LASSEN COUNTY PUBLIC HEALTH DEPARTMENT

Influenza Vaccination Clinic Consent Form 2018-2019

PLEASE PRINT CLEARLY

If you need assistance with form please notify staff

Last Name _____ **First** _____ **Middle** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Date of Birth _____ **Month** _____ **Day** _____ **Year** **Mothers First Name** _____

Gender Male Female **Are you pregnant or think you might be pregnant?** Yes No

Have you received the flu vaccine in the past?..... Yes No

Have you ever had a severe reaction to eggs or any vaccine?..... Yes No

Have you had a fever within the past 24hrs?..... Yes No

Have you received an MMRV vaccine in the last 30days?..... Yes No

(Flu mist only) **Are you or anyone in your home immune compromised?**..... Yes No

The "Influenza Vaccine Information Statement, 2018-2019" has been made available to me. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that it be given to me or to the person for whom I am authorized to make the request. I understand that this vaccination will be entered into our immunization database for inventory tracking purposes and have reviewed the HIPPA statement on the back of this form.

Signature_____**Date:**_____

STAFF USE ONLY

BODY SITE CODE: **LD** **RD** **OTHER**_____

☐ **PRE FILLED –** Fluarix (GSK) Lot: 75TA2 EXP: 06/30/2019

☐ **OTHER**_____

Nurse Signature:_____**Date:** _____

CLINC

Jensen Hall	**Doyle**
Bieber	**seniors**
Eagle Lake	**Herlong**
SSM	**Westwood**
Public Health	**1st Respond**

HIPPA Privacy Statement

The complete definition of Protected **Health Information (PHI)**

Any individually identifiable health information, whether oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual. Any data transmitted or maintained in any other form or medium by covered entities, **including paper records, fax documents and all oral communications,** or any other form, i.e., screen prints of eligibility information, printed e-mails that have identified individual's health information, claim, or billing information, hard copy birth or death certificate.

Protected health information excludes: school records that are subject to the Family Educational Rights and Privacy Act; and employment records held in the County's role as an employer.

Uses and Disclosures for Public Health Activities

According to the Health and Safety Code Part II 45 CFR 164,501 Lassen County Public Health Department is a covered entity which may disclose protected health information for certain specified public health activities which may be, but not limited to:

- Disease prevention and control, including reporting
- Vital records reporting
- Public Health surveillance
- Legally authorized disclosure of protected health information to a person or persons who may be at risk of contracting or spreading a reportable disease
- Certain providers hired by employers may provide information to the employer related to workplace medical surveillance or work-related illness or injury
- Reporting under Food and Drug Administration requirements for adverse events or problems related to certain regulated projects