

Diabetes CARE Program Application



Congratulations on taking an important step toward improving your health and wellness!

The Diabetes CARE Program which is administered by Aetna and Pinellas County Schools gives you tools and incentives for taking control of and managing your diabetes. The goal of the program is to support you in controlling your blood glucose levels and modifying your lifestyle to prevent or slow the progression of diabetes and diabetes-related complications. Participants who successfully complete all program requirements will receive diabetic supplies prescribed by a doctor at no cost.

Once you are approved for free supplies, you must re-certify every year.

WHO IS ELIGIBLE?

Employees and their covered dependents of any age who have been diagnosed with diabetes and are enrolled in an Aetna health insurance plan are eligible to participate.

One application per person. Participation in the program is voluntary. Participant test results and other health information will be kept confidential. See the privacy notice below.

PROGRAM REQUIREMENTS

Employees will be required to complete the following CARE considerations by each calendar year.

- C** Commit to a healthier lifestyle
- A** Attend an approved diabetes education program
- R** Receive annual screenings
- E** Enroll and participate

TOOLKIT

Two to three weeks after you submit this application, you will receive a toolkit in the mail containing the information you need to get started on your road to Diabetes CARE.

Please complete, sign, and return this application through interoffice mail to Gina DeOrsey, Risk Management and Insurance, Largo Administration Building, or by U.S. mail to 301 4th St. SW, Largo, FL 33770. If you have questions, call Diabetes CARE Program Coordinator Gina DeOrsey at 727-588-6137. Thank you.

Participant's Name	Employee's Name	Employee's Worksite Location	
Address		City	ZIP Code
Phone Number	Age	Date of Birth	Gender
My commitment to a healthy lifestyle is:		Email	

Example: improve your diet, begin or increase your exercise, quit smoking, check the health of your feet daily, etc.

I authorize the use or disclosure of my individually identifiable health information for the purpose of supporting my health and wellness as a participant in the Diabetes CARE program. (Please sign in the space below.)

Participant's Signature	Date
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SPOUSE/DEPENDENTS OF PCS EMPLOYEES

I authorize Pinellas County Schools to send me Diabetes CARE Program materials through my spouse's/parent's worksite. I understand that this is the only way for me to receive the materials for this free Pinellas County Schools Be Smart Wellness Program.

Spouse's/Dependent's Signature	Date
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NOTICE OF PRIVACY PRACTICES

Pinellas County Schools is committed to protecting your health information. This program is built on a foundation of trust. PCS and Aetna are committed to protecting the privacy of participants' health information so you can feel confident about your care, your choices, and the guidance you receive.

This notice describes the way in which your medical or protected health information may be used and disclosed.

PCS is required by law to: maintain the privacy of your protected health information (PHI); give you a notice of its legal duties and privacy practices with respect to your PHI. This Notice of Privacy Practices applies to all of your PHI used to make decisions about your care that PCS generates or maintains. PCS collects personally identifiable information, such as your email address, name, home or work address, or telephone number and secures your personal information from unauthorized access, use, or disclosure.

For Risk Management and Insurance Use Only

Date Application Received	Date Checklist Sent
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