

It's that time of year to get a flu vaccine!

Attention Parents/Guardians:

Once again it's time to register your child for the Flu vaccine. This year we will again be providing the Flu shot instead of FluMist. There have not been any safety concerns with The FluMist vaccine; however, the CDC recommended FluMist not be used this season due to lower effectiveness (especially the H1N1 strain).



It is very important to receive a flu vaccine this season as it is the best way to protect yourself from the flu.

PLEASE NOTE: Parents are welcome to be present, and vaccinated, when their child receives their flu shot. Clinic staff will stabilize your child's arm; but will not restrain your child. Uncooperative or combative children will not be vaccinated. You will be notified if you authorized your child's vaccination and your child did not get vaccinated at the school located flu clinic.

*All students will be offered the Flu shot vaccine at NO COST TO THEIR FAMILIES! However, if your child has health insurance, we are required to collect that information and bill the company for the vaccine. There will be no co-pay or deductible due. Children without insurance will receive the vaccine for free through the Vaccines for Children program. Your child's health insurance status will stay confidential.

Take advantage of this program by:

- **Reading** the Vaccine Information Statement and the Notice of Privacy Practices
AND
- **Filling out** the consent form, attached, and returning it to your child's school.

Consent Form is due August 25, 2017

Clinics will begin in Sept, your school will let you know when your child will be receiving the Flu shot.

Staff will review your child's form to determine if s/he can receive the Flu shot. You will be contacted if your child is ineligible to receive the shot.

VACCINATING CHILDREN CAN PROTECT THEM FROM FLU ALL YEAR

- Vaccinating school children can stop the spread of flu infections, creating "Community Immunity."
- The best way to prevent the flu is to get a flu vaccine *every year*.
- The Flu shot vaccine protects against four different types of flu.

THE CONSENT FORM MUST BE RETURNED TO YOUR CHILD'S SCHOOL BY FRI. Aug. 25.

Please, complete the consent form even if you do not want your child to participate! For more information, visit our website at Controlflu.com or contact the Health Department at (352) 334-7916.



2017-2018 Seasonal Flu Vaccine Consent Form

THIS FORM MUST BE RETURNED

PLEASE COMPLETE THE INFORMATION BELOW (Unreadable and incomplete forms may not be accepted)

THIS SEASON, CONTROL FLU WILL BE VACCINATING WITH THE FLU SHOT

Full, Legal Name of Student (First Name Middle Initial. Last Name) PLEASE PRINT		Name of School	
Parent/Guardian Name (First Name Middle Initial. Last Name)	Relationship to Student	Homeroom Teacher	Grade
Street Address	Email Address	Birth Date (month/date/year)	Age Sex
City:	Zip Code	Home Phone #	Cell Phone #

Demographic Information: (Circle one) White American Indian/Native Alaskan Black Asian Hispanic Other

☐ INSURANCE ☐ MEDICAID (Prestige, UHC Community, StayWell/Wellcare, & Sunshine) ☐ MY CHILD DOES NOT HAVE HEALTH INSURANCE

The current health care laws require us to bill your insurance company for the vaccine. You will not be billed, and there will be no co-pay or deductible due. The service is offered at no cost to you! As always, answers are confidential. Please fill out the following questions regarding your child's health insurance plan:

Insurance Company:	Member ID:
Policy Holder's Name:	Policy Holder's Date of Birth:

HEALTH QUESTION: (If you answer YES, your child cannot receive a Flu shot unless approved by your child's health care provider)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Do any of the following apply to your child? • Severe allergy to chicken eggs or egg products • Life threatening reaction(s) to flu vaccine in the past	• Has had Guillain-Barre syndrome (very rare)
------------------------------	-----------------------------	--	---

IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S HEALTH CARE PROVIDER OR CALL THE ALACHUA COUNTY HEALTH DEPARTMENT IMMUNIZATION CLINIC AT 352-334-7950.

If your child has any long-term health problems with weakened immune system, heart disease, disease (e.g. cystic fibrosis), liver disease, kidney disease, or metabolic disorders (e.g. diabetes) or disorders (e.g. sickle disease or thalassemia), please see your health care provider for a flu vaccine. lung blood

I have received, read, and understand the CDC Vaccine Information Statement for the inactivated influenza (shot) vaccine and the Notice of Privacy Practices. I have read these documents and understand the risk and benefits of the Flu vaccine. I give permission to the State of Florida, Department of Health to give my child the first and second dose (if needed) of the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Florida Department of Health policies, to assure optimal healthcare for my child.

☐ YES, I Want to Protect My Child, Family and Community from Flu by allowing my Child to receive the Flu Shot!

☐ NO, I do not want my child to receive the flu shot vaccine at school, because _____
(Optional)

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION

1 st dose VIS: 08/07/2015 Date Given: _____ Signature/Title: _____	1 st Vaccine Lot # & Expiration Date Label	2 nd dose VIS: 08/07/2015 Date Given: _____ Signature/Title: _____	2 nd Vaccine Lot # & Expiration Date Label
--	---	--	---

Notes:



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.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. The Department of Health can act on each of the above business types. This medical information is used by the Department of Health in many ways while performing normal business activities.

Your protected health information may be used or disclosed by the Department of Health for purposes of treatment, payment, and health care operations. *Health care professionals use medical information in the clinics or hospitals to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. The Department of Health may use or disclose your health information for case management and services. The Department of Health clinic or hospital may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided by you.*

Your information may be used by certain department personnel to improve the department's health care operations. The department also may send you appointment reminders, information about treatment options or other health-related benefits and services. Some protected health information can be disclosed without your written authorization as allowed by law. These circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the department's divisions, bureaus, and offices.
- Investigations and audits by the state's Inspector General and Auditor General, and the legislature's Office of Program Policy Analysis and Government Accountability.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.
- District medical examiner investigations;
- Research approved by the department.
- Court orders, warrants, or subpoenas.
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Other uses and disclosures of your protected health information by the department will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing. These uses and disclosures may be for marketing and for research purposes, certain uses and disclosure of psychotherapist notes, and the sale of protected health information resulting in remuneration to the Department of Health.

INDIVIDUAL RIGHTS

You have the right to request the Department of Health to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The department is not required to agree to any restriction. However, in situations where you or someone on your behalf pay for an item or service in full, and you request information concerning said item or service not be disclosed to an insurer, the Department will agree to the requested restriction.

You have the right to be assured that your information will be kept confidential. The Department of Health will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you. You have the right to inspect and receive a copy of your protected health information. Your inspection of information will be supervised as an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the department.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a means to support your requested correction. The Department of Health may deny your request, in whole or part, if it finds the provided health information:

- Was not created by the department.
- Is not protected health information.

- Is by law not available for your inspection.

- Is accurate and complete.

If your correction is accepted, the department will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The department will respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures the Department of Health may have made of your protected health information. This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures to health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.
- Disclosures prior to April 14, 2003.

This summary includes disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6 year period from the date of your request.

If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request. The Department of Health may mail or call you with health care appointment reminders.

DEPARTMENT OF HEALTH DUTIES

The Department of Health is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how the department keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. The department has the responsibility to notify you following a breach of your unsecured protected health information.

As part of the department's legal duties this Notice of Privacy Practices must be given to you. The department is required to follow the terms of the Notice of Privacy Practices currently in effect.

The Department of Health may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy practices will be posted on the Department of Health website at www.myfloridaclear.com and will be available by email and at all Department of Health buildings. Also available are additional documents that further explain your rights to inspect and copy and amend your protected health information.

COMPLAINTS

If you believe your privacy health rights have been violated, you may file a complaint with the Department of Health's Inspector General at 4052 Bald Cypress Way, HMN A03/Tallahassee, FL 32399-1700/telephone 850-345-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./Washington, D.C. 20201/telephone 202-619-0257 or toll free 877-696-6775.

The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Department of Health will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, to the director or administrator of the Department of Health facility where you received the notice, or to the Department of Health's Inspector General at 4052 Bald Cypress Way, HMN A03/Tallahassee, FL 32399-1700/telephone 850-345-4141.

EFFECTIVE DATE

This Notice of Privacy Practices is effective beginning July 1, 2013, and shall be in effect until a new Notice of Privacy Practices is approved and posted.

REFERENCES

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule." 45 CFR Parts 160 through 164. *Federal Register* 65, no. 250 (December 28, 2000).

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule" 45 CFR Part 160 through 164. *Federal Register*, Volume 67 (August 14, 2002).

HHS, Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information and Nondiscrimination Act; Other Modifications to the HIPAA Rules. 78 Fed. Reg. 5566 (Jan. 23, 2013).

D11150-741, 09/13

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, and seizures in children. If you have a make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu.
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 5 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shot. They cannot cause the flu.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
 - illnesses that look like flu but are not.
- It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

- Tell the person who is giving you the vaccine:
- If you have any severe, life-threatening allergies. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- If you ever had Guillain-Barré Syndrome (also called GBS).

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- If you are not feeling well.

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hives/itch
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.

- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or D (a) vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
- Call 1-800-232-4636 (1-800-CDC-INFO) or
- Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

