## **Returning Participants: How to Register via the Quest website**

- Visit <u>My.QuestForHealth.com</u>
- If you are a Returning Participant, enter your username and password on the left side of the Home page under "Log In"
- If you've forgotten your login information, use the **username** link to retrieve your username or the password link to reset your password



#### Transform your health

Biometric screening results provide powerful insights into your health risks that you may not currently recognize. Complete your biometric screening to know your numbers and connect to quality care to help manage health risks and prevent chronic disease.

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



Contact

#### Terms and Conditions

1. Terms of Service: Quest Diagnostics Employer Population Health ("EPH") supports 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/. 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 of Service, you will not be able to participate.

2. You are participating in a voluntary population health program, and by your participation you freely and voluntarily assume any risks associated with the screening process. You must be 18 years of age or older. As needed for the program(s) available to you, you consent to the collection of a blood sample from a fingerstick or from the arm; measurement of blood pressure, height, weight, waist and/or hip measurements; the collection of a cheek swab or blood sample for the purpose of cotinine testing to detect tobacco use; the collection of a nasal swab for the purposes of performing a test for the detection of COVID-19 and/or to a blood draw to determine whether you have developed antibodies to COVID-19; and/or the collection of a fecal sample for Colorectal Cancer screening. You understand that collection of a blood sample involves certain potential risks that may include but are not limited to prolonged bleeding, fainting or feeling lightheaded, bruising and multiple sticks. If the program includes the reporting of results at the point of collection, this data should be considered preliminary, as the results are screening assessments only. The instrument used on-site may yield results that vary from what would be reported if the same testing was performed by the laboratory on a specimen obtained from your arm.

Accept & Continue >

Download Terms and Conditions

- Under Verify Your Information
  - Confirm all information previously used for registration is still accurate or make any necessary changes
  - Once you have confirmed and/or made any necessary updates, Select the green Save button

| Verify Your Inform                     | nation                    |                            |   |
|--|---------------------------|----------------------------|---|
| Enter Your Information                 |                           |                            |   |
| First Name                             | Preferred Name (Nickname) | Last Name                  |   |
| Birth Date                             | Self-Identified Gender*   | Phone *                    |   |
| Example: 01/25/1900<br>Email Address * | Mobile Phone              |                            |   |
| Mailing Address                        |                           |                            |   |
| Address Line 1 *                       | Address Line 2            | Country *<br>United States | - |
| City *                                 | State *                   | Postal Code *              |   |

condition to receipt of goods/services.

Z I would like to receive email appointment reminders from Quest Diagnostics for my employer-sponsored testing.

🗾 I would like to receive text message appointment reminders from Quest Diagnostics for my employer-sponsored testing.

### How to complete registration for Onsite event:

• To schedule an appointment at one of the three Health Screening events by Columbia University HR Benefits, in the **Biometric Screening** section, under Onsite Event's, select the **Make an Appointment** button



#### Transform your health

- Select the onsite event location where you'd like to complete your screening
- Select the **Continue** button at the bottom left side of the Map



- If you wish to change the location, select the **Change** button in the top right-hand corner of the screen
- This will allow you to select another campus location

| Location  |   | <u>Change</u> |
|---|---|---------------|
| Alfred Lerner Hall (Morningside)<br>2920 Broadway         |   |               |
| New York, NY 10027  |   |               |
|   |   |               |
| Date & Time   |   |               |
| Select a date to find availability at the above location. |   |               |
| Choose a date *   | Ť |               |
| Example: 01/25/1980                                       |   |               |
|   |   |               |
| Continue  Back  |   |               |
|   |   |               |
| Review & Confirm  |   |               |

- Select the **Time** you would like to complete your screening. *Note: Unavailable times will not display*
- There may be a time you're interested in please check back to see cancelations times have opened
- Select the **Continue** button

| Location  |   | <u>Change</u> |
|---|---|---------------|
| Alfred Lerner Hall (Morningside)  |   | _             |
| 2920 Broadway   |   |               |
| New York, NY 10027  |   |               |
| Date & Time   |   |               |
| Select a date to find availability at the above location.                                   |   |               |
| Choose a date *   |   |               |
| 11/01/2023  |   |               |
| Example: 01/25/1980   |   |               |
| Select the time of your appointment. Unavailable times will not display.<br>Choose a time * |   |               |
| 8:15 AM   | • |               |
|   |   |               |
| Continuo  |   |               |
|   |   |               |
|   |   |               |
| Review & Confirm  |   |               |

- Verify that all the appointment details shown on the screen are accurate
- select the Confirm button
  - NOTE: Your appointment is **not scheduled** until you select the **Confirm** button



- Once your appointment has been scheduled you will arrive at the **Confirmation** screen
- Select the green Back to Dashboard link to return to the dashboard

Your wellness screening has been scheduled at the below location.

| Onsite Event's  | Prepare For Your             | Appointment   |   |
|---|------------------------------|---|---|
| Alfred Lerner Hall (Morningside)<br>2920 Broadway<br>New York, NY 10027             | Drink plenty of water        | Continue to take all  | Fasting is recommended<br>by <b>NOT</b> required.<br>If you eat or drink<br>before your |
| 8:15 AM   | prior to your<br>appointment | medications as<br>prescribed by your<br>healthcare provider | appointment, you are<br>still eligible to receive<br>your results.                      |
|   | For questions, contact the   | Health & Wellness Service                                   | Center: 844.350.4779  |
| For your convenience, you may use the QR code upon checking in to your appointment. |                              |   |   |
| Back to Dashboard ▶   |                              |   |   |

#### Additional Information

Fasting is recommended but NOT required. If you eat or drink before your appointment, you are still eligible to receive your screening results.

Flu shots will be available for walk-ins at the Morningside(11/1, 8AM-2PM) & Manhattanville(11/2 8AM-2PM) locations.

- On the dashboard, you will be able to see your scheduled appointment
- You can select the green **Download to Calendar** link to add the appointment to your calendar
- If needed, you can use the green buttons to *cancel* or *reschedule* your appointment



# FIGHT the FLU!

• Get your no-cost flu vaccine

# **Locations & Times:**

- Morningside
  - Wednesday, November 1: 8:00 am 2:00 pm
- Manhattanville
  - Thursday, November 2: 8:00 am 2:00 pm
- No appointments necessary
- Vaccine availability is limited at on-site locations based on quantity of vaccines in stock

- If you need to **cancel your Biometric Screening appointment**, we would appreciate you cancel your appointment for someone else
- Please be cautions of the timeslot if you need to reschedule select the reschedule button for other available times or location
- Based on open availability walk-ins are available
- Walk-ins are available, but limited based on registrations not guaranteed depending on timeslots – scheduled appointments take priority



Thank you! We look forward to seeing you at the events.



