Influenza Consent Form & Vaccine Administration Record

The Flu -- Influenza is a respiratory infection caused by viruses. When people get the flu, they may have fever, chills, headache, dry cough, or muscle aches. Illness may last several days or a week or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people.

The Vaccine -- An injection of flu vaccine will not give you the flu because the injectable vaccine is made from a dead virus. Because the nasal vaccine is made from a live virus, contact with immunosuppressed individuals should be avoided for at least 7 days following vaccine administration.

We recommend that you remain on site for up to 15 minutes following vaccine administration to monitor for possible vaccine reactions. For the best results, the vaccine is to be administered in the month of October or November. However, since the flu season typically peaks between January and March, vaccination in December or even later can be beneficial.

Risks and Possible Side Effects -- Side effects of influenza vaccine are generally mild in adults and occur at low frequency.

Reactions for the injectable vaccine include: soreness, redness, or swelling at the injection site; fever; and muscle aches. These symptoms usually begin soon after the shot and last 1 to 2 days.

Reactions for the nasal vaccine include: headache, nasal congestion, runny nose, cough, sore throat, and fatigue. These symptoms usually last only a few days following administration of the vaccine.

An immediate, presumably allergic, reaction rarely occurs after a flu vaccination. This probably results from an allergy to some vaccine component, of which the majority are most likely related to residual egg protein. Unlike the 1976 Swine influenza vaccine, subsequent vaccines prepared from other virus strains have not been clearly associated with an increased frequency of Guillain-Barre syndrome.

Special Precautions -- Children, pregnant women, and persons with a serious illness should consult their physician before receiving the influenza vaccine.

Persons who are allergic to eggs or egg products should not receive this vaccine without consulting their physician.

Persons who are ill and have a fever should delay vaccination until the fever and other symptoms have subsided.

Persons who have received another type of vaccine within the past 14 days should see their physician before receiving this vaccine.

Persons who are allergic to latex should notify the provider prior to receiving this vaccination.

DO NOT receive this vaccine if you have had or are at risk for Guillain-Barre syndrome.

DO NOT receive this vaccine if you have had a serious reaction to the flu vaccine in the past.

Additional Nasal Vaccine Special Precautions -- The following individuals should not receive the nasal vaccine:

Persons less than 5 years of age and persons greater than or equal to 50 years of age.

Persons with asthma, reactive airway disease, or other chronic disorders of the pulmonary or cardiovascular systems.

Persons with underlying medical conditions, including such metabolic disorders as diabetes, renal dysfunction, and blood disorders.

Persons with immunodeficiency (i.e., HIV) or persons taking immunosuppressive therapy.

Persons in close contact with other people who are severely immunosuppressed (i.e., stem cell transplant patients and those who care for these patients).

Children or adolescents receiving aspirin or other salicylates (because of the association of Reye syndrome with wild-type influenza infection).

DO NOT receive the nasal vaccine if you have received antiviral therapy in the past 48 hours.

REQUESTED VACCINE: ☐ INJECTION ☐ NASAL

INFORMATION CONCERNING PERSON TO RECEIVE INFLUENZA VACCINE:

NAME (please print) DATE OF BIRTH AGE PHONE NUMBER

ADDRESS CITY STATE ZIP

DO YOU HAVE ALLERGIES TO: ☐ Eggs or egg products ☐ Flu vaccine ARE YOU PREGNANT? ☐ Yes ☐ No

ARE YOU CURRENTLY A PATIENT AT THIS PHARMACY? ☐ Yes ☐ No

ARE YOU INTERESTED IN RECEIVING MORE INFORMATION ABOUT MEDIHEALTH SOLUTIONS WELLNESS PROGRAMS? ☐ Yes ☐ No

NAME & ADDRESS OF FAMILY PHYSICIAN

CONSENT:

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of the flu vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign.

SIGNATURE OF PERSON RECEIVING or AUTHORIZING VACCINE DATE

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES:

I have received a copy of the notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Pharmacy and of my rights with respect to my health information. I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

SIGNATURE OF PATIENT or CAREGIVER DATE

MEDICARE RECIPIENTS PLEASE COMPLETE THE SECTION BELOW:

Please check one:

☐ *I hereby authorize the Pharmacy to bill Medicare Part B on my behalf. I request that payment of authorized Medicare benefits be made to the pharmacy for **Influenza Virus vaccine and its administration** as furnished to me by the pharmacy. I authorize any holder of medical information about me to release to the Center for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits payable for related services.*

☐ *I hereby attest that as of the date indicated above, I am **not** enrolled in Medicare Part B.*

Medicare Health Insurance Claim Number (HICN):_____

Vaccination Information (*office use only*)

Aventis / Evans / FluMist Lot #:_____ Exp. __/__/__

Dose: 0.5mL 0.25mL Amount Paid:_____

Admin. Site: R L Arm Thigh Intranasal

Signature & Title of Vaccine Administrator:_____

Date Administered:_____

NOTICE OF PRIVACY PRACTICES

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.

The Pharmacy is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

The Pharmacy is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights with respect to PHI about you:

- *Obtain a paper copy of the Notice upon request. To obtain a paper copy, contact the pharmacy® manager.*
- *Request a restriction on certain uses and disclosures of PHI.*
- *Inspect and obtain a copy of PHI.*
- *Request an amendment of PHI.*
- *Receive an accounting of disclosures of PHI.*
- *Request communications of PHI by alternative means or at alternative locations.*

EXAMPLES OF HOW WE MAY USE AND DISCLOSE PHI

The following are descriptions and examples of ways we use and disclose PHI:

- *We will use PHI for treatment.*
- *We will use PHI for payment.*
- *We will use PHI for health care operations.*
- *We may disclose PHI about you to our business associates so that they can perform the job we have asked them to, which may include billing you or your third-party payor for services rendered.*
- *We may communicate with individuals involved in your care or payment for your care.*
- *We may make health-related communications such as refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.*
- *We may disclose PHI to the FDA or persons under the jurisdiction of the FDA.*
- *We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation.*
- *We may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury or disability.*
- *We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.*
- *We must disclose PHI about you when required to do so by law.*
- *We may disclose PHI about you to an oversight agency for activities authorized by law such as audits or licensing inspections.*
- *We may disclose PHI about you in response to a court or administrative order.*

We are permitted to use or disclose PHI about you for the following purposes:

- *We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.*
- *We may release PHI about you to a coroner or medical examiner.*
- *We may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.*
- *We may contact you as part of a fundraising effort.*
- *We may use or disclose PHI about you to notify or assist in notifying a person responsible for your care, such as a family member or personal representative, regarding your location or your general condition.*
- *We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.*
- *We may release PHI about you as required by military command authorities.*
- *We may release PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.*
- *We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.*
- *We may disclose PHI about you to a government authority, such as a social services or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.*

OTHER USES AND DISCLOSURES OF PHI

The Pharmacy will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for in this Notice or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the privacy officer at 800.445.2244. If you believe your privacy rights have been violated, you can file a complaint with the Pharmacy® manager or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.