

The information contained in the Regional Medical Center's DiabetesAware Risk Assessment is for personal use only and is not intended to diagnose, cure, mitigate, treat or prevent disease or other conditions and is not intended to provide a determination or assessment of the state of health. Always consult a licensed healthcare professional to make healthcare decisions or before starting any diet or exercise program. We make no warranties, expressed or implied, in connection with the DiabetesAwareRisk Assessment or the performance of the DiabetesAwareRisk Assessment, nor shall we be held responsible or liable for any costs or damages related to use of the DiabetesAware Risk Assessment or any information provided there from.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.**

As a provider of medical content, we understand the sensitive nature of each communication and transaction that we have with you. As such, we give you the power to determine how much information you provide us, as well as the ability to cancel your relationship with us at any time. You should remember that this Privacy Policy only applies to the information you provide to the Regional Medical Center on our Website and via this form. It does not apply to information that is provided as part of normal patient/provider communications as governed by applicable patient confidentiality law.

**INFORMATION COLLECTION AND USE**

You have the right to place particular restrictions on the ways that we use and disclose your personal health information; however, we do not in all cases have to comply with your request. You also have the right to receive confidential communications from us that include your health information.

You have the right to inspect and to copy health information we collect from you. You also have the right to amend that information if it is incorrect or incomplete. You have the right to an accounting of the disclosures we make of your health information. Should you decide that you would like to remove or change information we have on file for you, or if you wish to revoke any privileges granted to us as it related to your personal information, please send a written request request to the Regional Medical Center, Vice President of Compliance.

The Regional Medical Center is the sole owner of the information collected on our Website and this form. We will not sell, share or rent this information to any third party in ways different from what is disclosed in this privacy policy.

The Regional Medical Center collects information from users including name, address, email address, zip code, gender, date of birth, medical information, age (range) and password. We do not collect financial information on the profile.

Additionally, we will occasionally collect information in surveys and questionnaires via emails or forms. Participation in these surveys or completion of a form is completely voluntary, and each user has a choice whether or not to disclose this information. Information requested may include contact information (such as name and address), and demographic information (such as zip code and age level), and in the case of practice surveys, the information may be medical information. Medical information is considered to be part of normal patient-provider communications and is governed by applicable patient confidentiality law.

**DISCLOSURE OF INFORMATION**

Unless otherwise explained in this paragraph, the Regional Medical Center will not disclose any medical or other identifiable information about you gathered on our Website and this form without your prior consent to do so. This includes information that could be used to identify you or to contact you. In limited circumstances, we may release personal information to third parties (1) to comply with valid legal requirements such as a law, regulation, search warrant, subpoena or court order, or (2) in special cases, such as a physical threat to our users or others.

The Regional Medical Center retains a vendor to operate our Website. That vendor may have access to some or all of the information you disclose on our Website and this form. We require that each of our vendors agree not to use or disclose any of your protected information beyond what is reasonably necessary to operate and maintain the Website on our behalf. Each of our vendors is prohibited from disclosing any information that could identify you without our authorization to do so.

The Regional Medical Center may share aggregate information with other third parties without your written authorization or consent. For example, we might share information regarding the number of users of our site and the type of activities they conduct while using our site. We would potentially share composite demographic information about our users as a whole, but not personal information that can identify any user. Depending upon the circumstances, we may or may not charge third parties for this information.

**SECURITY**

If a user has any concerns regarding the security of information, the user should not provide any information until the user is comfortable with our security measures. The Regional Medical Center will protect your personal information against loss, misuse or alteration while your information is under our control. The servers used to store the information collected on this site are kept in a secure location, behind a locked cage. Additionally, our site is hosted by a third party organization that uses SSL encryption to protect sensitive information collected online during the survey process. We may change any part of this Policy at any time. We may then apply the new policy to all of the health information we have collected from you. If we revise this Policy, we will post the new provision on our Website. You may also obtain a copy of any revision by contacting us as indicated above.

By returning this form you acknowledge that you have read and understand this Privacy Policy and you are comfortable that your personal information will be adequately protected.

6.2 million Americans are unaware that they have diabetes. Diabetes can increase your risk for heart disease, blindness and nerve or kidney damage.

You have taken the first step by completing this risk assessment. If it is determined that you are at risk for Diabetes, the Certified Diabetes Educator will contact you to schedule a free follow-up evaluation. This 30-minute appointment may include a free blood pressure check, blood sugar, A1C and Lipid panel screenings.

For more information, please call the Certified Diabetes Educator at the Regional Medical Center at [803-395-4045](tel:803-395-4045) or [1-800-476-3377](tel:1-800-476-3377) ext. 4045.

**Register for your personalized health report**

Title:  Mr.  Ms.  Mrs.  Dr.

First name: \_\_\_\_\_ MI: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

**Are you interested in receiving emails on the following topics?**

- Heart health
- Fitness
- Smoking cessation
- Nutrition

Certified Diabetes Educator  
The Regional Medical Center  
3000 St. Matthews Road  
Orangeburg, SC 29118-9988

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 203 ORANGEBURG SC  
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UNITED STATES



Edna Wicker  
Orangeburg, SC

**How are you  
feeling today?**

**Diabetes  
Free Risk Assessment**

**+ rmc**  
the Regional Medical Center

1. What is your age? \_\_\_\_\_

2. What is your gender? \_\_\_\_\_

3. What is your ZIP code? \_\_\_\_\_

4a. Are you postmenopausal?

- Yes  No

4b. Are you on estrogen (hormone) replacement therapy?

- Yes  No

5. What is your ethnic origin? (Optional)

- Caucasian  
 African-American  
 Hispanic  
 Asian/Pacific Islander  
 American Indian/Alaska Native  
 Other

6. What is your height? \_\_\_\_\_ feet \_\_\_\_\_ inches

7. What is your weight? \_\_\_\_\_ pounds

8. How many times per week do you “aerobically exercise” (increase your heart rate)?

- None  
 1-2 times  
 3-4 times  
 5 or more times

9. What is your blood pressure?

Systolic	Diastolic
___ <120	___ <80
___ 120-129	___ 80-84
___ 130-139	___ 85-89
___ 140-159	___ 90-99
___ 160-199	___ 100-114
___ >200	___ >115
___ Unsure	___ Unsure

10. When was the last time you had your blood pressure checked?

- Less than one year ago  
 More than one year ago

11. What is your fasting blood glucose level?

- <70  
 70-99  
 100-125  
 >125  
 Unsure

12. What is your A1C level? (A1C is an average of how your blood sugars have been for a 3 month period.)

- <6  
 6-7  
 8-9  
 10-11  
 12-13  
 >13  
 Unsure

13. Has anyone in your immediate family (parents and/or siblings) had any of the following conditions, before age 55?

- Diabetes  
 High cholesterol  
 High Blood Pressure  
 Cardiovascular (heart) disease  
 Stroke  
 None  
 Unsure

14. Have you ever recognized the following symptoms of diabetes?

- Extreme thirst or hunger  
 Frequent urination  
 Unexplained weight loss  
 Extreme unexplainable fatigue  
 Blurry vision that comes and goes  
 None

15a. Were you diagnosed with Gestational Diabetes during pregnancy?

- Yes  
 No  
 Not applicable

15b. Have you had a baby weighing more than 9 pounds at birth?

- Yes  
 No  
 Unsure

16. Have you been to the dentist in the last year?

- Yes  
 No

17. When is the last time you had an eye exam?

- Within the last year  
 More than one year ago  
 Never

18. Have you ever been diagnosed as having any of the following?

- Cataracts  
 Glaucoma  
 Retinopathy  
 Sleep Apnea  
 Wounds that are slow to heal  
 Kidney Disease  
 Thyroid Disease  
 Numbness or tingling in fingers or toes

19. Do you have a Primary Care Physician?

- Yes  
 No  
 Unknown

20. In order to better serve our community, would you please let us know how you heard about this assessment?

- Doctor's Office  
 Television  
 Radio  
 Outdoor sign  
 Direct mail  
 Email  
 Online ad  
 Hospital website  
 Internet search  
 Newspaper ad  
 Newspaper article  
 Newsletter  
 Health fair  
 Physician referral  
 Word of mouth  
 Other

Thank you for taking our survey.

By supplying your information, you will receive a free report based on your answers.

Please visit [www.trmchealth.org](http://www.trmchealth.org) for more information.

  
the Regional Medical Center

Please See Our Other Programs:

**CANCER**aware  
**COLON**

Colorectal cancer is the third most common cancer in the United States (among both males and females) and the second leading cause of cancer death. Screening and early detection can effectively help treat the majority of these cases.

**CANCER**aware  
**BREAST**

It is estimated that nearly 200,000 women will be diagnosed with breast cancer this year and more than 40,000 will die. The lifetime risk of any particular woman getting breast cancer is 1 in 8 and although prevalence in women is greater, men are also at risk for developing breast cancer.

**CANCER**aware  
**PROSTATE**

Every man over the age of 45 is at risk for prostate cancer, but that risk increases dramatically with age. In fact, more than 70% of men diagnosed with prostate cancer are over the age of 65.

**HEART**aware

Over 80 million American adults (more than one in three) have cardiovascular disease (CVD). Nearly 2,300 Americans die of CVD every day – that's one death every 38 seconds. This number can be significantly reduced through education and early detection.

**JOINT**aware

Joint pain is among the most prevalent chronic conditions with nearly 20 million Americans reporting activity limitations due to arthritis. Arthritis results in 750,000 hospitalizations and 36 million outpatient visits each year.

**SLEEP**aware

Approximately 18 million Americans have obstructive sleep apnea (OSA), and 10 million are undiagnosed. More than 50% of Americans over the age of 65 have a sleep problem.

**SPINE**aware

Back pain is a real problem in the United States. Four out of five people in the U.S. will experience lower back pain at some point in their life - a staggering 208 million people.