

The Children's Clinic of Nashville, P.L.C.
4322 Harding Rd., Ste. 313
Nashville, TN 37205

Immunization Consent Form

ACKNOWLEDGEMENTS

I am voluntarily requesting that a medical assistant employed by The Children's Clinic of Nashville, P.L.C. ("TCCN") administer to me the following vaccines ("Vaccine"): _____.

In connection with this request, I acknowledge and attest to the following statements:

- TCCN has given me a copy of the Vaccine Information Statement ("VIS") that contains information about the Vaccine including information on adverse reactions that I may experience as a result of receiving the Vaccine, and I have carefully read and understand the VIS.
- TCCN has given me a Notice of Privacy Practices that explains how TCCN may use or disclose my medical information and also certain rights that I have regarding such information.
- I have had an opportunity to ask the TCCN medical assistant or physician any questions about the Vaccine or about information in the VIS, including adverse reactions that I may experience as a result of receiving the Vaccine.
- I have truthfully answered all the questions regarding my medical history that are asked of me. I understand that if I answered a question with a "Yes" there is an increased likelihood that I will experience an adverse reaction from the administration of the Vaccine. I also understand that the TCCN medical assistant or physician may decide not to administer the Vaccine to me if I answered "Yes" to some of these questions because of the risks to me associated with receiving the Vaccine.
- After careful consideration, I believe that the benefits of receiving the Vaccine outweigh the risks associated with receiving the Vaccine and I have decided to have the TCCN medical assistant administer the Vaccine to me. I would elect to receive the Vaccine even if the information communicated to me by this form, the medical assistant, or the physician, were incomplete.
- I have been made aware that TCCN will not file this claim with my insurance.
- I agree not to file a claim with my insurance and will pay cash for the Vaccine(s) at the time of service.

AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND RELEASE OF MEDICAL INFORMATION

- I authorize TCCN to use and/or disclose such information about me, including any medical related information that I provide to TCCN or that is created or received by TCCN that TCCN reasonably determines is necessary to carry out my treatment or conduct its health care operations. This authorization includes disclosures to TCCN managers, staff, interpreters and other persons involved in my treatment.

WAIVER AND RELEASE OF LIABILITY

- I understand that the Vaccine is VOLUNTARY and that my consent is given in light of this knowledge. I have been adequately informed of the benefits and consequences (including adverse reactions) of the Vaccine I am about to receive. I voluntarily assume all responsibility for any adverse consequences (including, but not limited to, adverse reactions) as allowed by applicable law.
- TCCN shall not, at any time, or to any extent allowable by applicable law, be liable, responsible, or in any way be accountable for any loss, injury, death, or damage suffered or sustained by me or any other person at any time in connection with, or as a result of, the administration of the Vaccine to me by the TCCN medical assistant.
- I, for myself, my heirs, executors, personal representatives and assigns, hereby release TCCN, its employees, specifically the administering medical assistant, its agents or representatives from any and all claims arising out of, in connection with, or in any way related to my receipt of the Vaccine from TCCN as allowed by applicable law.

By signing below, I certify that the following statements are true:

- I am the patient or the patient's guardian/personal representative signing on behalf of the patient.
- I read, understand and agree to all the statements on this form.

X _____
Signature of Patient or Legal Guardian

Print Name of Patient

Date