

**2019 Wellness Program  
Detailed Registration Instructions**

Please visit [www.FCGregistration.com](http://www.FCGregistration.com) and follow the instructions on the website.

The instructions from the website are also copied below for your reference.



**It's that time again to enroll in the Forsyth County Wellness Program!**

Let us help you make positive changes this year, for your health. You and your spouse, if they are covered on our medical insurance, may join the Wellness Program in three simple steps outlined on the following pages.

Before getting started, please read through the information below, then click on the button to proceed:

I acknowledge receipt of the Forsyth County Voluntary Wellness Program Notice; that my Program participation is voluntary to complete a computerized HRA form, to complete biometric screening, and if identified to do so after the HRA and the assessment of biometric results, to complete regularly scheduled health coaching in order to remain eligible for premium deductions. Further, I authorize Wake Forest Baptist Health to disclose my name to the County if I participate in biometric screenings, if I am non-compliant with completion of coaching sessions, and if I meet the weight/waist threshold requirements to receive the financial incentive.

**I AGREE**

# WELCOME TO WELLNESS PROGRAM 3-STEP REGISTRATION

**RECOMMENDED** The quickest and easiest way to register is to set aside 20 minutes to INSTRUCTIONS: complete all 3 steps, in order, in one sitting.

Please do not return to this registration page between steps. Instead, after completing a step, click on the option to go to the next step.

This way, you will be automatically taken from one step to the next, and your information will carry over so you will not have to enter it three times!

**ALTERNATIVE:** If you are not able to complete all 3 steps in one sitting, you may return to this registration page at any time to complete the remaining steps. However, please note that if you return to this registration page between steps, your information will not carry over from one step to the next. Also please note that your information will not be saved if you partially complete a step.



## STEP 1: SCHEDULE YOUR SCREENING (3 min)

Click on the **Get Started!** button below to review the Detailed Registration Instructions and then begin registration by scheduling your screening.

After submitting your screening scheduling form, there is no need to return to this registration page. Simply click on the button at the end of scheduling your screening that says **Take the Personal Health Survey** to proceed directly to Step 2: HRA.



## STEP 2: PERSONAL HEALTH SURVEY (Also known as Health Risk Assessment or HRA) (15 minutes)

The best way to complete the HRA is to click on the **Take the Personal Health Survey** button at the end of scheduling your screening.

However, if you have difficulty accessing the HRA at the end of scheduling your screening and you see an error message or experience some other type of issue, come back to this registration page, click **Get Started!**, then click on the **Personal Health Survey** button on the next page.

After completing the HRA, click on the link that says **Login to Your Personal Health Portal** to proceed directly to Step 3 (no need to return to this registration page).



## STEP 3: PERSONAL HEALTH PORTAL (Recommended) (2 min)

The best way to reach the Personal Health Portal where you will create a username and password of your choice is to click on "**Login to Your Personal Health Portal**" at the end of the HRA.

However, if you were not able to access the Personal Health Portal at the end of your HRA, come back to this registration page, click on **Get Started!**, then click on the **Personal Health Portal** button on the next page.

In the Personal Health Portal, you can reschedule your screening appointment, access your HRA and screening results (when ready), track progress much more!

**GET STARTED!**

### CONTACT INFORMATION FOR ASSISTANCE WITH:

#### Screening Scheduling:

Wake Forest Baptist Health Screening Call Line at (336) 713-5988  
Hours: Monday - Friday, 7am - 6pm

#### HRA or Personal Health Portal:

(ONLY if you have already scheduled your screening)  
Applied Health Analytics at (855) 581-9910  
Email: [support@appliedhealth.net](mailto:support@appliedhealth.net)  
Hours: Monday - Friday, 8:30am - 6pm

#### Other Issues:

Katie Ivers at (336) 409-9056  
Client Lead for Forsyth County Government,  
Wake Forest Baptist Health  
Email: [kivers@wakehealth.edu](mailto:kivers@wakehealth.edu)  
Hours: Monday - Friday, 8am - 5pm



If you have read the Detailed Registration Instructions below and you are ready to begin registration for the first time, click on:

If you have already scheduled your screening but you had trouble completing your HRA or registering for the Personal Health Portal, click on:

**STEP 1: SCHEDULE SCREENING**

Or

**STEP 2: HEALTH RISK ASSESSMENT**

**STEP 3: PERSONAL HEALTH PORTAL**

## DETAILED REGISTRATION INSTRUCTIONS

### INSTRUCTIONS FOR:



#### STEP 1:

#### SCHEDULING YOUR SCREENING

\*\*\*To zoom in during any part of the registration process, hold down the "Ctrl" button on your keyboard and press "+" as many times as needed.

To begin the registration process, complete the screening scheduling form following the instructions below.

When choosing your screening date, please note that **May 2nd** at the Government Center and **May 3rd** at Public Health are **Make-Up Days** and should only be selected if you are unable to attend any of the other days.

**Event Registration** Forsyth County Government - Government Center Biometric Screening

**IMPORTANT INFORMATION FOR DAY OF SCREENING:**  
 (1) Fasting is required. Black coffee, water, and medications are permitted.  
 (2) Blood collection method will be by finger stick.

**INSTRUCTIONS FOR COMPLETING THIS SCHEDULING FORM:**  
 (1) Enter first name, last name, full address, date of birth and gender as they appear on your Forsyth County employment record.  
 (2) Do NOT enter SSN - just leave it blank.  
 (3) Enter Employee ID.  
 (4) If you have an email address, enter it to receive important notifications. If you do not have an email address, enter phone number instead.  
 (5) Filter Groups / Group Name is not required - just leave it blank.  
 (6) Group Association: Select the group you belong to from the dropdown menu.  
 (7) Click on the calendar icon to select a screening date and time.  
 (8) Once you have completed the form, click on Submit and you will be given the option to proceed to Step 2: Personal Health Assessment (HRA).

**Event Location:** Government Center at 201 North Chestnut Street, Winston-Salem, NC 27101  
 If you have questions regarding this event or its schedule please contact Katie Ivers by phone at (336) 409-9056 or by email at [kivers@wakehealth.edu](mailto:kivers@wakehealth.edu)

First Name:  Last Name:

Home Address:  Apt/Suite #:

City:  State:  Zip Code:

Date Of Birth:  Gender:

SSN (Last 4):  OR Employee ID:

Phone Number:  E-mail Address:

Filter Groups:

Date/Time of Attendance:

Group Association (ie. Your Department, Facility or Employer):

Comments:

Clear Form Submit

Enter this information exactly as it appears on your or your spouse's Forsyth County record

Employees/Retirees: Use Employee ID  
 Dependents: Use Last 4 of SSN

If you have an Email Address, enter it to receive important notifications. If you do not have an Email, enter your Phone Number instead

Select the group you belong to

Once you have completed the form, click on Submit.

Not required

Click on the calendar icon to select a date and time



After submitting the screening scheduling form, **DO NOT RETURN TO THE REGISTRATION PAGE.**

Instead, click on the grey button that says **"Take the Personal Health Survey"** to proceed directly to Step 2: HRA.

### Event Registration

### Government Center Biometric Screening

Thank you for registering for this event. If an e-mail address was provided, a confirmation will be sent. If you do not receive this e-mail in the next 5 to 10 minutes, check your Junk mail or trash. If you do not receive this e-mail, rest assured that your event registration was saved successfully. There is no need to contact the event organizer.

If you haven't already taken the Personal Health Survey, click the button below to be redirected to the survey login.

Take the Personal Health Survey

## INSTRUCTIONS FOR:



### STEP 2:

**PERSONAL HEALTH SURVEY**  
(Also known as Health Risk  
Assessment or HRA)

To begin the HRA, read through the policies and then click on the **"I Accept"** button.

Before you begin, here are a few tips:

- 1. Take your time.** Carefully follow the instructions and select the answer that best describes you.
- 2. Be truthful.** Each question is important and can help identify health risks you may face.
- 3. Follow through.** Once you receive your results, follow the recommendations and advice you are given.

Before you proceed, please take a moment to review and accept the Privacy Policy, User Agreement and Provider Consent and Acknowledgement Form.

**Privacy Policy**

By completing this Personal Health Survey, you acknowledge and agree that Wake Forest Baptist Health and Applied Health Analytics (AHA) may collect and use information from your interaction with this Personal Health Survey including computer and connection information, internet protocol address and standard web log information. By using this Personal Health Survey, you are providing AHA medical information about yourself. This information includes data such as age, gender, address, personal and family health conditions, height, weight, biometric and other Personal Information (as further defined on page 2). This information will be stored in a secure environment as governed by State and Federal law.

The completion of this Personal Health Survey requires AHA to forward to you information developed to educate you about your personal health risks and how to reduce the impact of these risks in your life. To achieve this result, you agree to provide AHA your name and e-mail address for AHA's use in the forwarding of your results. You may make a single copy of the content displayed on any page of the Personal Health Survey to be used by you for personal and non-commercial uses which do not harm the reputation of Applied Health Analytics, provided that you do not remove any trademark, copyright or other notices contained in this content. AHA reserves all other rights contained herein. You may not sell, modify, redistribute, put on another web site or otherwise publicly display, or use for any commercial purpose, any materials or information obtained from this web site without the expressed and written consent of AHA. AHA trademarks, including its name, logo, motto "Knowledge-driven change" are property of AHA and may not be used without the expressed and written consent of AHA.

Select Survey Language

English

I Accept I Decline

On the first page of the HRA, please provide your Employee ID if you are an employee or retiree, and provide the Last 4 of your Social Security Number if you are a dependent.

After completing each section of the HRA, click "**Continue**" in the bottom right corner to proceed to the next section.

The screenshot shows the 'Section 1 About You' form. It includes fields for: Employee association (Employee), First Name (John), M.I., Last Name (Smith), Sex (Female/Male), Home Address (1234 Cherry Lane, Winston-Salem, NC, 27154), City, State, ZIP, Email Address (johnsmith@aol.com), Phone Number (336)1234567, D.O.B. (11/01/1975), SSN/SIN (last 4 required), Employee ID (1234567), a question about seeing a primary healthcare provider in the last two years (Yes/No), Your Height (5 ft 10 in OR 177 cm), and Current Weight (200 lbs OR 90.72 kg). A 'Continue >>' button is at the bottom right.

Please note that HRA questions about your employment status, education level, etc., are standard HRA questions used to gather demographic information and will not affect your results and risk assessment.

After completing all sections of the HRA, click the "**Submit**" button:

The screenshot shows a confirmation screen with the text: 'Congratulations, you have reached the end of the survey. Please click Submit below to complete the survey.' Below this are 'Submit' and '<< Previous' buttons. An 'OR' separator is between the buttons. A purple banner contains the text: 'IMPORTANT! Once you have clicked Submit, DO NOT navigate away from this page until you have received a message confirming the receipt of your responses. This could take a minute or more.' At the bottom, it says: 'Survey Duration: 1.5 minutes' and 'Survey statistics: 104 Questions answered (out of 104 total.)'

After submitting your HRA, **DO NOT RETURN TO THE REGISTRATION PAGE.**

Instead, click on the link that says "**Login to Your Personal Health Portal**" at the end of the HRA.

The screenshot shows a 'Survey Complete!' message with a 'Test.' tab. It features a person icon with a speech bubble and the text 'Login to Your Personal Health Portal.' Below this is a 'Tell Me More' button.

## INSTRUCTIONS FOR:



### STEP 3:

PERSONAL HEALTH PORTAL  
(Recommended)

After clicking on the "**Login to Your Personal Health Portal**" link at the end of the HRA, you will see the below window.

Think of a username and password of your choice, and then enter the username and password in the appropriate lines (be sure to enter your password twice).

When ready, click on the orange "**Your Credentials**" button to create your Personal Health Portal account.

### Your Credentials

Your password has expired or you have not created your credentials yet.

Username _____	<b>Password Requirements</b> <ul style="list-style-type: none"><li>✘ At least 8 characters</li><li>✘ One special character (ex. ! @ #)</li><li>✘ One number</li><li>✘ One lowercase letter</li><li>✘ One uppercase letter</li></ul>
New Password _____	
Confirm New Password _____	

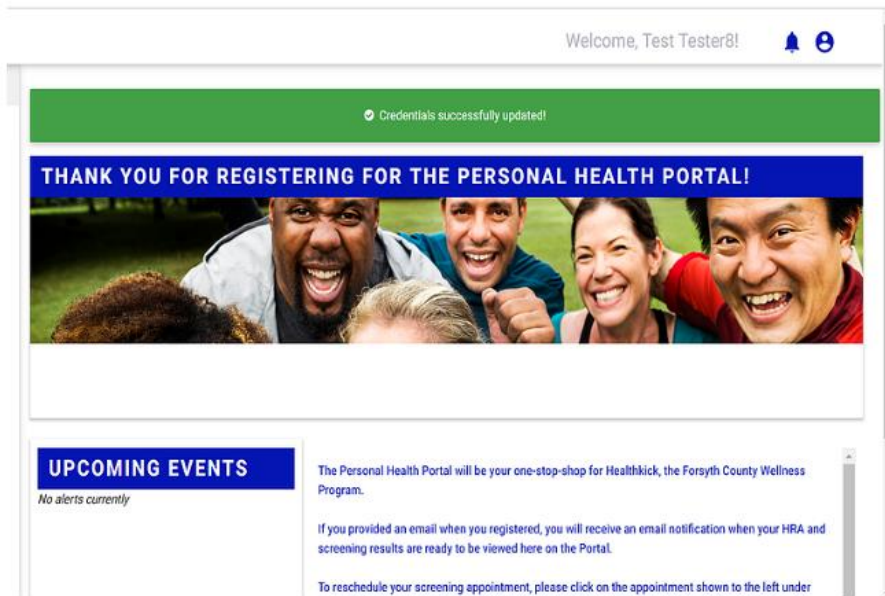
**YOUR CREDENTIALS**

Upon logging into the Personal Health Portal, you will see the home page where you may reschedule your screening appointment, if needed, access your HRA and screening results (when ready), and much more to come!

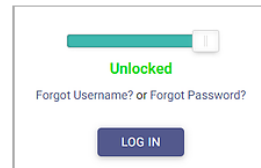
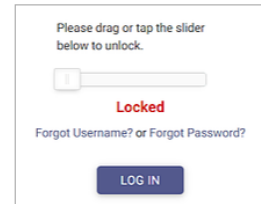
Please refer to the Personal Health Portal for all Wellness Program information going forward - there is no need to return to the registration page again.

To return to the Personal Health Portal at any time, visit:

<http://forsythcounty.personalhealthportal.net>



**\*PLEASE NOTE:**  
When you return to the Personal Health Portal, you will need to enter your username and password, then drag the slider button from left to right to unlock the Portal



To reset your password and/or if you have forgotten your username, please return to the Personal Health Portal at:

<http://forsythcounty.personalhealthportal.net>

Scroll to the bottom of the login page and select "Forgot Username" or "Forgot Password" and follow the instructions.

