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### Instructions for Patients

- Complete **Screening Information and Assessment**.
- Schedule a preventive health visit and have your health care provider validate and complete **Screening Information and Assessment**. Or, if you have received a screening in the last 24 months, complete **Screening Information and Assessment** yourself and attach screening result documentation (i.e., a copy of your medical record). **Screening Information and Assessment** *must* be completed.
- Make a copy of the completed form for your records.
- Submit the completed form using one of the methods below.

Electronic via MVP Health Care or American Specialty Health

Facsimile to: EAD, ANBI DA AC, B, AN DIEG CA

Carrier to: D, /-

### Instructions for Health Care Providers

Please complete **Screening Information and Assessment**. Sign, date, and return this form to your patient.

If your patient is requesting a re-measure of certain values, please provide only the result for those values and the date they were re-measured.

**Patient Acknowledgment:** By signing the Health Risk Screening form, I certify that the information provided is complete and accurate. I authorize MVP Health Care or American Specialty Health to contact my provider to validate the information on this form. The information submitted will be uploaded to my MVP online wellness record. I understand that an administrator designated by a Large Group employer (an employer with over 50 employees) may have access to aggregated biometric screening data that is uploaded to the wellness record.

I am aware that if I would like to request additional information about how my individual data will be used, I may contact the MVP Wellness Team at [phone number]. I may revoke this authorization at any time by providing written direction to MVP.

**Health Care Provider Acknowledgment:** As part of a voluntary wellness program, you will also be asked to complete a voluntary biometric assessment test, which will include a blood test for general screening purposes. The biometric assessment test will not be used for any purpose other than the participant's own health and safety. An employee's spouse is consented to participate in the program.