

# 2025 Wellthy Rewards Incentive Program

## Biometric Screening – Physician Submittal Form

**V.C. Employee:** Give this form to your health care provider to complete and return to you.

Once this *completed* form is received from your health care provider, you are responsible to return it, along with the wellness acknowledgement form below it to the Wellness Program by sending it to our secure email inbox: **wellness.program@ventura.org**. If you are sending the form to our inbox from your personal email account, type **#secure#** in the subject line. Completion of the wellness biometric screening is worth **50 points** toward the Wellthy Rewards program; it is **not** a required activity to earn a cash award. The date of the screening is required below and must be completed in 2025.

**EMPLOYEE- Please complete ONLY this section--the remainder of the form must be completed by your health care provider. (Please PRINT legibly.)**

**FULL Employee Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

### HEALTH CARE PROVIDER Certification:

I certify that this patient has completed a physical examination in 2025. I certify that all clinical tests are current according to the US Preventive Services Task Force recommendations based on the patient's medical conditions or medication(s) and/or medical group practice protocols.

**Name of Health Care Provider** \_\_\_\_\_

Signature of Provider or Authorized Representative \_\_\_\_\_

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

Phone: \_\_\_\_\_ **Date:** \_\_\_\_\_

Provider Stamp Required  
Here OR  
Write California State  
License Number

NOTICE REGARDING VENTURA COUNTY WELLNESS PROGRAM (VC-WELL)

I acknowledge that I am eligible to participate in VC-WELL. I am a Regular County of Ventura Employee, or a Spouse or Registered Domestic Partner of a Regular County of Ventura Employee.

VC-WELL is a voluntary wellness program available to all Regular County employees and their spouses. 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 VC-WELL, you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which will include a blood test to identify your cardiovascular risk factors. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in VC-WELL may receive an incentive of a Wellness Prize valued at no more than \$500 while supplies last for completing a health risk appraisal, biometric screening and participating in other specified health activities, which may include participating and tracking physical activity. Although you are not required to complete the HRA or biometric screening or to participate in other specified health activities only employees who do so may qualify for the Wellness Prize incentive. Spouses of County employees are not eligible to receive the Wellness Prize/incentive. Details and updates regarding the incentive will be posted at [www.ventura.org/vcwell](http://www.ventura.org/vcwell). Per IRS rules, the value of the incentive you choose is considered taxable income and will be reported as such.

If you are unable to participate in any of the health-related activities required to earn an incentive because it is unreasonably difficult to do so due to a medical condition or because it is medically inadvisable for you to attempt to do so, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting VC-WELL at [wellness.program@ventura.org](mailto:wellness.program@ventura.org) or at (805) 654-2628.

The information from your HRA and 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 VC-WELL, such as health classes or coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although VC-WELL and the County of Ventura may use aggregate information it collects to design a program based on identified health risks in the workplace, VC-WELL 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 VC-WELL, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the VC-WELL 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 VC-WELL, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in VC-WELL or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of VC-WELL will abide by the same confidentiality requirements. The only individual(s) who may receive your personally identifiable health information are authorized staff from VC-WELL (County employees or independent members of the VC-WELL staff) and Wellsource (the contractor who hosts VC-WELL's secure website) in order to provide you with services under VC-WELL.

In addition, all medical information obtained through VC-WELL will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of VC-WELL 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 VC-WELL, 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 VC-WELL, 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 VC-WELL at [wellness.program@ventura.org](mailto:wellness.program@ventura.org) or (805) 654-2628.

A full copy of the County's Notice of Privacy Practices describing the County's legal duties and responsibilities and detail privacy practices with respect to Protected Health Information is posted at all Wellness Profile Clinics, the VC-WELL office, and can be found at [www.ventura.org/vcwell](http://www.ventura.org/vcwell). The VC-WELL HRA and biometric screening and related services are educational and are not meant to diagnose illness or to replace your regular health care. Your Wellness Profile results will be available for you to view online at [www.ventura.org/registervcwell](http://www.ventura.org/registervcwell) through your secure Wellsource account. The County of Ventura is not responsible for ensuring that you view your results or consult with your physician regarding any recommendations in your Wellness Profile Report.

By signing below, you acknowledge that you have read the above statements and understand the information presented in it; that you are voluntarily entering VC-WELL of your own free will; and that you release County of Ventura, including, but not limited to, VC-WELL and its staff from any responsibility or liability for any injury or damage that may occur to you as a result of participation in this program.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
WORK/DAYTIME PHONE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE