

# Annual Wellness Visit Form

The City of Greeley Wellness Program is a participatory incentive-based wellness program compliant with federal regulations and guidelines. Participation is not mandatory and will not impact ability for individuals to obtain insurance plans offered through their employer.

## Participant Instructions

Part two of the 2023 Wellness Incentive requires employees to earn 500 wellness activity points through a list of wellness activities. One of the options include completing an annual wellness visit. If you choose to complete the annual wellness exam as one of your activities, you must complete an annual wellness visit through the City of Greeley Health Clinic or with your primary care provider by **October 31, 2024**, to earn the 2024 Wellness Incentive.

When completing your annual wellness visit with a provider outside the City of Greeley Clinic, **ensure your provider's office, or you directly submit this form to the City of Greeley Employee Wellness Clinic by October 31, 2024** to receive credit for completion of the incentive requirements. The member is to complete Incentive Program Employee Notice and Authorization section below. The provider is to complete entire Provider Section on page 2.

## Authorization for release of health information

I hereby voluntarily authorize the use or disclosure of my individually identifiable health information (Protected Health Information") as described above in this form (this "Authorization") to City of Greeley, and any of its authorized agents and/or any other personal representatives ("Authorized Recipient's"). The specific description of Protected Health Information ("PHI") to be used or disclosed to Authorized Recipient's includes any of my PHI related to my biometric screening, including but not limited to the tale following. The Protected Health Information is being released at my request for the purpose of the Authorized Recipient's information and use in connection with the coordination of my healthcare and my participation in my employer-sponsored wellness program.

I understand that I may refuse to sign this Authorization, and that my healthcare treatment, payment, enrollment, or eligibility for benefits under my health plan will not be conditioned whether or not I sign this form. I also understand that my Protected Health Information pursuant to this Authorization and that, once released, the Protected Health Information may no longer be protected by federal privacy regulations. I also understand that I may revoke this Authorization at any time by notifying the Authorized Recipients in writing, but if I do, the revocation will not have any effect on any actions the Authorized Recipients took before the receipt of the revocation of this Authorization.

Participant Name \_\_\_\_\_ Participant Signature \_\_\_\_\_

Participant Phone \_\_\_\_\_ Participant Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Provider Section:

Your patient is participating in a participatory wellness program offered through their employer, or spouse's employer, City of Greeley. To demonstrate completion of the required actions, the patient, or your office, must return this completed form. Following receipt of the required lab work, complete all the sections below. Fill out each blank space, print clearly in CAPITAL LETTERS using an ink pen. Please send completed form to the secure fax @ **970-351-5096**.

### Patient Information

\*Patient's Last Name: \_\_\_\_\_ \*Patient's First Name: \_\_\_\_\_ \*Gender: \_\_\_\_\_

\*Patient's Phone #: (    )    -                      \*Patient's DOB:    /    /                      \*Date of Annual Visit:    /    /

Annual Wellness Visit Completed:    /    /

#### \*Annual Wellness Visit:

- All fields above with an asterisk (\*) must be completed to be eligible for the incentive.
- A preventive exam/annual wellness/annual physical visit is the verbiage for men and for women, a well-woman exam is also a preventive exam.

Provider's Name: (print) \_\_\_\_\_ Provider's Signature \_\_\_\_\_

Practice Name: \_\_\_\_\_ Phone/Fax#: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_