

LASSEN COUNTY PUBLIC HEALTH

Influenza Vaccination Clinic Consent Form 2017-2018

PLEASE PRINT CLEARLY

If you need assistance with this form please notify staff

Name (Last)		First		Middle
Address			City	
State	Zip	Phone Number		
Date of Birth? Month_____Day_____Year_____			Age	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Mothers First Name	
Are you pregnant or do you think you might be pregnant?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a severe reaction to eggs or any vaccine?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a fever within the past 24 hours?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

The "Influenza Vaccine Information Statement, 2015-2016" 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		Clinic	
<input type="checkbox"/> MULTI DOSE VIAL- FluLaval (GSK) Lot: JR74M EXP: 5/20/18	BODY SITE CODE LD RD Other _____	<input type="checkbox"/> Jensen Hall	<input type="checkbox"/> Doyle
<input type="checkbox"/> PRE FILLED – Fluarix (GSK) Lot: 2GM7P EXP: 5/28/18		<input type="checkbox"/> Bieber	<input type="checkbox"/> Seniors
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> Eagle Lake	<input type="checkbox"/> Herlong
Nurse Signature: _____ Date: _____		<input type="checkbox"/> SSM	<input type="checkbox"/> Westwood
		<input type="checkbox"/> Public Health	

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