



## Consent for Service

My signature below indicates that I give my consent for the services that I request from the Board of Regents of the University of Oklahoma (“University”) and OU Medicine, Inc. (“OUMI”) (collectively “OU Health”) and their entities/contractors, and that:

- I am of legal age and authorized to execute this consent form.
- I voluntarily choose to receive the vaccination and consent that it be administered to me or the person named herein, for whom I am authorized to give consent and make representations herein.
- I read, or had read to me, the Emergency Use Authorization (“EUA”) or Fact Sheet for Recipients and Caregivers provided for the vaccine(s) to be administered.
- I had the opportunity to ask questions, and any questions were answered to my satisfaction.
- I will alert the provider in advance of my vaccine of any medical conditions which may adversely affect my health or effectiveness of the vaccine.
- I understand the benefits and risks of the vaccine(s).
- I understand my vaccination information will be recorded in the Oklahoma State Immunization Information System (OSIIS).
- I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.
- I understand I should remain in the vaccine area for 15 minutes after receiving the vaccination for observation of any potential adverse reactions or for 30 minutes if I have any history of severe allergic reaction or anaphylaxis.
- I understand the vaccine is not mandatory and I may refuse this service.
- I voluntarily assume all risks and take full responsibility for any reactions that may result, and I hereby waive on behalf of myself and/or the recipient, if different, any and all claims for damages arising out of or related to this vaccination that I/s/he (or anyone claiming on my/his/her behalf) may have against the University or OUMI, including but not limited to any and all representatives of each, such as (by way of example and not limitation) employees, students, regents, directors, officers, and other healthcare providers of whatever designation.
- I acknowledge and understand that the provision of a vaccine, to include Dose 1 and 2, and any subsequent treatment that may be needed to treat a reaction does not constitute a legal patient-physician relationship with any provider, nor a treatment relationship with OUP/ OUH clinics or the hospital system. Rather, any response to an immediate reaction will be given based on applicable statutes and Executive Orders providing immunity to the responder. I understand that a patient relationship, if any, is only established based on a duty undertaken prior to and/or apart from the provision of this vaccine, and is independent of these interactions.

### DISCLOSURE OF RECORDS:

I understand that a record of my immunization will be maintained and University or OUMI, may be required to or may voluntarily disclose my health information to a physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, my insurance plan, and/or state or federal registries, for purposes of treatment, payment, or other health care operations. I also understand that that my health information may be used and disclosed as set forth in the Notice of Privacy Practices maintained by each entity and copies are available as follows:

University: <https://apps.ouhsc.edu/hipaa/hpp.asp> or contact OU Office of compliance - (405) 271-2511; Anonymous OU Compliance Hotline - (405) 271-2223 / (866) 836-3150. OUMI: <https://www.ouhealth.com/ou-health-patients-families/notice-of-privacy-practices/> or contact Amber Simpson, Facility Privacy Official - (405) 271-5920; email - [privacy@oumedicine.com](mailto:privacy@oumedicine.com).

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_