



liveWELL Program • Human Resources • E119 Campus Recreation and Wellness Center • Iowa City, IA 52242 • livewell@uiowa.edu • 319-353-2973 • www.uiowa.edu/livewell

Referral Program Participant Agreement

Referral Program (check one):

Mindfulness Based Stress Reduction – Behavioral Health - \$420.00

Smoking Cessation – Pulmonary Rehabilitation - \$175.00

CHAMPS Prevention Program – Internal Medicine - \$481.00

Personal Training Recreational Services - \$240.00

Chronic Disease Self-Management – Family Care Center - \$40.00

REACH – Rehabilitation Therapies - \$406.00

Lifestyles Weight Management - \$400.00

Overview

- liveWELL is administered through UI Wellness in collaboration with the UI Benefits Office.
- UI Wellness coordinates a number of vendors who provide wellness services. These vendors may include Recreational Services; UIHC departments; UI Wellness.

As a Participant you agree to:

- Participate in above program that has been determined an appropriate referral in conjunction with personal health coach.
- Complete online Personal Health Assessment upon completion of above service.
- Pay the full program fee and will be directly responsible for this amount if you do not successfully complete program and any remaining portion of the Health Coach Service.
- Successful completion of this program is defined as _____ **Initial**
- Referral program must be completed by _____ **Initial**
- Upon completion of this referral service, the Health Coach Service must be completed.
 - o Follow-up meeting scheduled on/before _____ **Initial**
- Allow program indicated above to share information with Health Coach related to participation and outcomes.
- 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 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.
- To pay for remainder of service fee for individuals successfully completing the agreed upon wellness program/service as defined above.

Participant signature Date UI Wellness signature Date

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: _____