



WellPath *Know Your Numbers* Verification Form

Use this form as *simple evidence* that you have completed Step B of the ABCs of Participation: The *Know Your Numbers Screening* outside of a worksite screening. **Please do NOT include any personal health information on this form.** You never have to provide any personal, protected health information to participate in WellPath. Follow these steps:

- 1) Visit your healthcare provider or order your labs to receive the following information:
 - Total Cholesterol -Blood Pressure - Resting Heart Rate
 - HDL Cholesterol - Height - Weight
 - LDL Cholesterol - HDL/Total Cholesterol - Triglycerides
 - Blood Glucose

Please do not record this information on this form. Please record it for yourself on another document. It is best to ask for a copy of the lab report.

- 2) Ask your healthcare provider to sign this form. Please have your part of this form completed.

Employee Name: _____ Date: _____

The undersigned healthcare provider verifies that the employee named above has had testing and received the lab values identifies on this form.

Healthcare provider's signature: _____ Date: _____

Confidentiality Notice: Confidential Health Information Enclosed Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being provided to you after appropriate authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. Important Warning: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible, deliver it to the intended recipient. You are hereby notified that any disclosure, copying or distribution of this information is Strictly Prohibited. If you have received this message by error, please notify the Sender immediately to arrange for return or destruction of these documents.

- 3) Employee: Scan this form to .pdf format or take a picture of it with your phone. Be sure we can read the information
- 4) Upload your form (as a .pdf or picture) using your MyWellPath account. Choose *Activity*, then *Log Activity*, then the Category ABCs and choose Know Your Numbers as the activity (complete steps 1-7 below).

The screenshot shows the 'Log Activity' page in the MyWellPath system. The page header includes the WellPath logo and navigation links: Home, Event Calendar, Activity (1), Profile, Links, Change View, and Logout. A dropdown menu is open under 'Activity', showing 'Log Activity' (2), 'Activity Report', and 'Redeem Points'. The form fields are: 'For' (Andrew Weller), 'Category' (ABCs) (3), 'Activity' (Know Your Numbers) (4), 'Completion Date' (3/31/2018) (5), 'Notes' (256 characters remaining), and 'Simple Evidence' (6) with a '+ Select Simple Evidence' button. A 'Save' button (7) and a 'Cancel' button are at the bottom right.

Thank you for completing Step B of the ABCs of Participation: *Know Your Numbers*. Please continue to use *your numbers* to complete the final step, Step C: *Personal Wellness Assessment* of the ABCs of Participation. For questions please visit www.wellpath.info/abcs or e-mail wellness@srpmic-nsn.gov.