



UPG Live Well Wellness Agreement

Member Name _____

Health & Wellness Advisor _____

This wellness agreement is between the USPM Health & Wellness Advisor and the UPG Employee and outlines the responsibilities and key commitments made by both parties. Any information shared within this relationship is confidential and the advisor representing U.S. Preventive Medicine respects the member's right to privacy and will maintain records created, stored, accessed, transferred, and/or disposed of following National HIPAA Regulations.

Your USPM Health & Wellness Advisor:

Will work to enable you to facilitate your goals and develop action plans in order to help you move forward to achieve higher levels of physical and mental well-being. A primary goal is to enable and guide your efforts to find solutions and answers. Your Advisor will assist with and encourage realistic goal planning, provide responsible, direct feedback and help you work through challenges. With your permission, will teach, offer advice and provide information on nutrition and wellness, fitness, weight management, stress, work/life balance, mental well-being and health. If at any time your advisor feels the relationship isn't optimal or that an issue is beyond professional scope, he or she will make an appropriate referral. Your USPM Health Advisor will always be punctual and respectful of your time.

As the Member:

I am ready, willing and able to explore and improve my level of health, fitness and/or wellness. I realize it is my responsibility to autonomously choose what changes I wish to make and sustain. In order for me to make changes I realize I need to be as open and honest as I am able and will share information that is relevant to my health and wellness. I am open to possibility, trying new strategies, techniques and learning. I understand lifestyle changes seldom occur all at once and without struggles. This is a normal part of the health and wellness process as I work to make changes and establish new behaviors. I am invested and will be responsive, attend all sessions and be punctual. I also agree to the 24 hour cancellation notice, if I can't make a session.

Member Signature _____

Date _____

****Please know that any rewards (monetary or otherwise) are taxable and only eligible to those who are actively enrolled in the UPG Health Plan and receiving a paycheck at the time of payout. Eligible spouses earn rewards in the subscriber's paycheck.***