Indiana Department of Health

Scheduling Your Initial Vaccine Appointment

December 14, 2020

OUR MISSION:

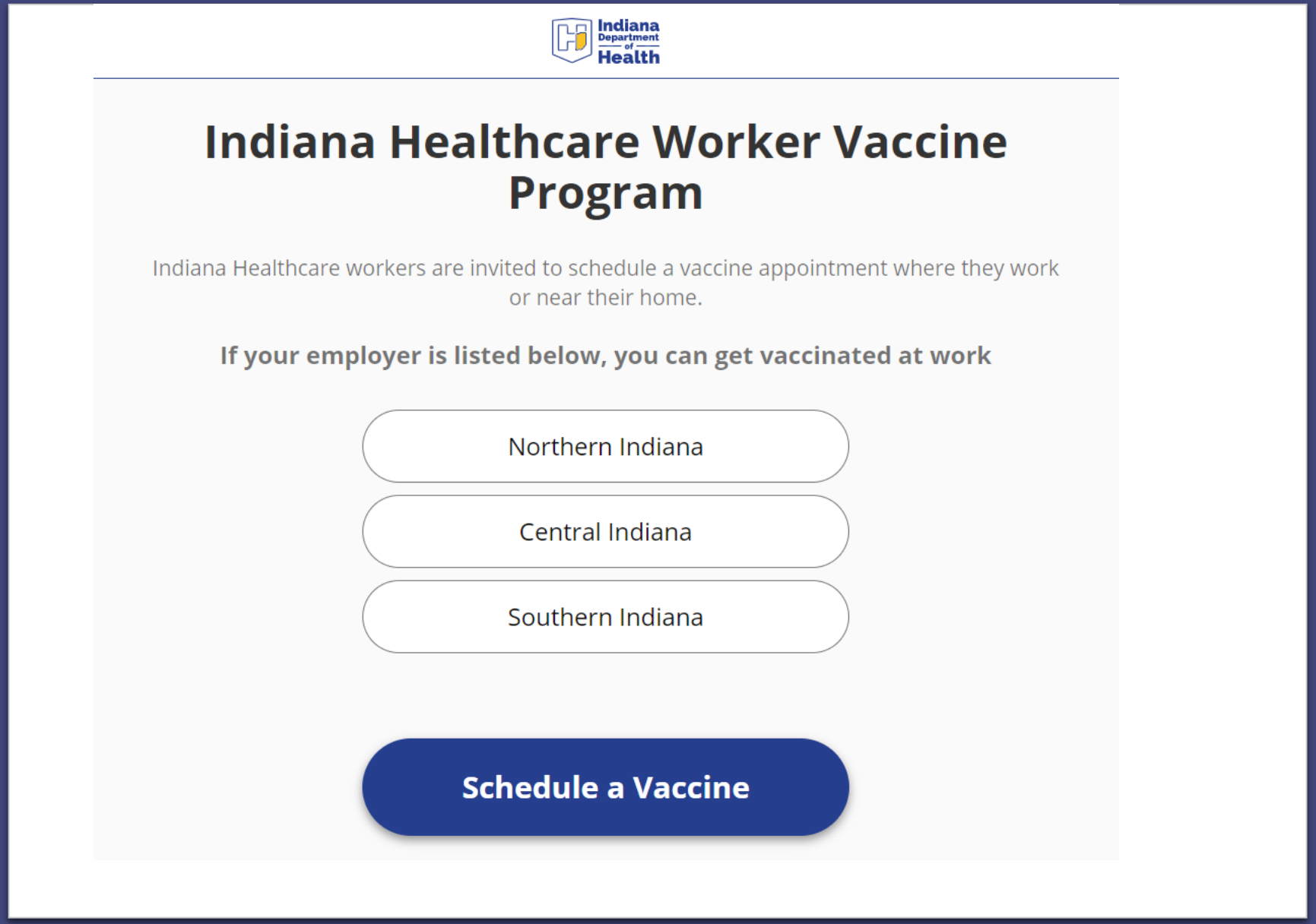
To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

Scheduling Link For Healthcare Workers only

https://scheduling.coronavirus.in.gov/vaccine



Choose your location

Troubleshooting

Q. I received a “Enter your Invitation Code” screen. What should I do?

A. Make sure you are using Firefox or Chrome to access the link. It will not work in Internet Explorer/Edge (Microsoft Browsers). Re-enter the scheduling link OR click the “I don’t have an invitation code” button.

Q. My browser timed out, what do I do?

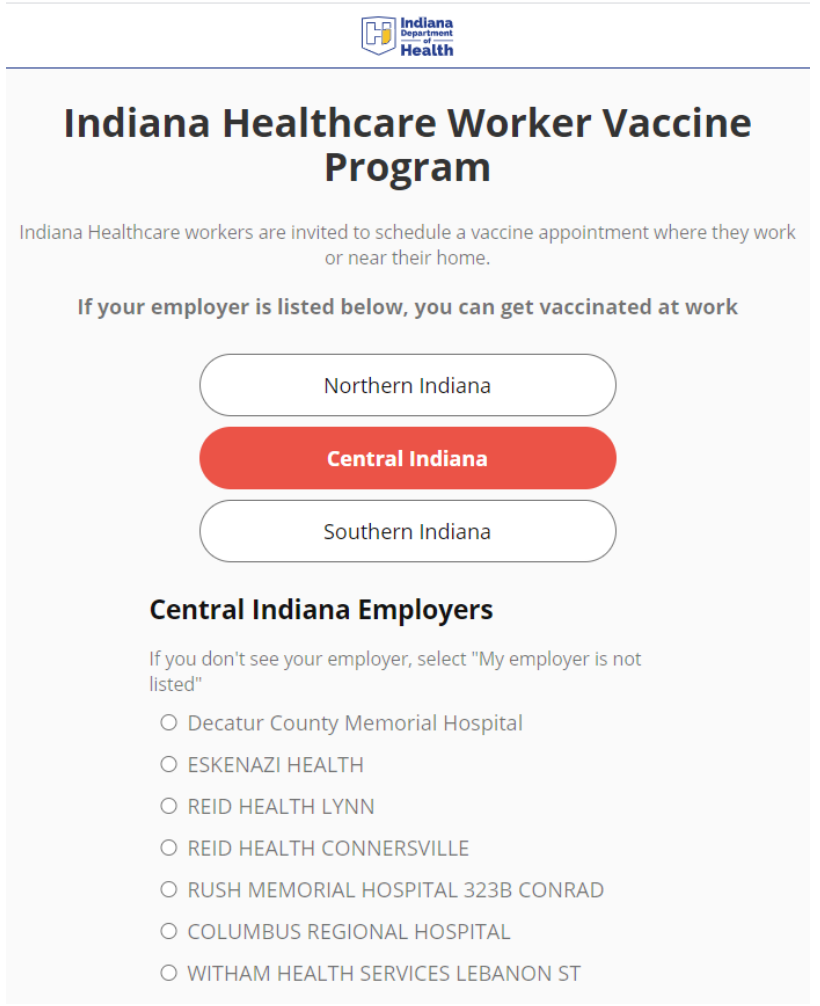
A. Re-enter and re-try the scheduling link in a few minutes.

Q. I’m getting a different error screen. What should I do?

A. Make sure you are using CHROME or Firefox. It will not work in Internet Explorer/Edge (Microsoft Browsers). Please re-enter and re-try the scheduling link.

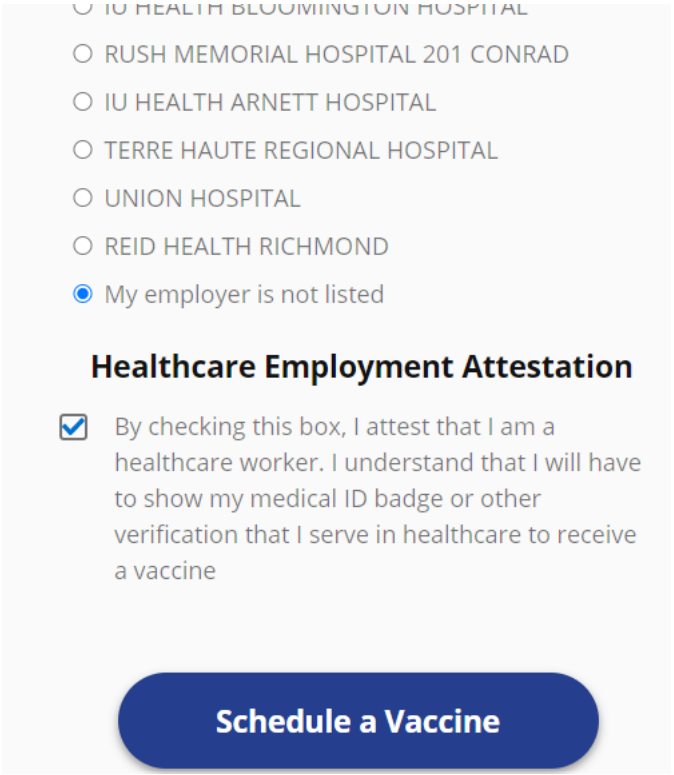
Select Your Facility

You will be provided a list of facilities. If you do not see your facility and you are in a county that borders between northern and central or central and southern, you may want to try another region



If you do not see your employer, you are provided an option to select such at the bottom.

Select Your Facility



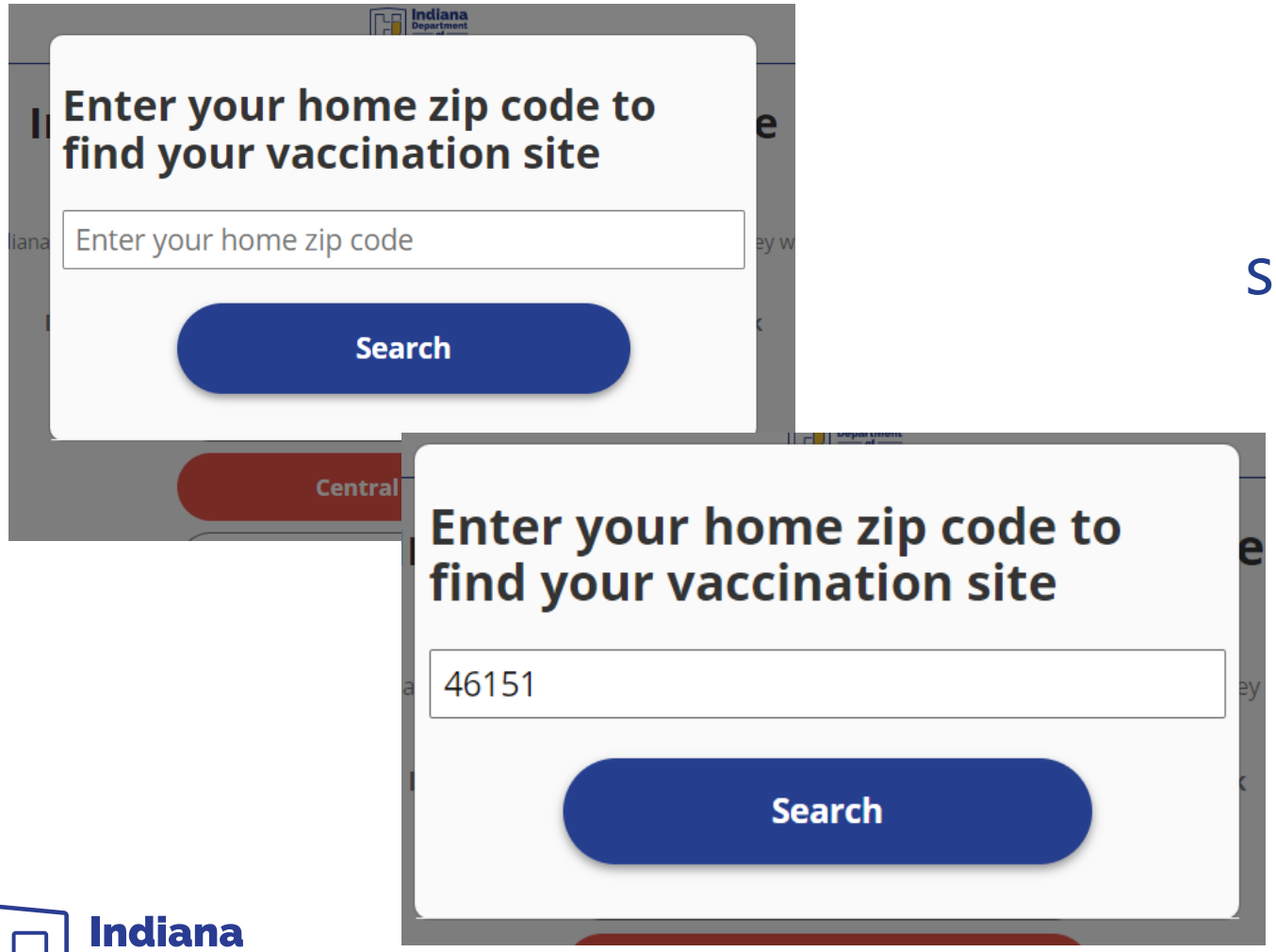
Check that you have read Healthcare Employment Attestation statement

*Note that there may be a delay for this to appear

*May need to click on twice

Select “Schedule a Vaccine”

If your employer is not available, you can receive a vaccine from a nearby facility.



You can do a search for a site near you where you can get a vaccine.

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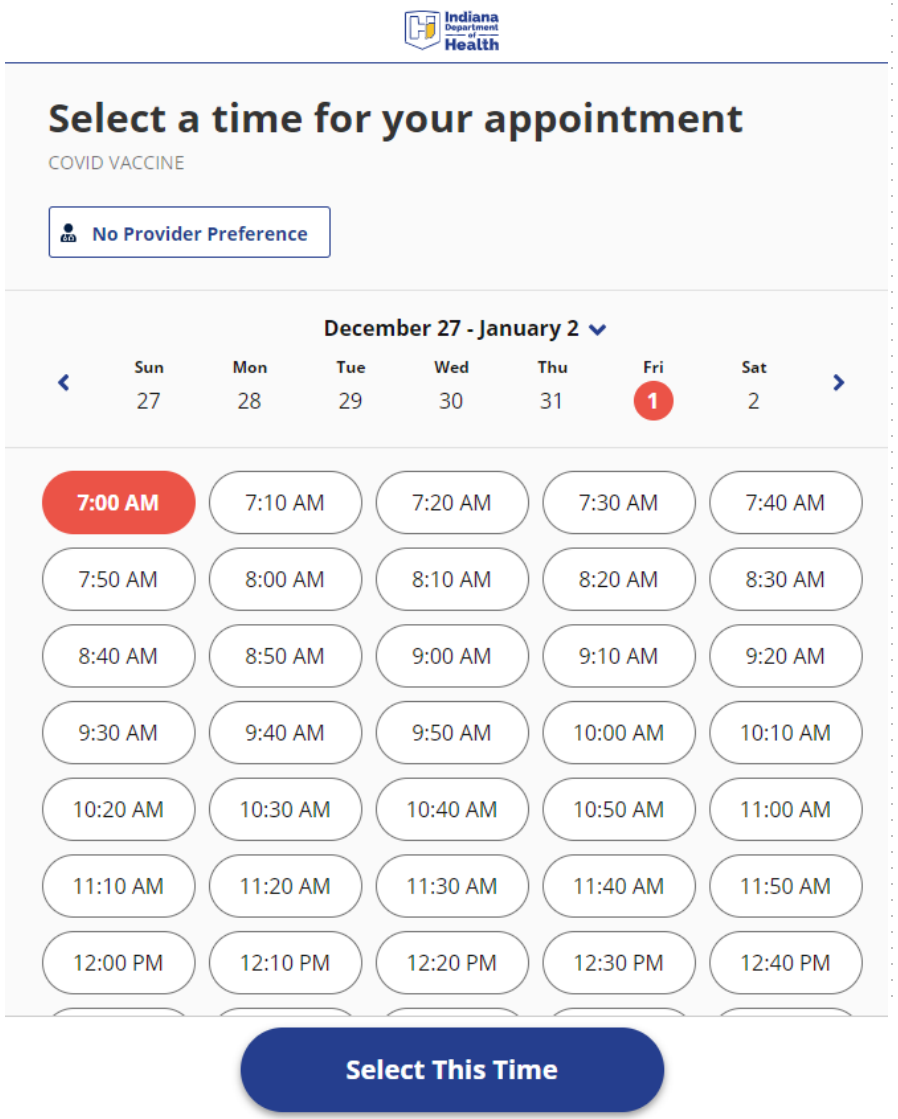
1. BAPTIST HEALTH FLOYD

1850 STATE ST
NEW ALBANY , IN 47150

Schedule an Appointment

Schedule your appointment!



You are able to use the < and > arrows to move from week to week or can select the drop-down arrow. Select the time that works best for you and click “Select This Time”

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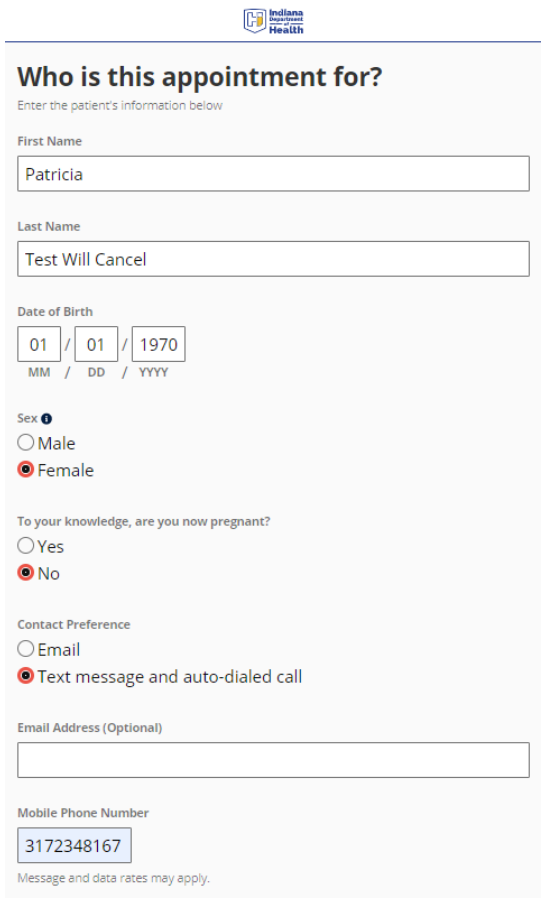
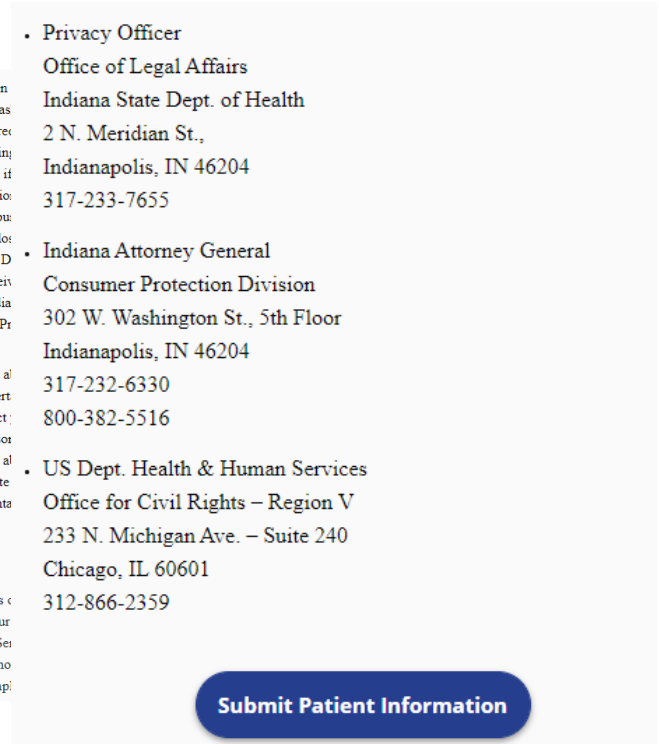
Choose your appointment

Patient Information





Complete your information, review policy statement, and select “Submit Patient Information”

Confirm Your Appointment

- ✓ Review your information
- ✓ Edit any information that is incorrect.
  - ✓ Please note that the system does not accept hyphens; please include a space as a substitute.
  - ✓ Please note that the system does not accept accents and they may need to be removed.
- ✓ Select "Confirm Appointment"

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You are not done!

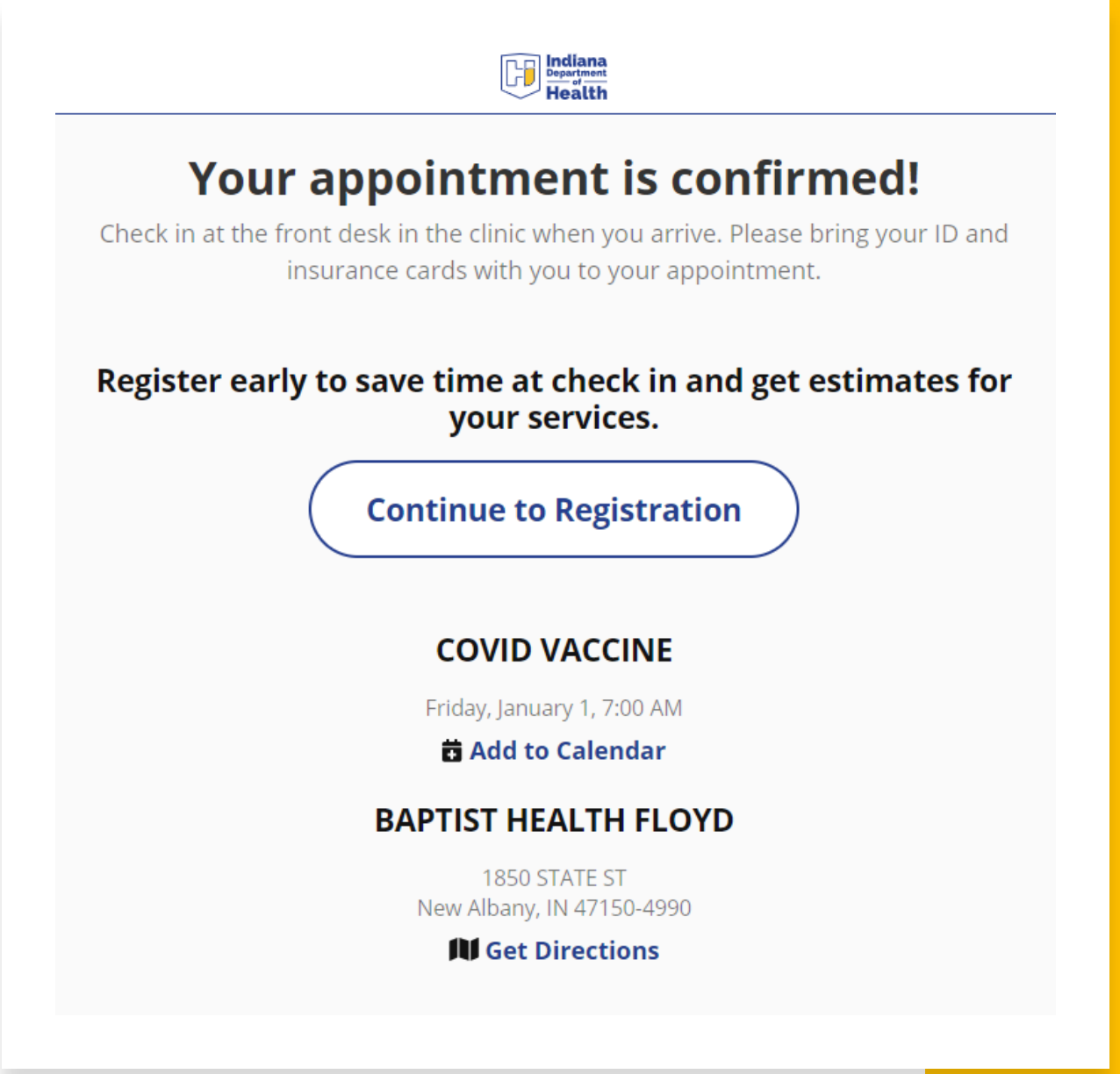
You can either:

Select “Continue to Registration”

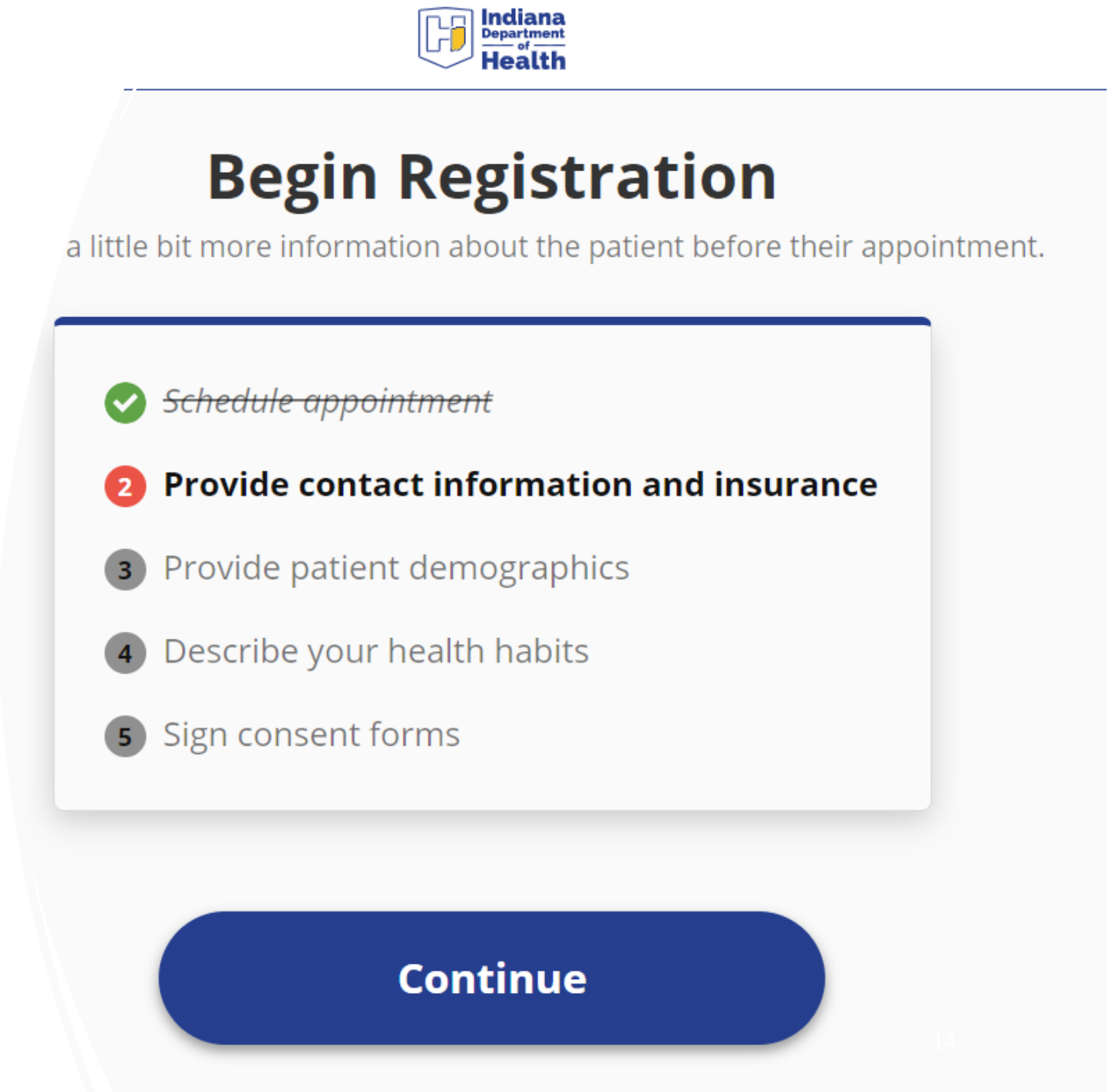
OR

Complete the registration from the LINK sent to you via TEXT or EMAIL (based on your selection above)

It is imperative that you complete the registration steps via one of the ways above to make sure that your vaccination appointment moves quickly the day you vaccinate!



Select “Continue”

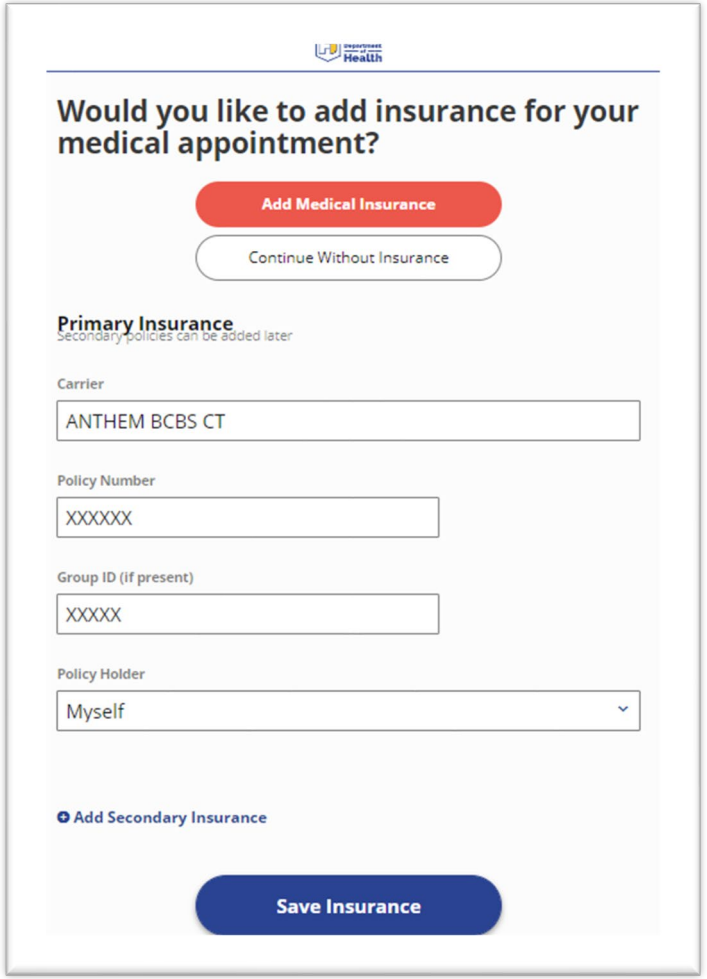


Input Your Information

- Enter Your Information
- Click Save
- Repeat

The Insurance carrier starts to auto-populate once you type.

BY LAW, NO PATIENT WILL BE CHARGED FOR A COVID19 VACCINATION.



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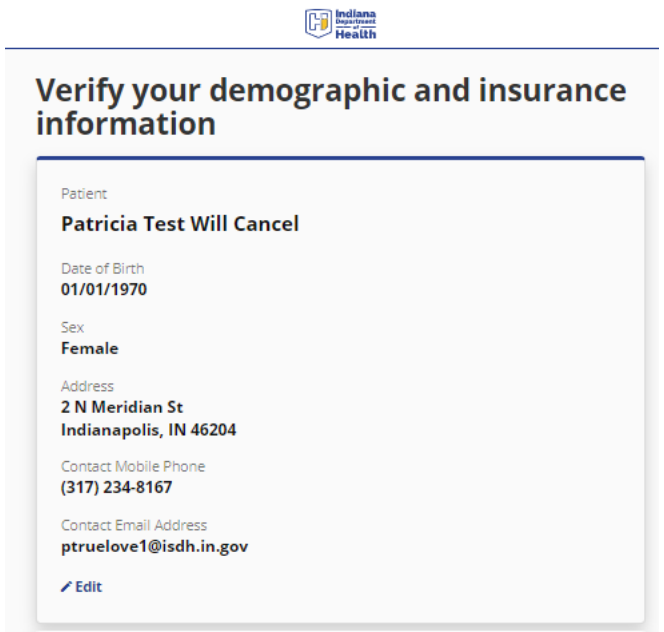
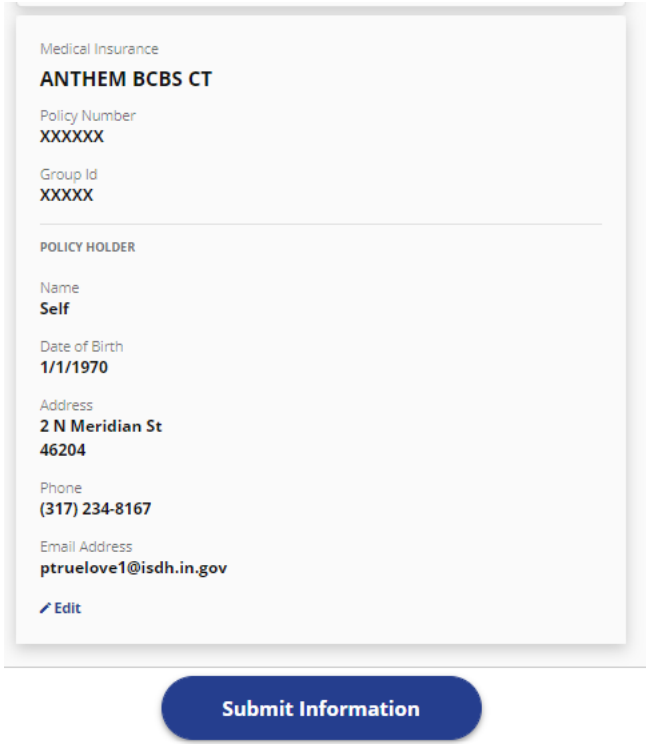
Verify Your Information

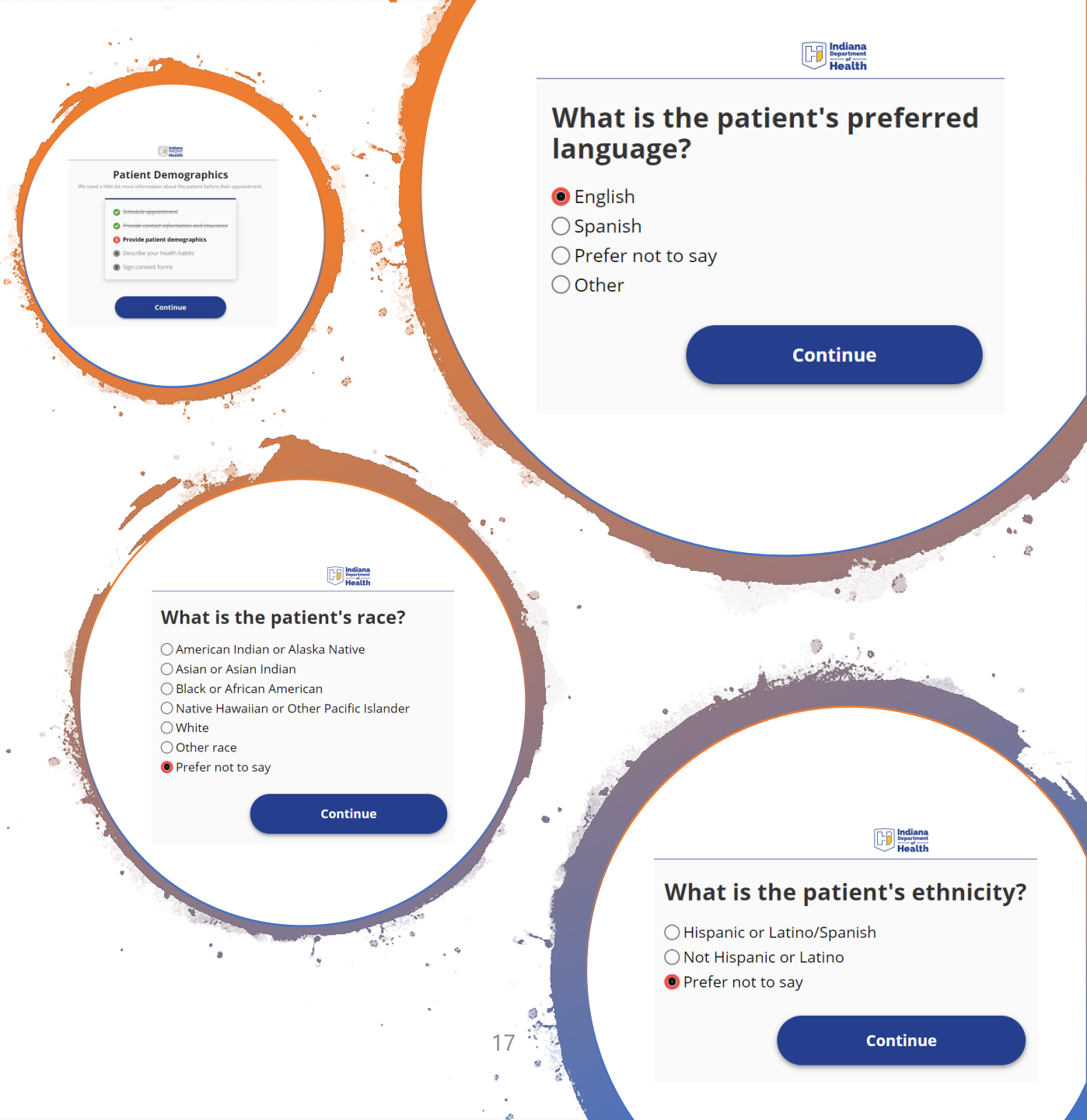


- Verify Information
- Edit any information that is incorrect
- "Submit Information"



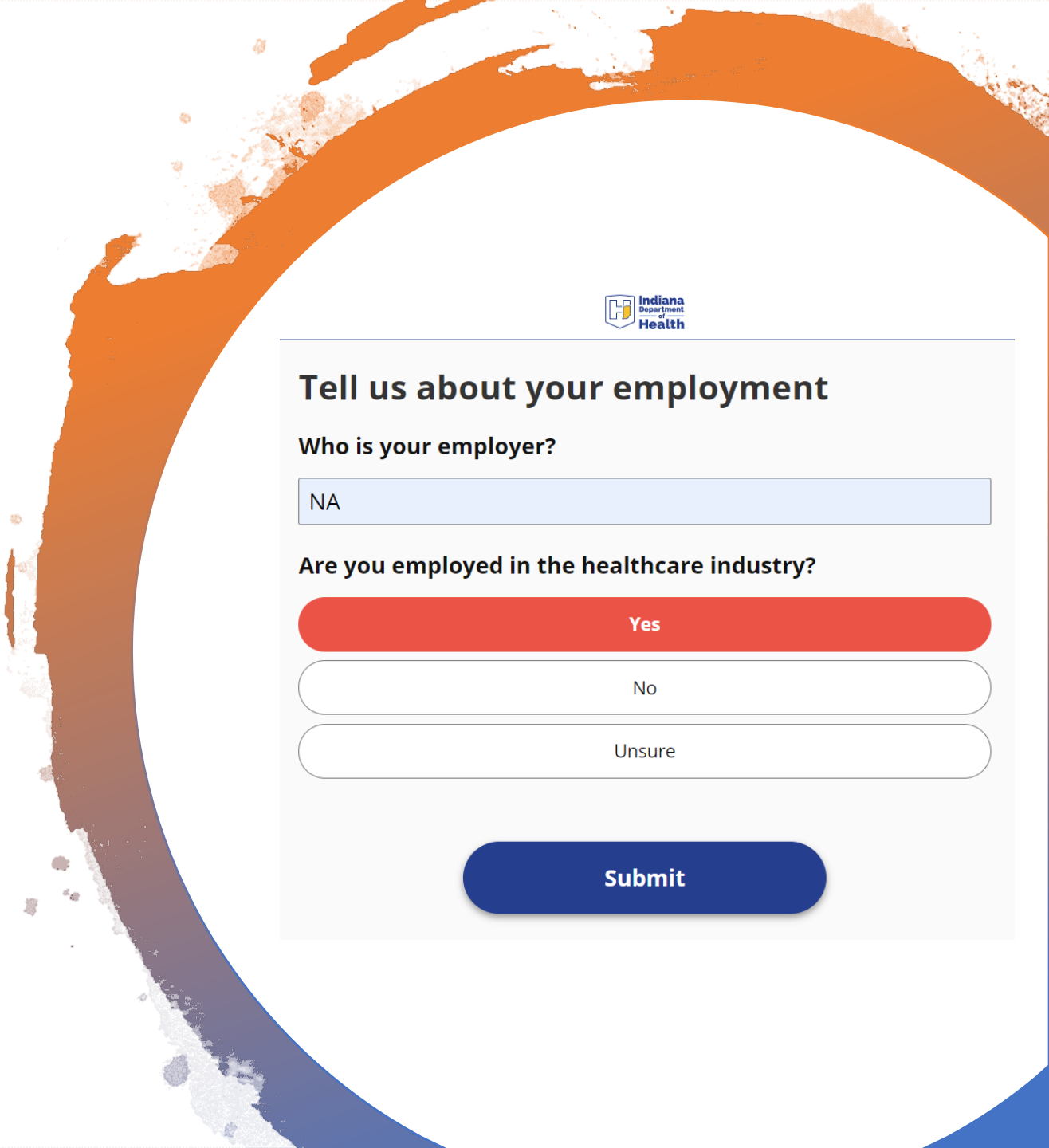
Input Your Demographic Information

- ✓ Select “Continue” to enter demographic information
- ✓ Select your response
- ✓ Click “Continue”
- ✓ Repeat

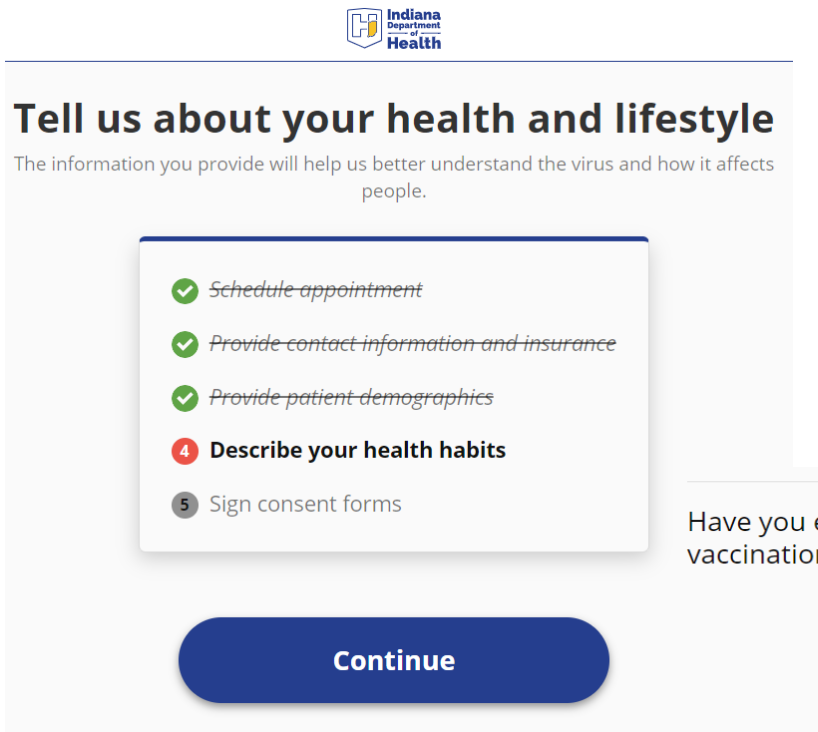


Input Your Employment Information

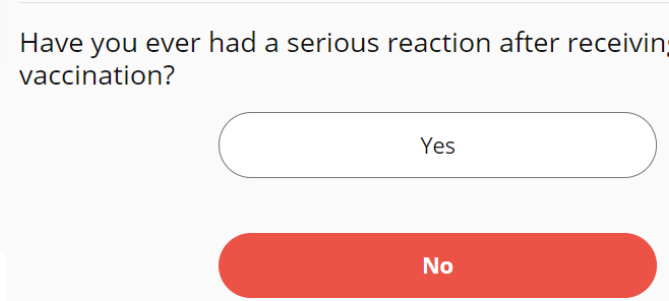
- ✓ Answer employment information
- ✓ Click “Submit”



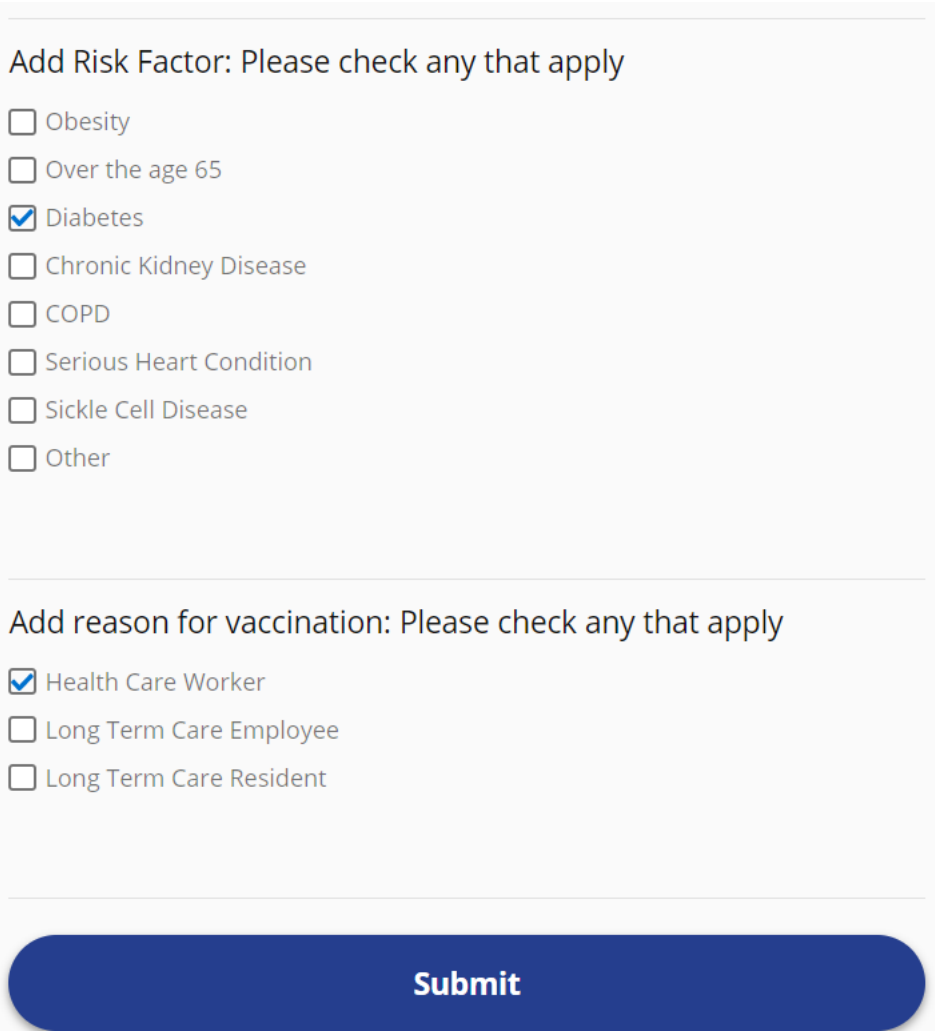
Health Habits



✓ Select "Continue"

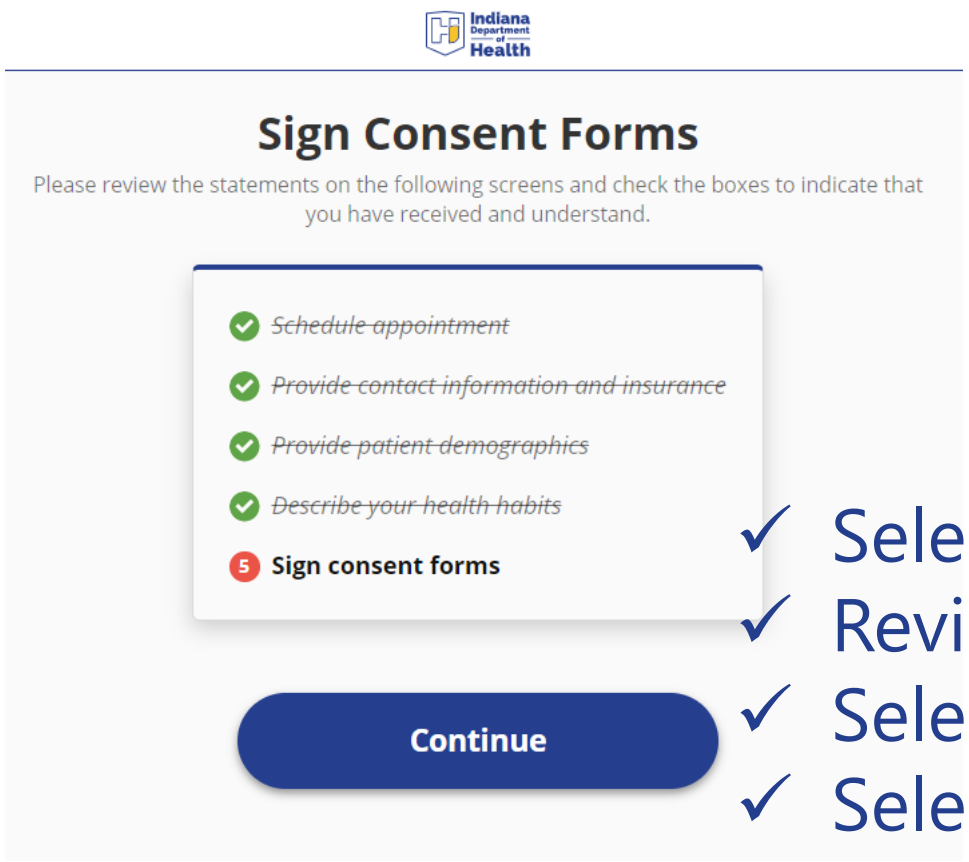


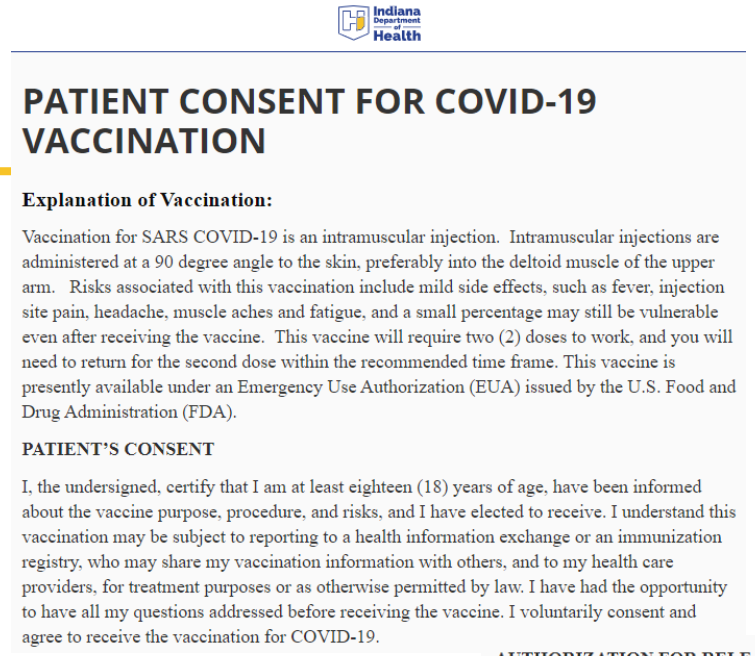
✓ Input information

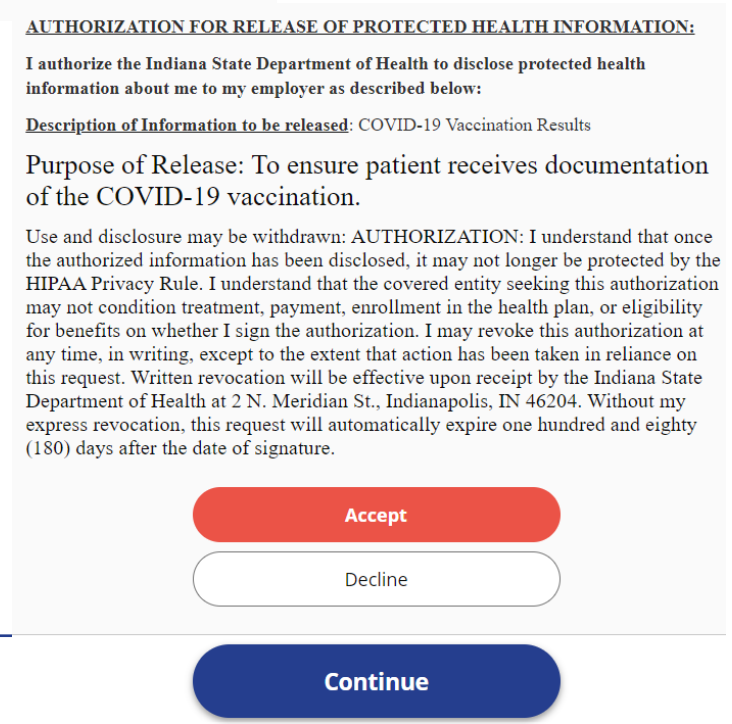


✓ Select "Submit"

Consents







- ✓ Select "Continue
- ✓ Review the Consent
- ✓ Select "Accept"
- ✓ Select "Continue"

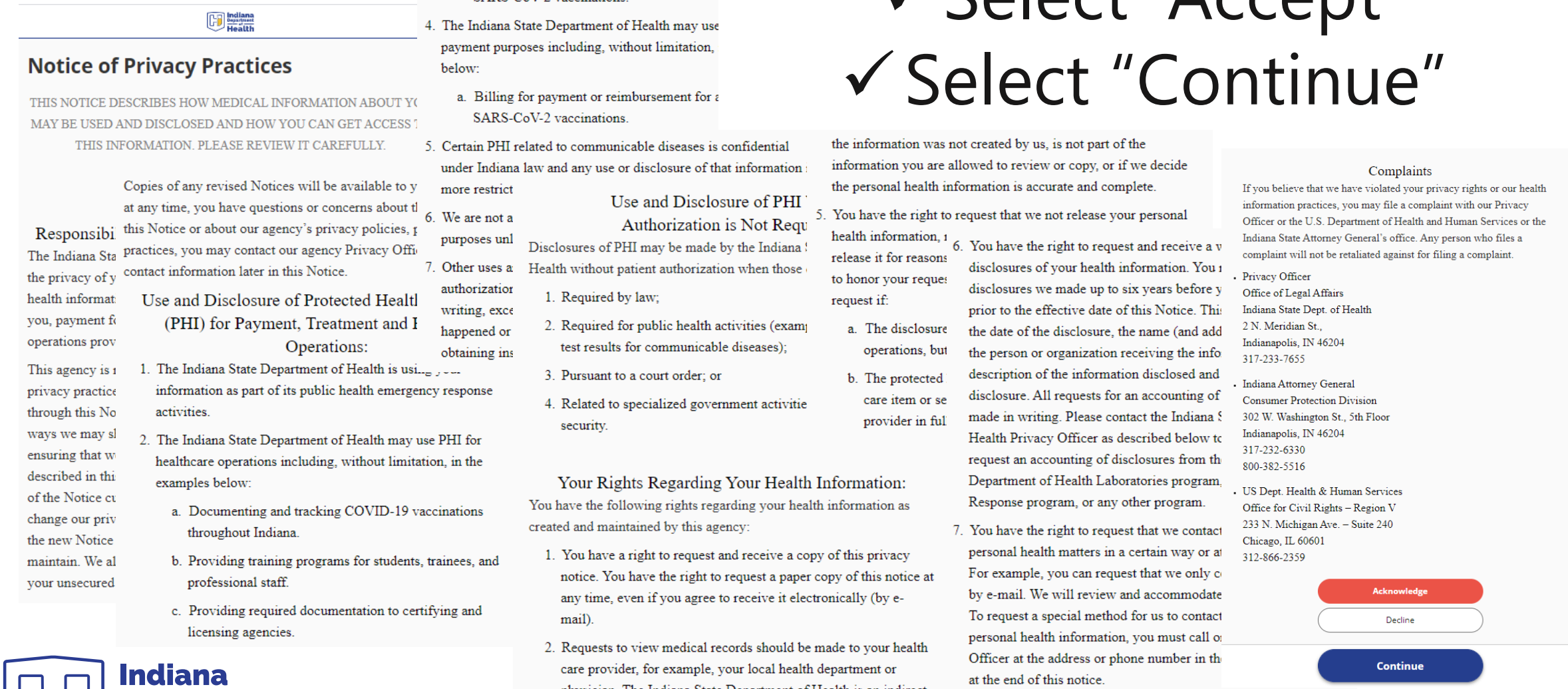
Indiana Department of Health

Consents

✓Review Privacy Practices

✓Select “Accept”

✓Select “Continue”



Indiana Department of Health

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YO
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS T
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Responsibi
The Indiana Sta
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health informat
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operations prov

This agency is r
privacy practice
through this No
ways we may sl
ensuring that w
described in thi
of the Notice cu
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the new Notice
maintain. We al
your unsecured

Copies of any revised Notices will be available to y
at any time, you have questions or concerns about tl
this Notice or about our agency's privacy policies, p
practices, you may contact our agency Privacy Offi
contact information later in this Notice.

Use and Disclosure of Protected Healtl (PHI) for Payment, Treatment and H Operations:

1. The Indiana State Department of Health is usi... information as part of its public health emergency response activities.
2. The Indiana State Department of Health may use PHI for healthcare operations including, without limitation, in the examples below:
   a. Documenting and tracking COVID-19 vaccinations throughout Indiana.
   b. Providing training programs for students, trainees, and professional staff.
   c. Providing required documentation to certifying and licensing agencies.
3. The Indiana State Department of Health may use PHI for treatment purposes including, without limitation, below:
   a. Administering or assisting with the admini vaccinations.
   b. Administering or assisting with the admini SARS-CoV-2 vaccinations.
4. The Indiana State Department of Health may use payment purposes including, without limitation, below:
   a. Billing for payment or reimbursement for a SARS-CoV-2 vaccinations.
5. Certain PHI related to communicable diseases is confidential under Indiana law and any use or disclosure of that information more restrict
6. We are not a purposes unl
7. Other uses a authorizatior writing, exce happened or obtaining ins

Use and Disclosure of PHI Authorization is Not Requ

Disclosures of PHI may be made by the Indiana Health without patient authorization when those

1. Required by law;
2. Required for public health activities (exam test results for communicable diseases);
3. Pursuant to a court order; or
4. Related to specialized government activitie security.

Your Rights Regarding Your Health Information:

You have the following rights regarding your health information as created and maintained by this agency:

1. You have a right to request and receive a copy of this privacy notice. You have the right to request a paper copy of this notice at any time, even if you agree to receive it electronically (by e-mail).
2. Requests to view medical records should be made to your health care provider, for example, your local health department or physician. The Indiana State Department of Health is an indirect treatment provider. Any requests made directly to the Indiana State Department of Health will be referred to the Indiana State Department of Health Privacy Officer.

the information was not created by us, is not part of the information you are allowed to review or copy, or if we decide the personal health information is accurate and complete.

5. You have the right to request that we not release your personal health information, release it for reasons to honor your reques request if:
   a. The disclosure operations, but
   b. The protected care item or se provider in ful
6. You have the right to request and receive a v disclosures of your health information. You r disclosures we made up to six years before y prior to the effective date of this Notice. This the date of the disclosure, the name (and add the person or organization receiving the info description of the information disclosed and disclosure. All requests for an accounting of made in writing. Please contact the Indiana S Health Privacy Officer as described below to request an accounting of disclosures from th Department of Health Laboratories program, Response program, or any other program.
7. You have the right to request that we contact personal health matters in a certain way or at For example, you can request that we only c by e-mail. We will review and accommodate To request a special method for us to contact personal health information, you must call o Officer at the address or phone number in th at the end of this notice.

Complaints

If you believe that we have violated your privacy rights or our health information practices, you may file a complaint with our Privacy Officer or the U.S. Department of Health and Human Services or the Indiana State Attorney General's office. Any person who files a complaint will not be retaliated against for filing a complaint.

- Privacy Officer
  Office of Legal Affairs
  Indiana State Dept. of Health
  2 N. Meridian St.,
  Indianapolis, IN 46204
  317-233-7655
- Indiana Attorney General
  Consumer Protection Division
  302 W. Washington St., 5th Floor
  Indianapolis, IN 46204
  317-232-6330
  800-382-5516
- US Dept. Health & Human Services
  Office for Civil Rights – Region V
  233 N. Michigan Ave. – Suite 240
  Chicago, IL 60601
  312-866-2359

Acknowledge

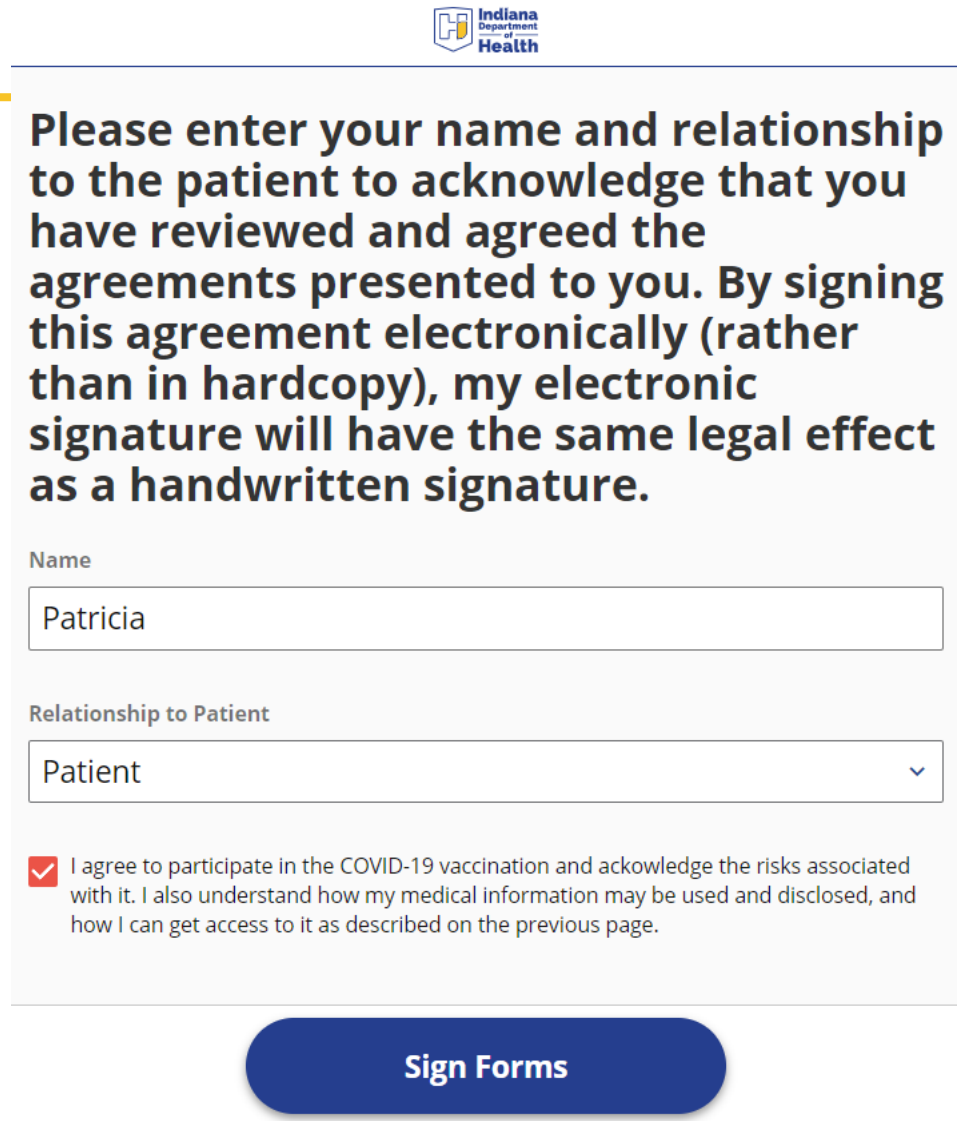
Decline

Continue

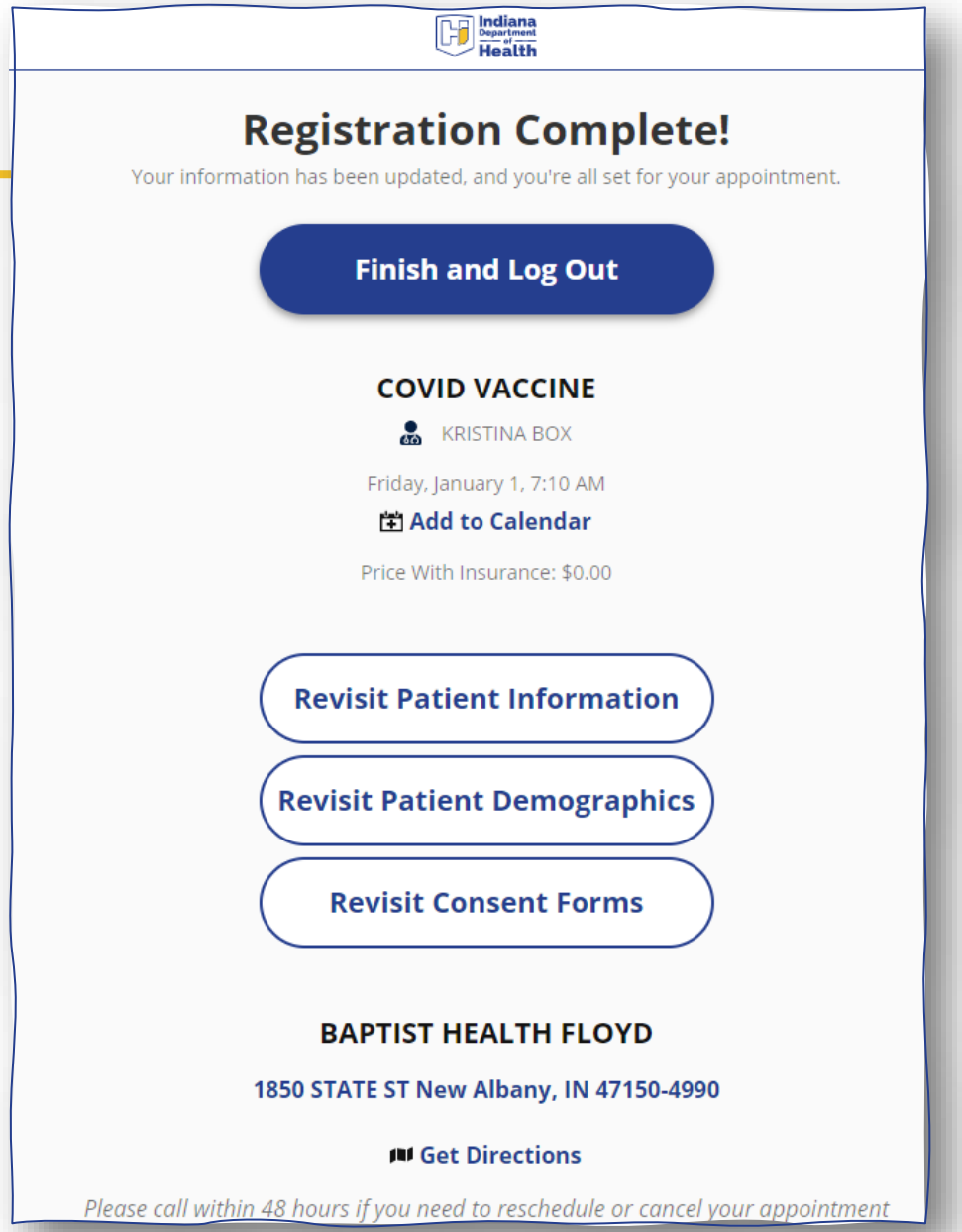
Indiana Department of Health

Consents

- ✓ Type your name
- ✓ Click “Sign Forms”
- ✓ Make sure the box is checked that you agree to participate



You are done!!



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Need assistance?

Contact the HelpDesk at:

https://eportal.isdh.in.gov/C19VAXPublic/

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