



liveWELL Referral Participant Agreement

HUMAN RESOURCES

UI Wellness

A Unit of Organizational Effectiveness

121 University Services Building, Suite 50
Iowa City, Iowa 52242-1911
319-353-2314 Fax 319-353-2384
uiwellness@uiowa.edu

Referral Program (check one):

- Mindfulness Based Stress Reduction - Behavioral Health
CHAMPS Prevention Program - Internal Medicine
Well @ Work - Faculty and Staff Services
Chronic Disease Self Management - Family Care Center
Smoking Cessation - Pulmonary Rehabilitation
Personal Training - Recreational Services
REACH - Rehabilitation Therapies
Lifestyles Weight Management - UI Wellness

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; College of Public Health 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 Health Risk Assessment upon completion of above service.
Pay \$_____ through payroll deduction for the above service at the time of referral with Health Coach.
Pay the balance of the 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
Upon completion of this referral service, the Health Coach Service must be completed. _____ 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 your data collected.
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: _____