



Solidarity HealthTrac

A commitment to community and change

Solidarity HealthShare HealthTrac Agreement

This Agreement is made as of _____ (date) by and between Solidarity HealthShare and _____ (Participant Name) in recognition of your agreement to participate in Solidarity HealthTrac.

I _____ (Participant Name) acknowledge that I have disclosed my medical history in the course of my application to Solidarity HealthShare, and because of conditions identified in the application process, I have agreed to participate in Solidarity HealthTrac.

In order to remain in compliance with Solidarity HealthTrac, I am aware and agree to the following:

- 1) I will work with a Solidarity HealthShare Health Coach and together we will set achievable goals in accordance with Solidarity HealthShare guidelines.
- 2) I will receive recommendations and health tips to help achieve my personal health goals(s) through lifestyle changes, dedication, and determination.
- 3) I understand that I must maintain contact with my health coach via phone on a monthly basis. Email may be used as a source of contact at any time during the month. Non-compliance in maintaining contact with my Health Coach may result in termination of my Solidarity HealthShare membership. I agree to pay the participant fee that is charged to HealthTrac participants and understand that I will continue to pay this fee until I reach the goal(s) we have set forth.
- 4) Upon completion of my goal(s), I will be awarded a certificate of completion and may be recognized by name, if permission is granted, in the Solidarity HealthShare monthly newsletter.

Signature

Date