



## Consent for COVID-19 Vaccination

I acknowledge that I have received the Vaccine Information Statement or Emergency Use Authorization Information Sheet and the Tennessee Department of Health's Notice of Privacy Practices. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I am aware that, to provide protection against the virus that causes COVID-19, two doses of this same vaccine may be required. I acknowledge that I may receive a reminder for a second dose by text (if cell phone number provided, standard messaging rates may apply), phone call, or mail.

## 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 this carefully*

#### OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

The Department of Health's workforce is required by the federal law entitled Health Insurance Portability and Accountability Act (HIPAA) to safeguard your Protected Health Information (PHI). PHI is individually identifiable information about your past, present or future health or condition; the provision of health care to you; and payment for health care. We are required to give you a notice of our privacy practices for the information we keep about you.

#### OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand health information about you is personal and we are committed to protecting this information. The Privacy Notice applies to all of your health information, including (1) records relating to your care at a health department clinic (2) health care records received by the Department of Health from another source and (3) genetic information.

We are required by law to: (1) keep your PHI confidential; (2) give you this Privacy Notice; and (3) follow the terms of the current Privacy Notice.

#### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND OPERATIONS

The following categories describe different ways we may use and disclose your PHI.

- **For Treatment.** We may use or disclose your PHI to doctors, nurses, nutritionists, technicians or other health department personnel who are involved in taking care of you. We may disclose your PHI to people outside of the health department who may be involved in your medical care such as prescriptions, lab work and x-rays.
- **For Payment.** We may use or disclose your PHI to get payment or to pay for health services you receive. For example, we may need to tell your health insurance about a treatment you need to obtain prior approval or to determine whether your insurance will pay for the treatment.
- **For Health Care Operations.** We may use or disclose your PHI for Department of Health's operations. This is necessary to manage the Department's programs and activities. For example, we may use PHI to review our services, programs and/or the quality of care we provide you.
- **Appointment Reminders.** We may use your PHI to contact you as a reminder that you have an appointment for treatment or services.

#### HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR PERMISSION

The law provides that we may use or disclose your PHI from our records (even after your death) without your permission in the following circumstances:

- **As Required By Law.** We will disclose medical information about you when required to do so by law, to investigate reports or abuse or neglect, and to report the incident to the appropriate enforcement agency.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the state and federal government to monitor the health care delivery system in Tennessee.
- **As Public Health Risks.** We may disclose PHI about you for public health activities. These activities may include the reporting of births and deaths and the tracking, prevention, or control of certain diseases, injuries, and disabilities.
- **Research.** In certain circumstances, and under supervision of an institutional review board, we may disclose PHI to assist medical research.





- **To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI if necessary, to prevent a serious threat to you or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **For Specific Government Functions.** We may disclose PHI to law enforcement, to government benefit programs relating to eligibility and enrollment, and for the interest of national security.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** In most cases, you have the right to look at or get copies of your paper records and your electronic records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Amend.** If you believe there is a mistake or missing information in our record of your PHI, you may ask us to correct or to add to your record. Your request must be made in writing and you must provide a reason that supports your request. We may deny your request under certain circumstances. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response you provide, appended to your PHI.
- **Right to Know What Health Information We have Released.** You have the right to ask for a list of disclosures made of your PHI made on or after April 14, 2003 for purposes other than those listed in the Privacy Notice. You must request this list in writing and state the period of time the list should cover for a period of no longer than six (6) years. The first list you request within a twelve (12) month period will be free.
- **Right to Request Restrictions.** You have the right to ask us to limit how your PHI is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom the limits apply. You have the right to restrict disclosures to a health plan for services which you fully paid for out of pocket.
- **Right to Confidential Communications.** You have the right to ask that we communicate with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make your request in writing. You will not have to explain the reason for your request. We will honor all reasonable requests.
- **Right to Authorize Release of Information.** Other releases of your PHI can be made only if you request it and you can change your authorization at any time.
- **Right to be Notified of Information.** You have a right to be notified in the event of a breach of unsecured PHI.
- **Right to a Paper Copy of This Notice.** You have a right to a paper copy of this notice any time, even if you have agreed to receive this notice electronically. You may obtain a copy of this notice at our website listed below. To obtain a paper copy of this notice, contact the TDH Privacy Officer listed below. We reserve the right to change our privacy practices and this notice at any time. We will post a copy of the current notice in all our office and at the department's website.

**HOW TO GET MORE INFORMATION OR FILE A COMPLAINT ABOUT OUR PRIVACY**

If you have any questions about this notice, please contact the HIPAA PRIVACY OFFICER listed below. If you believe we have violated your privacy rights, you may file a written complaint with either of the agencies listed below. You will not be affected by filing a complaint.

HIPAA Privacy Officer  
 TN Department of  
 Health Compliance  
 Office  
 5<sup>th</sup> Floor, Andrew  
 Johnson Tower  
 710 James Robertson  
 Parkway  
 Nashville, TN 37243  
 (615) 253-5637  
 877-280-0054 Fax:  
 (615) 253-3926  
 Email:  
[privacy.health@tn.gov](mailto:privacy.health@tn.gov)

Sectary  
 U.S. Department of Health & Human Services  
 200 Independence Ave. SW  
 HHH Building, Room 509H  
 Washington, DC 20201  
 TTY 886-788-4989  
 877-696-6775



