

## PRIVACY ACT STATEMENT

Collection of this information is authorized by the Public Readiness and Emergency Preparedness Act (PREP Act), Pub. L. No. 109-148, and the President's Proclamation of a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak.

"You have agreed, by scheduling and coming to a vaccination event provided or supported by Harris County Public Health (HCPH), to participate in any data sharing and analysis. Any data ascertained is designed to identify whether patients develop, or remain immune to COVID-19, the disease caused by the novel coronavirus in post analysis of the vaccine distribution. Should you decide not to participate, you will not suffer any penalty or loss of any benefits to which you are otherwise entitled. Any records developed as a result of your participation that could be used to identify you are confidential and will be maintained in confidence. All data is subject to the Health Information Portability and Accountability Act (HIPAA) providing strict guidance to the protection of protected health information.

In addition, you should be aware of the following:

- This vaccination involves the administration of a needle injected into the intermuscular tissue into the left or right deltoid (shoulder) at this time.
- Administering this vaccination is a low risk procedure.
- Harris County Public Health will ensure that proper procedures for vaccine administration, including safe usage of materials and personal protective equipment is utilized at all times.

**\*\*\*Please be advised that there is a risk that persons with severe allergic reactions may experience a serious reaction and for those individuals, we recommend that you do not take the vaccine unless under direct monitor and surveillance of your physician.**

You will be asked at the time of vaccination, to please verbally confirm that you have read this statement and that you give your informed consent to participate in this vaccination. Your response will be electronically captured at vaccine administration appointment.

*I have received, read, and understand the Vaccine Information Statement/the Vaccine Emergency Use Authorization (EUA) including the ingredients and potential risks provided by Harris County Public Health Department. I have had the opportunity to ask questions about the vaccine, and my questions have been answered to my satisfaction. I understand the benefits and risks of the vaccination, the alternate modes of treatment, and I expressly consent, request and authorize the administration of the vaccine documented above to me. I agree to stay in the general area for 15 minutes after receiving my vaccination to ensure that no immediate reactions occur. Like all medications, vaccines can cause side effects. Most of these are mild and short term. I understand that if I experience any side effects, it will be my responsibility to follow up with my physician at my own expense. The COVID-19 vaccination will reduce the chance of me suffering from COVID-19 disease. No vaccine is completely effective. Yet I understand the importance of coming of completing both doses in the time frame that was given to me in order to achieve efficacy from the vaccine. I freely and voluntarily give my permission to receive this vaccine.*