my individually identifying information will be TargetCare personnel and others who must have the information in order to administer the wellness or health benefits program. TargetCare will not share individually identifying information with the employer. If there is an incentive associated with this program, TargetCare will provide to the employer only information about my eligibility for each incentive. TargetCare will also supply to the employer aggregate summary information about results of the group as a whole, without identifying individuals. Under no circumstances will TargetCare ever sell individually identifying health information.

Release and Waiver. I release TargetCare, Inc., its agents, associates, contractors, directors, employees, successors and assigns from liability arising from my participation in the screening except for the purposeful acts or gross negligence of TargetCare. Further, I waive my rights to file claims against TargetCare for any matter related to the screening or resulting information.

Follow-Up After Health Screening. I understand that the information obtained from my participation is by no means a diagnosis of any illness or condition. I understand this it is solely my responsibility to initiate any suggested or recommended follow-up examination with a physician or other provider of my choice regarding any results of the screening. I understand it is recommended that I see the provider of my choice for any results outside "normal" ranges. TargetCare is not responsible for any diagnosis or treatment of any illness or condition.

Medical Treatment from TargetCare. If I choose to have TargetCare provide medical treatment, I release TargetCare and its agents, associates, contractors, directors, employees, successors and assigns from liability arising from treatment except for the purposeful acts or gross negligence of TargetCare. Further, I waive my rights to file claims against TargetCare for any matter related to treatment and/or the information derived from it. Before any treatment is rendered by TargetCare, I will be provided information about risks and will have the opportunity to ask questions. I understand that I can then reject such treatment if I am unwilling to accept the risks.

Signature: _____ Today's Date: _____

Printed Name: _____ Required E-mail: _____

Address: _____ City: _____

State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: M F

Race (please circle): African American Asian Caucasian Hispanic Native American Other