



Dear Children's Hospital of Philadelphia Employee:

The Children's Hospital of Philadelphia (CHOP) and Take Care Health Systems, LLC have entered into an agreement to provide Health Screening Services for CHOP employees at local Take Care ClinicsSM. This voucher, in conjunction with photo identification, will serve to properly identify you as being an employee of CHOP and will enable you to receive the Biometric Screening service. The points of care included in this offering are:

- Body Mass Index
- Cholesterol Screening*
- Individual Report
- Blood Pressure
- Glucose Screening*
- One-on-one Counseling with Nurse Practitioner

***For the Cholesterol and Glucose Screenings, we recommend fasting 9-12 hours prior to your screening. As your health permits, no food should be consumed during this time but we strongly encourage you to drink plenty of water.**

To find the nearest Take Care Clinic, please visit www.takecarehealth.com or call the Take Care Health Systems' Patient Support Center at 866-Take-Care (866-825-3227).

When visiting the Take Care Clinic, please follow these steps:

1. Bring this voucher along with photo identification to your local Take Care Clinic.
2. Sign in at one of the touch-screen kiosks and follow through a series of screens. Select "**Health Evaluation**" when prompted. Next, when prompted please select "**I have a voucher, gift card or special offer**" on the touch screen. You will **NOT** be required to pay for this visit. CHOP has agreed to be billed for the Biometric Screening services.
3. Present this voucher to the Take Care Health Nurse Practitioner at the beginning of your visit so that we can ensure the appropriate services are performed. The Take Care Health Nurse Practitioner will collect this voucher from you at the time of your visit.

Results from your health screening will be populated to the Take Care Health Risk Assessment. Take Care Health Systems will be responsible for the secure transmission of this data. You will NOT be required to send your health screening results to any other organization. The results of your health screening are considered Private Health Information and are protected under the guidelines of HIPAA.

Patient-care services provided by Take Care Health Services,SM an independently owned professional corporation whose licensed healthcare professionals are not employed by or agents of Walgreens Co., or its subsidiaries, including Take Care Health Systems,SM LLC

For Take Care Health Provider:

Company Name: **Children's Hospital of Philadelphia**
Promotional Code(s): **CHOP**

Services: **80061, 82962, 99401**
Valid Dates: **12/10/2010 – 12/31/2011**

IMPORTANT: Please have patient complete and sign Exhibits A, B and C. Take Care Health Provider must scan this voucher and Exhibits A, B, C into the patient record. This voucher only applies to the services and Promotional Codes listed above. Promotion void after 12/31/2011. All other Take Care Clinic services are to be charged at standard rate.

Exhibit A - CHOP Biometrics Screening Participant Form: Please complete and sign.

Required Information for Health Risk Assessment data upload:

Last 4 digits of Social Security Number: _____

First Name: _____ Last Name: _____

Employee ID #: _____

Date of Birth: ____/____/19____ (MM / DD / YY)

Gender: Male Female Union Employee: Yes No

*Participation in the program is voluntary, and all of the information you provide will be kept confidential.

Work Phone: (_____) X - _____

Ethnicity (optional):

African American Asian American Caucasian Hispanic/Latino Multi-ethnic

Fasting Status:

Fasting for the past 9 hours (please check if yes)

Personal Medical History: (Please check all that apply)

- Diabetes
- History of heart disease (heart attack, stroke, TIA, angioplasty, surgery, etc.)
- Family history of heart disease (Optional)
- Currently smoke cigarettes
- High blood pressure
- High cholesterol
- For Women only: Currently pregnant or lactating

Exhibit B – Biometrics Screenings Information Release

For an automatic upload of your screening results to the Take Care Health Risk Questionnaire, your signature is required below. Your name may be shared with CHOP for wellness program reward qualification. However, all Private Health Information is confidentially HIPAA protected and will not be transmitted to CHOP.

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize the use and disclosure of my personal health information as described below:

This authorization applies only to the following information: my test results and responses to the wellness screening questionnaire included herein (the "Personal Health Information"). Only the Personal Health Information may be used and/or disclosed pursuant to this authorization.

I authorize the following persons (or classes of persons) to receive and make the authorized use and/or disclosure of the Personal Health Information: Impact Health Biometric Testing, Inc. ("Impact Health"), Trale, Take Care Health SystemsSM, LLC ("Take Care"), Aetna and InforMed Medical Management Services, LLC. The Personal Health Information with my screening results may be transmitted from Impact Health to Trale and used or disclosed only for the following purpose:

- (1) to provide my wellness screening results and make them available on the Take Care Health Risk **Questionnaire**; and
- (2) to have a Take Care nurse contact me regarding follow up consultation and/or counseling.
- (3) to have an Aetna Disease Management nurse contact me regarding follow up consultation and/or counseling.

I understand that I have the right to revoke this authorization at any time by delivering written notice of my intent to revoke to: Impact Health (1006 W. Ninth Ave., Suite 100, King of Prussia, PA 19406 Attention: Privacy Practices.) I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose the Personal Health Information have acted in reliance upon this authorization.

This authorization is effective now and shall remain in effect, unless I revoke my authorization.

I certify that I have received a copy of this authorization.

Signature (Required)

Print Name

Date: _____

Exhibit C – Take Care Clinic Information Release Authorization

PATIENT AGREEMENT

I authorize the use and disclosure of my individually identifiable health information as described above, including verbal and written exchanges about the information unless I indicated otherwise. I understand that this authorization is voluntary. I understand that if the person or organization I authorize to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and could be redisclosed. I understand that my health care and payment for my health care will not be affected if I do not sign this form. I release Take Care Health Systems, LLC, from all legal responsibility and/or liability that may arise from the release of the records I have specified.

I understand that I may revoke this authorization in writing at any time, except to the extent action has already been taken in reliance on it.

I authorize Take Care Health System, LCC, to use or disclose of protected health information as described above. This authorization will expire one (1) year from the date of signature or unless otherwise specified:

(Expiration Date)

Signature of Patient

Date

Take Care Clinic Locations Philadelphia / Tri-State Area (Sorted in Zip Code Order)

590 Berlin Crosskeys Road	Sicklerville	NJ	08081
13 N Black Horse Pike	Williamstown	NJ	08094
1408 Delsea Dr	Deptford	NJ	08096
8 Haddon Avenue	Westmont	NJ	08108
4098 Edgemont Ave.	Brookhaven	PA	19015
7001 Frankford Ave #7027	Philadelphia	PA	19135
699 W Germantown Pike	Norristown	PA	19403
119 E Dekalb Pike	King Of Prussia	PA	19406
710 North Wales Road	North Wales	PA	19454
216 Suburban Dr	Newark	DE	19711
1710 Faulkland Rd	Wilmington	DE	19805

No appointment is necessary. To check wait times, please visit www.takecarehealth.com or call the Take Care Health Systems' Patient Support Center at 866-Take-Care (866-825-3227).