



HUMAN RESOURCES

UI Wellness

A Unit of Organizational Effectiveness

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Health Coach Participant Agreement

Overview

- liveWELL administered through UI Wellness in collaboration with UI Benefits Office.
- UI Wellness coordinates a number of vendors who provide wellness services. These vendors may include Recreational Services; UIHC departments; College of Public Health departments; UI Wellness.
- Referral to other UI programs will be made by Health Coach as deemed appropriate based upon client needs and interest.

As a Participant you agree to:

- Participate in Health Coach Service and preferred provider service options based on your needs and interests.
- Complete online Personal Health Assessment upon completion of Health Coach Service.
- Grant access to absenteeism data, health care utilization data, and PHA data throughout the course of liveWELL. This information will be linked to any changes in measured health status over-time and will be reported in aggregate format only.
- Complete Health Coach Visits by \_\_\_\_\_. \_\_\_\_Initial
- Participate in services on non-work time or as approved by your supervisor.

UI Wellness (University) agrees to:

- Report information/data in aggregate format only, unless written consent is provided by client to share information with another provider.
- To maintain confidentiality of all data collected to the extent allowed by applicable law or University policy.

Participant signature \_\_\_\_\_ date \_\_\_\_\_

UI Wellness signature \_\_\_\_\_ date \_\_\_\_\_



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Organizational Effectiveness and UI Benefits,  
University Human Resources.

## Notice of Privacy Practices Acknowledgement Form

By signing this form I acknowledge that I have received and/or had the opportunity to review the UI Wellness Notice of Privacy Practices. I understand that I have the right to review the Notice Of Privacy Practices prior to signing this acknowledgement form.

I understand that UI Wellness has the right to change the Notice of Privacy Practices form time to time. The revised Notice of Privacy Practices will be posted on the UI Wellness web site and paper copies will be available upon request.

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Wellmark Whole Health Dimensions Condition Management

If you have a specific health condition that would warrant specific condition counseling and information from Whole Health Dimensions<sup>SM</sup>, your UI Wellness Health coach may discuss your case with a Care Coordinator from Whole Health Dimensions<sup>SM</sup>. **Program participation is voluntary and provided at no additional cost to you.**

I hereby authorize UI Wellness to communicate information about my Health Coach case or any of the following conditions to ensure that my chronic condition is being followed by qualified nurses that will personalize support, educational materials and other support services.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Conditions covered by Whole Health Dimensions<sup>SM</sup> Check all those that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Asthma</b>  | <input type="checkbox"/> Osteoarthritis           |
| <input type="checkbox"/> <b>Cardiac: Heart failure or coronary artery disease</b> | <input type="checkbox"/> Osteoporosis             |
| <input type="checkbox"/> <b>Chronic Obstructive Pulmonary Disease (COPD)</b>      | <input type="checkbox"/> Hepatitis C              |
| <input type="checkbox"/> <b>Diabetes</b>  | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Acid-Related Stomach Disorder                            | <input type="checkbox"/> Low Back Pain            |
| <input type="checkbox"/> Decubitus Ulcer  | <input type="checkbox"/> Urinary Incontinence     |
| <input type="checkbox"/> Fibromyalgia   |   |

**Name of Physician:** \_\_\_\_\_ **Phone Number to call:** \_\_\_\_\_ **Best Time to call:** \_\_\_\_\_

I understand that I may revoke this consent at any time by sending a written notice to the Coordinator of UI Wellness, 111 Communications Center, University of Iowa. I understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality. I understand that I may review the disclosed information by contacting the Coordinator of UI Wellness, 111 Communications Center, University of Iowa.

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