

Acknowledgement and Authorization-

I authorize RVNAhealth records to be released and reviewed by an authorized representative of my third-party payer or employer as required for payment. I authorize this information to be released to and reviewed by any federal or state agency only as required by the regulatory or licensing body of that agency. I agree to release and hold harmless RVNAhealth and the venue at which the vaccine is being provided, its employees, officers, directors or affiliates from any and all liability that might arise from or is in any way connected with this vaccine. I understand it is recommended that if this is my first flu shot I should remain in the area for 15 minutes should any immediate reaction occur. I understand that if I experience any side effects, it is my responsibility to consult my physician at my expense. RVNAhealth Privacy Policy is on the site and available per my request. I have been provided with the CDC Vaccine Information Statement (**VIS Dated: 8/15/19**). I will have the chance to ask questions before vaccination. I understand the risks and benefits of the influenza vaccine to be given to me or the person I am authorized to make this request for. I give RVNAhealth permission to notify my Primary Care provider that I have received the vaccine. **I understand RVNAhealth will submit my claim ONLY to insurances they contract with and I am responsible to reimburse RVNAhealth for any charges, co pays or deductible not covered by my employer, Medicare or health insurance. If for any reason my claim is denied I will be billed for the service.**