Consent Form

MiHIA
Michigan Health Improvement Alliance
DPP

Participant Information: ***(Please print; use pen only)***

Company Name: _____ Location: _____

Last Name | First Name | Middle/2nd Name

Participant SSN (Last 4 digits) | Participant's Date of Birth (mm/dd/yyyy) | Height | Weight

Ft. / In. | lbs.

Participant ID (Optional)

Gender: ☐ Male ☐ Female Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race:

☐ American Indian or Alaska Native ☐ Asian ☐ White

☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Other

Best Phone Number to Reach You: - - Alternate Phone Number (home, work, cell) -

Email Address

I voluntarily consent to participate in the MiHIA Diabetes Prevention Program which includes the recording of weight and minutes of physical activity and may include biometric screenings in which I consent and authorize the collection of the blood specimen.

I understand that Viridian Health Management, LLC will have access to my test results for ascertaining if the results are within qualifying ranges and that these results may be used to contact me for follow-up and/or program enrollment. I understand that my individual results are confidential, and will not be shared with my employer. I understand that group (summary) statistics may be used for reporting. I understand that no other individual or entity will have access to my individual test results without my authorization or as allowed by law.

If applicable, Viridian Health Management may advise my employer of participation and/or progress needed to meet requirements for my employer's incentive.

I, the participant named above, have read, understood and agree to the terms of the consent. No attempts by the participant to modify or amend this form will change its terms or in any way be binding upon Viridian Health Management or MiHIA.

I release Viridian Health Management, MiHIA, and partners from any and all liability arising from the collection of my blood specimen (if applicable), the diabetes prevention program classes and the reporting of information concerning such analysis.

X Participant's Signature: _____ Date: _____

VIRIDIAN
HEALTH MANAGEMENT

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