TargetCare Program
Opt-Out Form

Printed Name	Date of Birth	Company
_____	_____	_____

I, the undersigned, decline to participate in the TargetCare Program. I understand that by choosing this option, I am selecting ***not*** to participate, and I ***will not*** have access to any of the services provided by the TargetCare Clinic. This includes the basic acute care services that the TargetCare Clinic provides to the employees who have completed a Clinical Health Assessment.

I further understand that after initially choosing not to participate, that I may change my mind and re-enroll in the program at any time by requesting an appointment at the TargetCare Clinic to complete an annual Clinical Health Assessment. I realize that all specific personal health information will remain confidential and will not be shared with my employer.

I ***elect <u>not</u> to*** participate in the TargetCare Program	Date
_____	_____