



## 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.**

The Wellness Group, LLC, its affiliates, subsidiaries and/or divisions (collectively referred to as "The Wellness Group") is required by law to provide you with this notice explaining The Wellness Group's privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment and health care operations, as well as for other purposes that are permitted or required by law. The Wellness Group is required by law to follow the procedures described in this Notice of Privacy Practices as long as the Notice remains in effect. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

The Wellness Group is required to protect the confidentiality of your protected health information and to inform you if your protected health information has been acquired, accessed, used or disclosed by unauthorized persons.

#### **WHAT IS PROTECTED HEALTH INFORMATION?**

**Protected Health Information (PHI)** includes both medical information regarding your care and treatment and individually identifiable personal information such as your name, address, phone number, social security number or other personal information that you provide in the course of your treatment. This information may be in electronic, written and/or oral form.

#### **HOW THE WELLNESS GROUP MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The Wellness Group may use and disclose PHI about you, without your authorization, for the purposes described below.

**Treatment:** The Wellness Group may use and disclose your health information to provide, coordinate or manage your healthcare by us and other healthcare providers. This includes, but is not limited to, disclosures about you to doctors, nurses, technicians, staff and other healthcare professionals who become involved in your care.

**Payment:** The Wellness Group may use and disclose your health information to receive payment for services provided to you, or to obtain prior authorizations for proposed treatments.

**Healthcare Operations:** The Wellness Group may use your health information for our own operations. We may also use and disclose your health information to health professionals for educational purposes. These uses are required to run our company and to make sure that all of our patients receive quality care.

**Treatment Issues:** We may call you with test results or to answer your questions about your care, or use and disclose health information to inform you about treatment options and alternatives.

**Health-Related Benefits and Services:** We may use and disclose personal and health information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment For Your Care:** Unless you object, we may disclose your health information to a relative, friend or any person identified by you, if these individuals need to know about or are involved in your care, or for payment for your care.

**Workers Compensation:** The Wellness Group may disclose your health information in order to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

**Public Health, Safety, Disaster Relief, Or to Divert a Threat to Health Or Safety, Victims of Abuse, Neglect, or Domestic Violence:** The Wellness Group may use or disclose your health information to the extent necessary for public health activities and to avert a serious and imminent threat to your health or safety or the health and safety of others. The Wellness Group may disclose your personal and health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. Any disclosure would only be to someone able to help prevent the threat or injury.

**Health Oversight:** The Wellness Group may disclose your health information to a health oversight agency for activities authorized by law. This may include but is not limited to The Joint Commission, ACHC, surveys, investigations, inspections, licensure or disciplinary actions.

**Legal Proceedings and Law Enforcement:** The Wellness Group may disclose your health information if asked to do so by a law enforcement officer and/or in response to a subpoena, court or administrative order, warrant, discovery request or other lawful process.

**Military and National Security:** The Wellness Group may disclose your health information to authorized military command authorities or federal officials if you are in the armed forces or are a veteran, or as required for lawful intelligence, counter intelligence and other national security activities.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose your health information to a coroner or medical examiner if necessary to identify a deceased person or to determine a cause of death, or to a funeral director in connection with the performance of their duties.

**Business Associates:** The Wellness Group may provide some services through contracts with business associates. In those instances, The Wellness Group requires the business associates to safeguard your information through a Business Associate Agreement.

**Research; Death; Organ Donation:** The Wellness Group may use and disclose your health information for research purposes in limited circumstances. However, all such research projects are subject to an approval process, and we will ask your permission if a researcher is to have access to your name, address, or other information that identifies you. The Wellness Group may disclose your health information for the purpose of facilitating organ donation and transplantation.

**Required by Law:** The Wellness Group will use or disclose your health information when required to do so by federal, state or local law.

#### **USES OR DISCLOSURES NOT COVERED BY THIS NOTICE.**

Uses or disclosures of your health information not covered by this notice or the laws that apply to The Wellness Group may only be made about your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

#### **YOUR RIGHTS REGARDING YOUR PERSONAL AND MEDICAL INFORMATION.**

Although your medical record is the property of The Wellness Group, the information belongs to you. Federal law gives you the rights described below regarding your medical information.

**Inspect and Copy:** With some exceptions, you may review and copy your medical information. To the extent your record is maintained electronically, you have the right to access your own electronic health record in an electronic format. You may also direct The Wellness Group to send the e-health record directly to a third party.

**Amendments:** You may ask us to amend your medical information if you feel it is incorrect or incomplete. However, we may deny your request under certain circumstances.

**Accounting of Disclosures:** You may request a list of certain disclosures made of your medical information ("accounting of disclosures"). In some instances, the accounting may be limited by time and may exclude disclosures made for treatment, payment or health care operations.

**Right to Request a Restriction:** The HIPAA Privacy Rule provides that you may request a restriction on the protected health and medical information the Plan uses or discloses about you for payment or health care operations. If you pay for your services, in full, using your personal funds, you can ask that the information regarding the service not be disclosed to a third-party payer since no claim is being made against the third-party payer. This request must be made in writing and we are not required to agree with your request.

**Right to Request Confidential Communications:** If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that the Plan communicate with you in an alternative manner or at an alternative location. You may request that we communicate with you about medical matters in a confidential manner or at a specific location. This request must be made in writing.

**Paper Copy of This Notice:** You may request a paper copy of this notice at any time by contacting your local The Wellness Group office or The Wellness Group's Privacy Officer. You may obtain an electronic copy of this notice at our website: [www.wellnessgrp.com](http://www.wellnessgrp.com).

*To exercise any of these rights you must submit your request in writing to your local Wellness Group office or The Wellness Group's Privacy Officer. Your request should include a reason for your request and, if applicable, the action you want The Wellness Group to take. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to change or take back your request at that time before any copies are mailed.*

**BREACH NOTIFICATION REQUIREMENTS:** The Wellness Group is required to notify you if unsecured PHI is acquired, accessed, used and/or disclosed by an unauthorized party. Notification must occur without unreasonable delay and no later than 60 days of the event.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each The Wellness Group office and on its website ([www.wellnessgrp.com](http://www.wellnessgrp.com)). In addition, if material changes are made to this notice, the notice will contain an effective date for the revisions and copies can be obtained by contacting your local The Wellness Group office or The Wellness Group's Privacy Officer.

**EFFECTIVE DATE:** This Notice of Privacy Practices is effective January 1, 2010.

**QUESTIONS/GRIEVANCES:** If you want further information about matters covered by this notice, are concerned that your privacy rights may have been violated, or disagree with a decision made about access to your personal and health information, you may contact The Wellness Group's Privacy Officer by U.S. mail, fax, phone or email at: **The Wellness Group, Attention: Privacy Officer, 1000 N. Green Valley Parkway Ste. 440 9401, Henderson, NV 89074; Toll Free: 1.877.886.7117; Fax: 702.943.3313; e-mail: [hipaa@wellnessgrp.com](mailto:hipaa@wellnessgrp.com).** You may also submit a grievance/complaint to the U.S. Department of Health & Human Services, 200 Independence Ave., SW, Washington DC 20201, Phone: 202.619.0257, Toll Free: 1.877.696.6775.

*The Wellness Group will not retaliate and you will not be penalized in any way if you choose to file a grievance complaint with us or with the U.S. Department of Health and Human Services.*

## VACCINE INFORMATION STATEMENT

### Influenza (Flu) Vaccine

#### (Inactivated or Recombinant):

#### What you need to know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).  
Hoja de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis).

#### 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 it 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, such as heart or lung disease, flu can 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 8 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.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

There is no live flu virus in flu shots. **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-Barre 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
- hoarseness
- 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-Barre 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 DTaP 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/](http://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](http://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](http://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](http://www.cdc.gov/flu)

#### Vaccine Information Statement

#### Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26



Office Use Only