Open Enrollment Individual Appointments

1ST Step

| Create an Account | Know your numbers |
|--|---------------------------------------|
| less you opt-in to receive additional information, we will use your email only to send notices related to wellness events for which you've registered, and to invite you to take an online | Create healthy habits |
| Email | Discover Kaiser Permanente |
| First Name | Need technical help |
| Last Name | using this website? |
| irthday (*required) | |
| mm dd yyyy | Call us at 1-877-247-1856 for support |
| Phone | |
| re you a Kaiser Permanente member? | |
|) Yes 🔘 No | |
| Save & Continue | |
| | |
| | |

2nd Step

Hi, Ruby

Welcome and congratulations on taking the time to sign up!

To complete the registration process, please confirm your identity by clicking on the link below. You will be taken back to the scheduling website where you will then be able to make an appointment.

https://wellness-event.kaiserpermanente.org/confirmations/0000000701-FZLn1bWSrfc6Lan7B1hDjg/edit

Please do not reply to this email, as it will be sent to an unmonitored mailbox. If you have technical questions or problems, please contact us at 1-877-247-1856.

Live well and Thrive!

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3rd STEP

KAISER PERMANENTE. thrive

Please create a password

| Create a New Password | Know your numbers |
|--|--|
| Password must have: | Create healthy habits |
| A length of at least 8 characters At least one number or a special character listed here: !@#\$%^&* | Discover Kaiser Permanente |
| New Password | Need technical help using this website? |
| Confirm Password | |
| Save & Continue | Call us at 1-877-247-1856 for support |

4th Step

HIPAA Authorization

Agreement to Share Personal Information

At Kaiser Permanente* we care about protecting your privacy. That's why we're asking your permission to share your information.

The group you get your health plan from (like your employer, plan administrator, or union) has asked us to provide this online scheduling service for worksite wellness events. In order to help them run the events, promote attendance and furnish incentives (if offered), we would like to share the information you supply on this website, including the dates(s) and type(s) of events you've signed up for, with your employer, plan administrator, or union, and the people who help them run their wellness program.

Note that you won't be denied treatment, payment of claims, enrollment, or eligibility for benefits based on whether or not you agree to share your information.

You may cancel this agreement any time by logging into this website, visiting your user profile page, and selecting the "change my answer" link under "Electronic Consents". We will stop sharing your information right away. The groups that got your information before you cancel may not share this information for any reason not related to administering wellness events or incentives (if offered), though once redisclosed, the information may no longer be protected by law

How long this agreement lasts depends on where you live, unless you cancel it. California: from the time you give us permission until 12/31/2031. Colorado & Oregon: for 2 years from when you give us permission. Maryland, Virginia, and Washington state: for 1 year from when you give us permission. Georgia, Hawaii, and Washington, D.C.: from the time you give us permission for as long as you participate in the wellness program.

* "Kaiser Permanente" means both our insurance company (a Kaiser Permanente health plan) and your doctors (a Permanente medical or dental group). It also includes different groups depending on where you live. All states where we do business: Kaiser Foundation Health Plan, Inc. d/b/a KP Workforce Health. California: Kaiser Foundation Health Plan, Inc., Northern California Region; Kaiser Foundation Health Plan, Inc., Southern California Region; The Permanente Medical Group, Inc.; and Southern California Permanente Medical Group, Colorado: Kaiser Foundation Health Plan of Colorado; and Colorado Permanente Medical Group, P.C. Georgia: Kaiser Foundation Health Plan of Georgia, Inc.; and The Southeast Permanente Medical Group, Inc. Hawaii: Kaiser Foundation Health Plan, Inc., Hawaii Region; and Hawaii Permanente Medical Group, Inc. Mid-Atlantic States: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.; and Mid-Atlantic Permanente Medical Group, P.C. Northwest: Kaiser Foundation Health Plan of the Northwest; Northwest Permanente, P.C.; and Permanente Dental Associates, P.C. Washington: Kaiser Foundation Health Plan of Washington; Kaiser Foundation Health Plan of Washington Options, Inc.; Washington Permanente Medical Group.

Click on the button below to print a copy of this agreement. You can always return to this website to view and print this agreement - simply log in and visit your user profile page.

Yes, I agree that Kaiser Permanente may share my personal information as described above. I can always cancel this agreement any time by logging into this website and changing settings on my profile page.



5th STEP



Final Step

Choose A Date & Time 9 Map Open Enrollment Individual Appointments Available Aug 03, 2020 - Sep 11, 2020 Individual Kaiser Permanente Appointments (Via Phone), Santa Fe Springs, CA, 90670 10:30 am 11:00 am 11:30 am 12:00 pm 12:30 pm 1:00 pm Aug 3, 2020 - more times \rightarrow Aug 4, 2020 10:00 am 10:30 am 11:00 am 11:30 am 12:00 pm 12:30 pm ← more times → Aug 5, 2020 10:00 am 10:30 am 11:00 am 11:30 am 12:00 pm 12:30 pm ← more times \rightarrow 11:30 am 12:00 pm Aug 6, 2020 10:00 am 10:30 am 11:00 am 12:30 pm ← more times → Aug 7, 2020 10:00 am 10:30 am 11:00 am 11:30 am 12:00 pm 12:30 pm ← more times 🗕 🛶 Aug 10, 2020 10:00 am 10:30 am 11:00 am 11:30 am 12:00 pm 12:30 pm more times \rightarrow + Aug 11, 2020 10:00 am 10:30 am 11:00 am 11:30 am 12:00 pm 12:30 pm ← more times → Aug 12, 2020 10:30 am 11:00 am 11:30 am 12:00 pm 12:30 pm 10:00 am ← more times →



using this website?

Call us at 1-877-247-1856 for support

