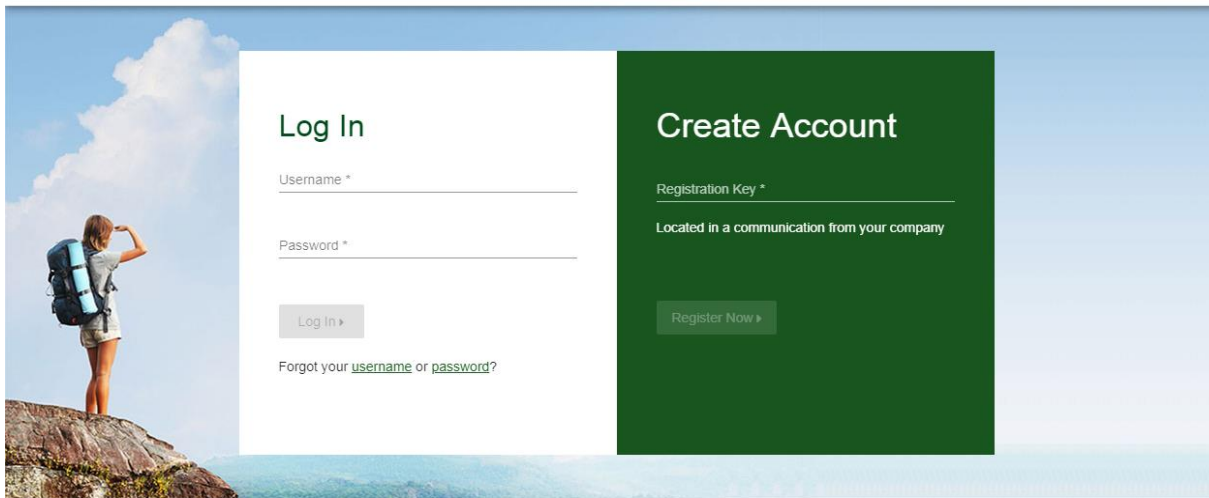


How to register on My.QuestForHealth.com

- Visit My.QuestForHealth.com
- 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



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

Transform your health

Biometric screening results can provide powerful insights into your health and risks you may not currently recognize. Register and complete your screening to know your numbers, transform your health, and [write the story of your life](#).

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



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Terms and Conditions

1. 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.

2. 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 to the use of your genetic information, 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.

[Accept & Continue ▶](#)

[Download Terms and Conditions](#)



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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 **spouse/domestic partner**
- select the green **Continue** button



Contact

1 Confirm Your Eligibility — 2 Create Account — 3 Enter Your Information

Confirm Your Eligibility

Please enter your Unique ID (which is your employee ID) and date of birth

Employee ID *
123456789A

Birth Date *
02/15/1979 
Example: 01/25/1980

Relation *
Employee ▼

Continue ▶



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- 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

1 Confirm Your Eligibility — 2 Create Account — 3 Enter Your Information

Create Your Account

Username *

SampleParticipant123!

Password *

.....

Confirm Password *

.....

8 Characters, Number or Special Character, Uppercase, Lowercase

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 Health & Wellness
- select the green **Save** button

My Account

Enter Your Information

First Name Sample		Last Name Participant	
Birth Date 02/15/1979 Example: 01/25/1980	Gender * Female	Phone * 913.555.5555	
Email Address * sampleparticipant@sample.com			

Mailing Address

Address Line 1 * 10101 Renner Blvd		Address Line 2	
Country * United States	City * Lenexa	State * KS - Kansas	Postal Code * 66219

Communication Preferences

I would like to receive appointment reminders from Quest Diagnostics Health & Wellness.

Save ▶

Cancel

- After registering, you will arrive at the dashboard
- Under the **Why should you participate** section, you will see any program-specific information from your employer, if applicable

Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



Wellness Screening

To get started, select an appointment method below.

Patient Service Center

Schedule a screening at a nearby Quest Diagnostics location.

[Schedule a Screening ▶](#)

At an Event

Attend a wellness event at work or a location designated by your organization.

[Make an Appointment ▶](#)

Physician Results Form

Download a form that your health provider completes with your recent test results.

[Order Form ▶](#)

At-Home Test

Collect your own screening specimen in your home using the Qcard™ Dried Blood Spot method.

[Order Materials ▶](#)

