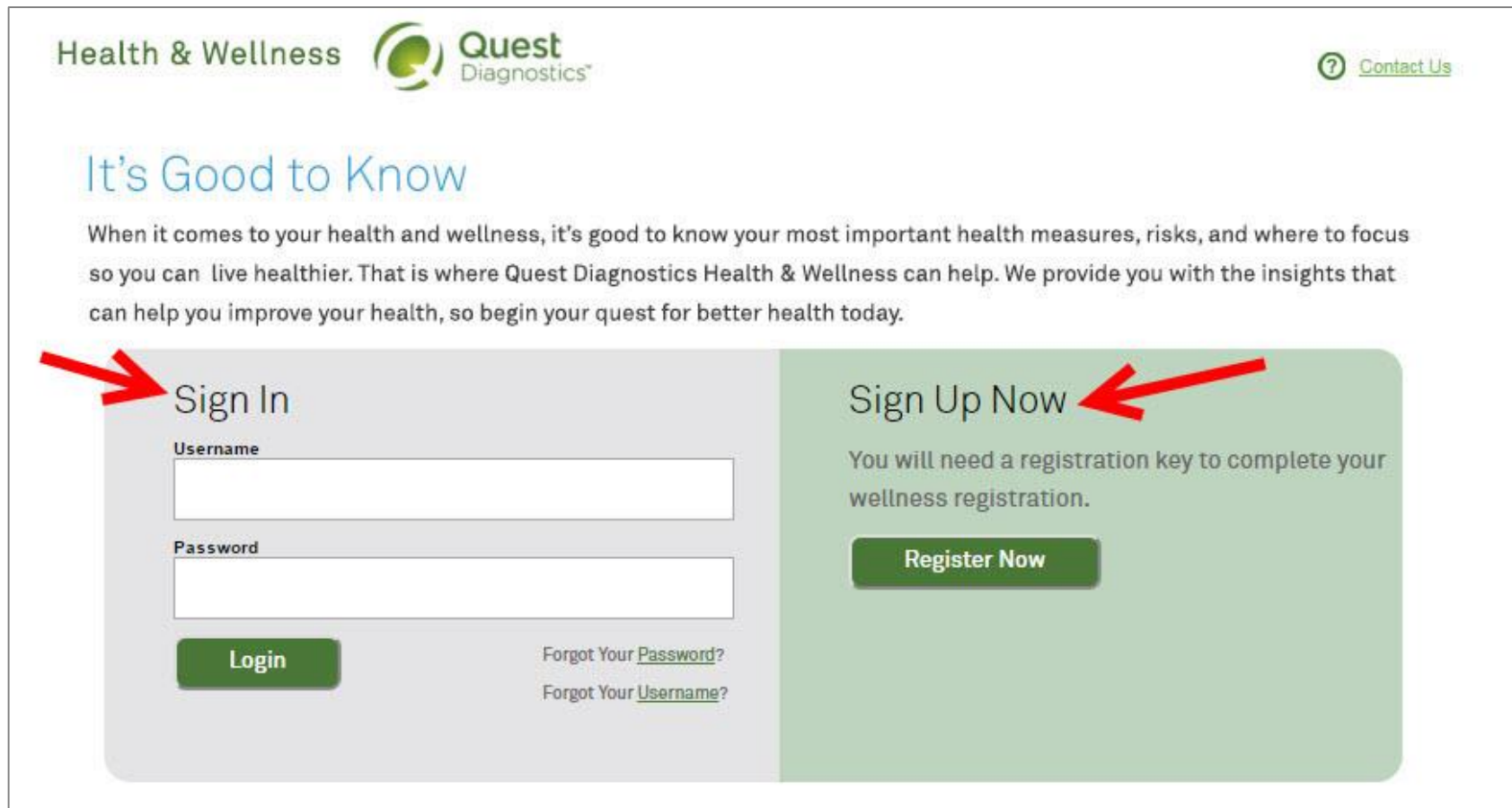



How to Login or Register at My.QuestForHealth.com

- Visit My.QuestForHealth.com
- If you've already established an account, use the **Sign In** area to enter your **username** and **password** and click the green **Login** button
 - If you've forgotten your login information, use the **Password** link to reset your password or the **Username** link to retrieve your username
- If you've never registered on the site to establish an account, use the **Sign up Now** area, and click the **Register Now** button



Health & Wellness  [Contact Us](#)

It's Good to Know

When it comes to your health and wellness, it's good to know your most important health measures, risks, and where to focus so you can live healthier. That is where Quest Diagnostics Health & Wellness can help. We provide you with the insights that can help you improve your health, so begin your quest for better health today.

Sign In

Username

Password

[Login](#)

[Forgot Your Password?](#)
[Forgot Your Username?](#)

Sign Up Now

You will need a registration key to complete your wellness registration.

[Register Now](#)

1

To complete step 1 of the registration process:

- Enter your **Registration Key** (this should have been provided in a communication from your employer)
- Click the green **Continue** button

The screenshot shows the registration interface for Quest Diagnostics Health & Wellness. At the top left, the text "Health & Wellness" is followed by the Quest Diagnostics logo. In the top right corner, there is a "Contact Us" link with a question mark icon. Below the header, the heading "It's Good to Know" is displayed in blue. A paragraph of text explains the benefits of the service. The main content area is divided into two sections. The left section, titled "Enter Registration Key", contains a text input field labeled "REGISTRATION KEY" with the placeholder text "REGISTRATION KEY". Below the input field is a green "Continue" button, which is highlighted with a red rectangular border. A red arrow points from the top left towards the input field. To the right of the input field, there is a link that says "Already have an account [Sign In Now](#)". The right section of the main content area is a green box containing the text "Your Registration Key is located in a communication from your company." Above this text is a progress indicator showing "STEP 1 - 2 - 3", where "1" is highlighted in a dark green box, indicating the current step.

2

To complete step 2 of the registration process:

- Under **Eligibility Verification**, enter your Unique ID and your Date of Birth
 - Your Unique ID should have been provided to you in an employer communication
- Under **Create Your Account**, create a username and password and confirm your password
 - Password Requirements
 - Must be at least 8 characters
 - Must contain one number or one special character
 - Must contain one uppercase alpha character
 - Must contain one lowercase alpha character
 - Cannot equal the Username
 - Cannot equal the previous 10 passwords of any password used in the previous 12 months
- Click the green **Continue** button

Health & Wellness



Confirm Eligibility

STEP   

Eligibility Verification

Please enter your Unique ID and date of birth.

UID	BIRTH DATE
<input type="text"/>	<input type="text"/>

Create Your Account

USERNAME	PASSWORD	CONFIRM PASSWORD
<input type="text"/>	<input type="password"/>	<input type="password"/>

3

To complete step 3 of the registration process:

- Verify or complete all of the information under **Personal 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 or complete all of the information under **Mailing Address**
- Click the green **Register** button

Health & Wellness



Enter Your Information

STEP **3**

Personal Information

FIRST NAME	LAST NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	01/01/1970
GENDER	PHONE	EMAIL ADDRESS
Select ▼	<input type="text"/>	<input type="text"/>

Mailing Address

ADDRESS(LINE1)	ADDRESS(LINE2)		
<input type="text"/>	<input type="text"/>		
CITY	STATE	POSTAL CODE	COUNTRY CODE
<input type="text"/>	STATE ▼	<input type="text"/>	United States ▼

4

To complete step 4 of the registration process:

- Read through the Quest Diagnostics Terms and Consent and click the grey **I Accept** button

Quest Diagnostics Terms and Conditions

1. Terms of Service: Quest Diagnostics Health & Wellness represents health benefit management programs with protocols 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 all Quest Diagnostics "employees 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 solely for the purposes of the wellness screening program. If you are a spouse of another participant in the wellness screening program, you are also authorizing and consenting to the use of your genetic information 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.

3. If your employer or program sponsor selects additional health benefits management services as part of this wellness screening then, at the direction of your employer or program sponsor, your data may be shared with health care professionals/companies and/or your employer's Group Health Plan representatives who offer additional services provided

[Download Terms and Conditions](#)

I Accept