Eastern Idaho Public Health
Prevent. Promote. Protect.

Information Sheet:

Provide Information about all individuals receiving vaccine today (Please print):

Address_____ City_____ Zip Code_____

Phone Number: _____

Last Name	First Name	Birth Date	Age	Male or Female

1. **Insurance Information:**

Insurance Company: _____

Policy/ID Number: _____ Group Number: _____

Policy Holder Name: _____Policy Holder DOB: _____

2. **Insurance Information:**

Insurance Company: _____

Policy/ID Number: _____ Group Number: _____

Policy Holder Name: _____Policy Holder DOB: _____

3. **Insurance Information:**

Insurance Company: _____

Policy/ID Number: _____ Group Number: _____

Policy Holder Name: _____Policy Holder DOB: _____

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Client Consent Form:

FINANCIAL

The cost of a billable service is the responsibility of the client/guarantor. Regular monthly payments in any amount are accepted to keep accounts from going to a collection agency. For unpaid balances a payment plan can be arranged with the clerical staff.
By signing, I consent to third party billing, including payment of government benefits to EIPH, and understand that services eligible for a sliding fee will be billed at 100% to third party payors.

Insurance (if applicable): As a courtesy, EIPH will bill your primary insurance for some services; however,
EIPH is not a preferred provider for all insurances. It is recommended that you check with your health insurance regarding coverage. Client/guarantor will be billed for any remaining balances after insurance has been processed.
Medicare (if applicable): EIPH will bill Medicare for flu and pneumonia vaccinations. All other vaccines are the responsibility of the client.

TREATMENT

Healthcare at EIPH may be provided by a certified nurse midwife, physician, physician assistant, nurse practitioner, licensed nurse, or other qualified professional. I consent to examination, testing (including HIV rapid testing), and treatment. I also understand that I have the right to have my questions answered and the right to refuse any procedures or tests.

Immunizations

- I understand that immunizations are not mandatory and may be refused on religious or other grounds without reprisal. I understand information regarding vaccine(s) is available to me at EIPH. I understand the benefits and risks of vaccine(s) and ask that vaccine(s) be given to me or the person for whom I am authorized to make this request.
- I understand participation in and withdrawal from the immunization registry is voluntary. If you want to opt out or withdraw from Idaho's immunization registry (IRIS), call the Idaho Immunization Program at 208.334.5931.
- I understand that in order to prevent injury due to post-vaccination fainting, it is recommended that the driver who may have been vaccinated, park the car and remain parked for 15 minutes.
- I authorize the release of my or my minor child's (until 18 years) immunization records to clinics, physician offices, daycares and school. My authorization rights are available to me in EIPH's Notice of Privacy Practices.
- I have been offered a copy of the Vaccine Information Statement(s) for all of the indicated age appropriate vaccines that could be given. I have had a chance to ask questions and fully understand the benefits and risks of each indicated vaccine and I consent for me/my child to receive any vaccine(s) the Advisory Committee on Immunization Practices (ACIP) recommends at the present time.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)/PRIVACY PRACTICES

EIPH is required by law to maintain the privacy of your health information. Your information will be used for the purpose of treatment, payment, and EIPH business. You may request a copy of EIPH's privacy practices at any time. Individuals who pay in full and out of pocket for an item or service may request that their protected health information is not shared with their health insurance or health plan.

If you believe your privacy rights have been violated, you may file a written complaint to the Secretary of the Department of Health and Human Services or to: Privacy Officer: Eastern Idaho Public Health
1250 Hollipark Drive, Idaho Falls, ID 83401

By signing, I confirm that I have:

- Read and understand the above information;
- Been offered a copy of EIPH's HIPAA Privacy Practices;
- Been offered a copy of EIPH's Financial Policy, and
- Been offered Vaccine Information Statements.

Signature

Date