

# HEALTH COACHING INTAKE FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is your preferred method of contact? (Please circle)      **Call**      **Text**      **Email**

When is the best time to contact you? \_\_\_\_\_

*\*If you are applying to receive the discounted gym membership incentive, you are only required to answer questions 1-2.*

**1. Briefly describe your reason(s) for applying to health coaching services:**

**2. List one health-related goal you would like to achieve within the next year:**

**3. What is the biggest challenge you face when trying to reach your goals?**

**4. What is your greatest motivation to change?**

**5. What is your greatest strength?**

**6. What do you expect from your meeting with a health coach?**

**7. Please list medical conditions/medication usage you would like your coach to be aware of:**

# WELLNESS PROGRAM AGREEMENTS

## **VOLUNTARY DISCLOSURE OF BIOMETRIC DATA**

Lakemary Center Employee Wellness offers a voluntary wellness program available to all employees at Lakemary Center. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to engage in health coaching services and to complete a biometric screening, which will include a blood test for total cholesterol, HDL, LDL, glucose, and/or A1c. You are not required to complete the biometric screenings or to participate in the blood testing or other medical examinations.

## **INCENTIVIZING BIOMETRIC DATA**

However, employees who choose to participate in the wellness program will receive a discounted gym membership as incentive for completing a biometric screening and participating in health coaching services. Although you are not required to complete the biometric screening or to participate in health coaching services, only employees who do so will receive a discounted gym membership. Incentives are not granted for achieving specific health outcomes, rather, for utilizing and engaging in wellness resources, as outlined in the terms of participation (see below). Additional incentives of up to \$300 in value may be available for employees who participate in certain health-related activities such as challenges, classes, and events.

## **HEALTH INFORMATION MANAGEMENT & PROTECTIONS (HIPAA)**

The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as educational materials and presentations. Additionally, you are encouraged to share your results or concerns with your own physician/healthcare provider.

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Lakemary Center Employee Wellness may use aggregate information it collects to design a program based on identified health risks in the workplace, Lakemary Center Employee Wellness will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are nurses, therapists, health coaches, and the Lakemary Center Employee Wellness coordinator, in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be

taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Lakemary Center Employee Wellness at (913) 359-5424 or [grace.davis@lakemary.org](mailto:grace.davis@lakemary.org).

## **HEALTH COACHING RESPONSIBILITIES & RELEASE**

Participation in the wellness program includes meeting with a health coach. By agreeing to participate in the wellness program, and therefore, health coaching services, the participant does waive, release, hold harmless, and discharge the health coach, and any training program affiliated with the health coach, from all responsibility or liability for injuries, damages, or losses resulting from their participation in coaching services.

A health coach is not a mental health or medical professional and cannot diagnose, treat, prescribe, or give unsolicited advice for managing medical conditions including physical, mental and/or emotional disorders. The goal of a health coach is to facilitate a supportive alliance between the client and their health care provider(s). A health coach helps to maximize personal potential, development, and attainment of health-related goals, as recommended by a credentialed healthcare provider or by the client's own personal health decisions. The client acknowledges that they have been examined by a medical professional and have been given permission to participate in coaching OR the client has decided to participate without the approval of a medical professional and assumes all responsibility and risk associated with such participation.

A health coach has training and expertise in health and wellness coaching, goal setting, values clarification, lifestyle resources, and motivational techniques. Health coaching does not guarantee specific results or health outcomes, which are the direct responsibility of the client, who does not hold the coach liable for any adverse outcomes (either directly or indirectly) resulting from resources, referrals, or advice given by the health coach.

### *Roles and Responsibilities of the Coaching-Client Relationship*

The health coach will:

- Deliver a coaching process/structure which follows guidelines set forth by evidence-based methods.
- Practice according to generally accepted health coaching standards and the NBHWC Code of Ethics.
- Maintain the privacy and security of your personally identifiable health information (see above).

The client will:

- Communicate openly and honestly with the health coach, indicating any preferences/changes desired.
- Actively create time to fully participate in scheduled appointments.
- Acknowledge personal accountability for actions, behaviors, and choices.

## **ACCOMMODATIONS**

If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Lakemary Center Employee Wellness at (913) 359-5424 or [grace.davis@lakemary.org](mailto:grace.davis@lakemary.org).

## **TERMS OF PARTICIPATION**

You are not required to participate in the Lakemary Center Employee Wellness program or its offerings. You are, however, required to fulfill the terms of participation in order to receive the incentive, as described. If you fail to meet the terms of participation, you will be removed from the program and will be required to repay the portion supplied as incentive by Lakemary Center Employee Wellness. Listed below are the terms of participation:

1. Follow the Employee Wellness page on Viva Engage.
2. Must complete, sign, and submit the “Biometric Screening Form” and the “Wellness Program Agreements Form” to Employee Wellness.
3. Must apply for and attend a initial health coaching session, regularly engaging in its services by attending quarterly follow-up appointments and providing self-reported biometric measurements.

If you have questions or require assistance in completing and submitting your application, please contact Lakemary Center Employee Wellness at (913) 359-5424 or [grace.davis@lakemary.org](mailto:grace.davis@lakemary.org).

**By signing below, I am indicating that I have reviewed, acknowledge, and consent to the terms as described above.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name (Printed): \_\_\_\_\_