

How to register on My.QuestForHealth.com

- Visit <u>My.QuestForHealth.com</u>
- If you've already established an account, use the Log In area to enter your username and password and select the green Log In button
 - If you've forgotten your login information, use the username link to retrieve your username or the password link to reset your password
- If you've never registered on the site to establish an account, use the Create Account area, enter the registration key provided by your employer, and select the Register Now button



Transform your health

Please note: these screenshots are based on common browser resolution; actual screens may vary due to responsive design

- Read through the Quest Diagnostics Terms and Conditions
- Scroll to the bottom and select the Accept & Continue button



Terms and Conditions

Terms of Service: Quest Diagnostics Health & Wellness represents health benefit management programs with policies in place to maintain the confidentiality of your information consistent with Quest Diagnostics Notice of Privacy Practices, which may be found at QuestDiagnostics.com/home/privacy-policy/online-privacy.html Our Privacy of Protected Health Information (PHI) policy requires that we'must obtain, maintain, use and disclose patient protected health information in a manner that protects patient privacy and complies with all state and federal laws." Though this is a voluntary program, should you choose not to accept these Terms and Conditions, you will not be able to participate.
 By participating in the wellness screening program(s) you acknowledge, and consent to, Quest Diagnostics Health & Wellness' disclosure of the data and outcomes of your Health Questionnaire and test results in accordance with the requirements of the Health Insurance and Portability and Accountability Act (HIPAA) and any other applicable laws. If you are providing family medical history or other genetic information through a Health Questionnaire or test results, you are also authorizing and consenting to the use of such genetic information for the purposes of the wellness screening program as described in paragraph 3 below. If you are a spouse or dependent of another participant in the wellness screening program, you are also authorizing and consenting, which genetic information may include blood pressure, BMI, and blood work results such as cholesterol, glucose, and triglycerides, in your spouse's data. Your employer will not receive your results in any form that may match the data to you, though your employer may receive de-identified, aggregated data from the entire population of participating employees.

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Accept & Continue >

Download Terms and Conditions



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Language Assistance / Non-Discrimination Notice | Asistencia de Idiomas / Aviso de no Discrimacion | 活動運動小力技術通知

- If custom consent is required for your program, you will need to read through the consent and select **I accept**
- Then select the green **Continue** button



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- Under Confirm Your Eligibility, enter your Unique ID, Date of Birth, and relationship to the organization
 - Your Unique ID should have been provided to you in an employer communication
 - Your relationship should be either Employee or Non-Employee
- Select the green **Continue** button

Confirm Your Eligibility	Create Account	3 Enter Your Information
Confirm Your Elig		
Employee ID * Birth	Date * 15/1979 E	
Exan	mpie: 01/25/1980	
Employee		
Continue >		



- Create a username and password to log in to your account
 - The password must be at least 8 characters long, include a number or special character, and include at least 1 uppercase and 1 lowercase letter
- Select the green **Continue** button

Confirm Your Eligiblity	2 Create Account	Enter Your Information
Create Your Accou	unt	
Usemame * SampleParticipant123!		
Password *	Confirm Password *	<u>.</u>
8 Characters, Number or Special Character, Uppercase	•	•
Continue >		

- Verify/complete all of the information under Enter Your Information
 - Please note that an email address is required and will be used in a case where you need to retrieve your username or reset your password
- Verify/complete all of the information under Mailing Address
- Select if you would like to receive appointment reminders from Quest Diagnostics
- Select the green **Save** button

Confirm Your Eligibility	Create Account	3 Enter Your Information	
Enter Your Information			
First Name *	Last Name *		
Preferred Name (Nickname)	Birth Date 01/05/1992 E Self-Id Exemple 01/25/1950	ientified Gender "	
Phone *	Email Address *		
Mailing Address	Address Line 2		
Country * United States	State *	▼ Postal Code *	
Communication Preference	es		

- After registering, you will arrive at the dashboard
- · Under the Why should you participate section, you will see the Personal Health Questionnaire section
- Note: You are required to take your Health Questionnaire before scheduling an appointment to complete your screening.

