



Indiana
Department
of
Health

Scheduling Your Initial Vaccine Appointment

Feb. 23, 2021

Scheduling Link for Eligible Individuals

<https://vaccine.coronavirus.in.gov/>

Select your group

- Select the group you belong to
- Click the box confirming eligibility
- Click at the bottom to begin scheduling an appointment

Indiana COVID-19 Vaccine Program

Certain at-risk Indiana residents are now eligible to get the coronavirus vaccine.

Select the group you belong to:

Healthcare Worker

- Healthcare worker who has face-to-face interactions with patients or contact with infectious material.

First Responder

- Firefighter, police officer or sheriff's deputy, EMS, reservist, or correctional officer who is regularly called to the scene of an emergency to give medical aid.

- People 60 years or older

- None of these apply to me

Schedule an Appointment

Confirm eligibility

- Check that you have read Attestation statement
- Note that there may be a delay for this to appear
- You must be a resident of Indiana
- May need to click on twice

Select “Schedule an Appointment”

Eligibility Attestation

- I certify that I am 60 years of age or older, a healthcare worker who has face-to-face interactions with patients or contact with infectious material in a healthcare setting, or a first responder (firefighter, police officer or sheriff's deputy, EMS, reservist or correctional officer) who is regularly called to the scene of an emergency to give medical aid. A photo ID, proof of age, or verification of current employment as a healthcare worker or first responder will be required. I am an Indiana resident (proof of residency will be required at appointment).

[Schedule an Appointment](#)

Search for a site

Enter your ZIP code to find a list of vaccination sites close to you.

You'll also be asked if this is your first shot.

Please enter your zip code to search for closest locations

Have you already received your first COVID-19 shot?

No

Yes

Search



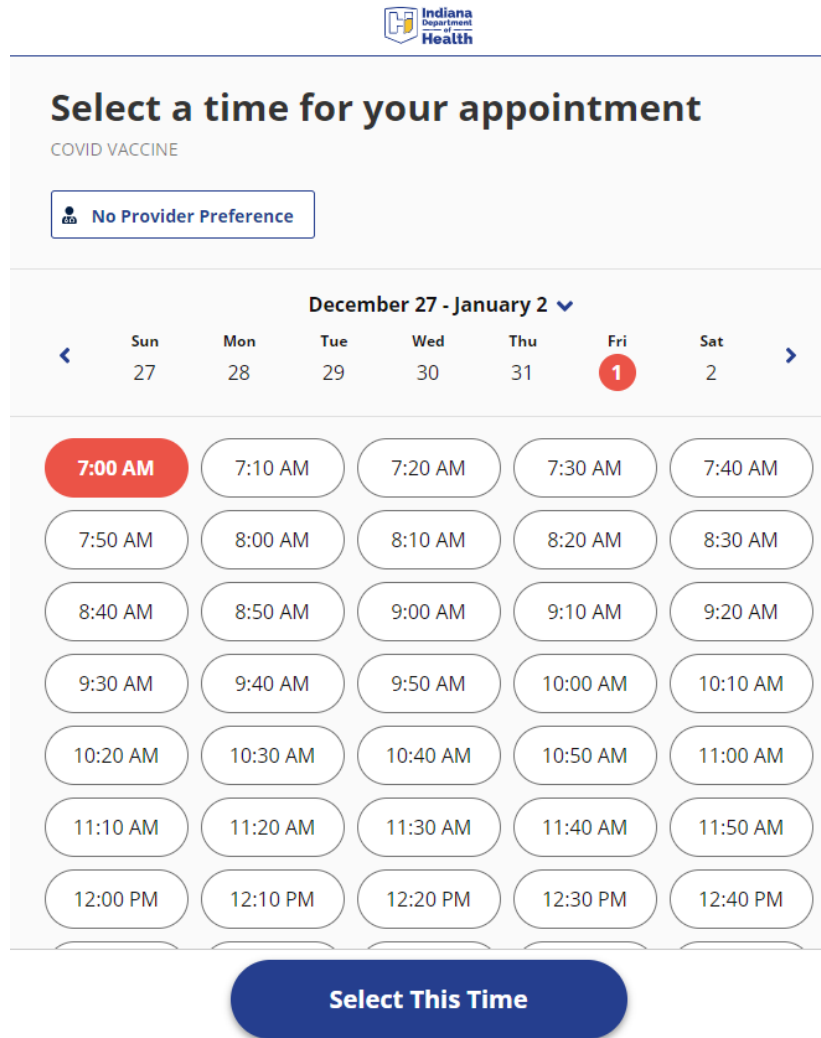
1. BAPTIST HEALTH FLOYD

1850 STATE ST
NEW ALBANY, IN 47150

[Schedule an Appointment](#)

Schedule your
appointment!

Choose your appointment



The screenshot shows the Indiana Department of Health's appointment selection interface. At the top, the Indiana Department of Health logo is visible. Below it, the heading "Select a time for your appointment" is displayed, followed by "COVID VACCINE". A button labeled "No Provider Preference" is present. A date range selector shows "December 27 - January 2" with a dropdown arrow. Below this is a calendar view for the week of December 27 to January 2, with Friday the 1st highlighted in red. A grid of time slots is shown, with "7:00 AM" selected and highlighted in red. At the bottom, a blue button labeled "Select This Time" is visible.

Indiana Department of Health

Select a time for your appointment

COVID VACCINE

No Provider Preference

December 27 - January 2

Sun 27 Mon 28 Tue 29 Wed 30 Thu 31 Fri 1 Sat 2

7:00 AM 7:10 AM 7:20 AM 7:30 AM 7:40 AM

7:50 AM 8:00 AM 8:10 AM 8:20 AM 8:30 AM

8:40 AM 8:50 AM 9:00 AM 9:10 AM 9:20 AM

9:30 AM 9:40 AM 9:50 AM 10:00 AM 10:10 AM

10:20 AM 10:30 AM 10:40 AM 10:50 AM 11:00 AM

11:10 AM 11:20 AM 11:30 AM 11:40 AM 11:50 AM

12:00 PM 12:10 PM 12:20 PM 12:30 PM 12:40 PM

Select This Time

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."

Patient Information



Who is this appointment for?

Enter the patient's information below

First Name

Patricia

Last Name

Test Will Cancel

Date of Birth

01 / 01 / 1970
MM / DD / YYYY

Sex

- Male
 Female

To your knowledge, are you now pregnant?

- Yes
 No

Contact Preference

- Email
 Text message and auto-dialed call

Email Address (Optional)

Mobile Phone Number

3172348167

Message and data rates may apply.

Use and Disclosure of Protected Health Information

(PHI) for Payment, Treatment and Health Operations:

- The Indiana State Department of Health is using your information as part of its public health emergency response activities.
- The Indiana State Department of Health may use PHI healthcare operations including, without limitation, in the following examples below:
 - Documenting and tracking COVID-19 vaccination throughout Indiana.
 - Providing training programs for students, trainee professional staff.
 - Providing required documentation to certifying licensing agencies.

Privacy Policy

THIS NOTICE DESCRIBES HOW YOUR INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET MORE INFORMATION.

Responsibilities of the Indiana State Department of Health

The Indiana State Department of Health is required to protect the privacy of your health information and to disclose your health information to you, payment for those operations provided on your behalf.

This agency is required to follow the privacy practices with respect to your health information through this Notice of Privacy Practices.

ways we may share your health information, ensuring that we use and disclose your health information as described in this Notice. This agency is required to follow the privacy practices with respect to your health information through this Notice of Privacy Practices. We do, however, change our privacy practices and the terms of the new Notice provisions effective for all health information we maintain. We also are required by law to notify you of any changes to our privacy practices that affect your unsecured protected health information.

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

Use and Disclosure of Protected Health Information

Disclosures of PHI may be made for the following purposes without patient authorization:

- Required by law;
- Required for public health activities (example: reporting positive test results for communicable diseases);
- Pursuant to a court order; or
- Related to specialized government activities, such as national security.

Your Rights Regarding Your Health Information:

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

- 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).

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

Complaints

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

Submit Patient Information

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



Confirm Your Appointment

Ready to confirm your appointment?
Review the details below

COVID VACCINE
Friday, January 01, 7:00 AM

Edit + Add services

Patient Name **Patricia Test Will Cancel**
Date of Birth **01/01/1970**
Phone **(317) 234-8167**

Edit

BAPTIST HEALTH FLOYD
1850 STATE ST
New Albany, IN 47150-4990

Confirm 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"

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!



Your appointment is confirmed!

Check in at the front desk in the clinic when you arrive. Please bring your ID and insurance cards with you to your appointment.

Register early to save time at check in and get estimates for your services.

[Continue to Registration](#)

COVID VACCINE

Friday, January 1, 7:00 AM

[Add to Calendar](#)

BAPTIST HEALTH FLOYD

1850 STATE ST
New Albany, IN 47150-4990

[Get Directions](#)



Select “Continue”

Begin Registration

a little bit more information about the patient before their appointment.

- ✓ *Schedule appointment*
- 2 Provide contact information and insurance**
- 3 Provide patient demographics
- 4 Describe your health habits
- 5 Sign consent forms

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.





Tell us more about the patient
Enter the required patient information below

Primary Street Address

Apt., Suite, Unit, Bldg., Floor, etc.

Zip Code

Indianapolis, IN
County


Would you like to add insurance for your medical appointment?

Primary Insurance
Secondary policies can be added later

Carrier

Policy Number


Group ID (if present)

Policy Holder

Add Secondary Insurance

Verify Your Information



 **Verify your demographic and insurance information**

Patient
Patricia Test Will Cancel

Date of Birth
01/01/1970

Sex
Female

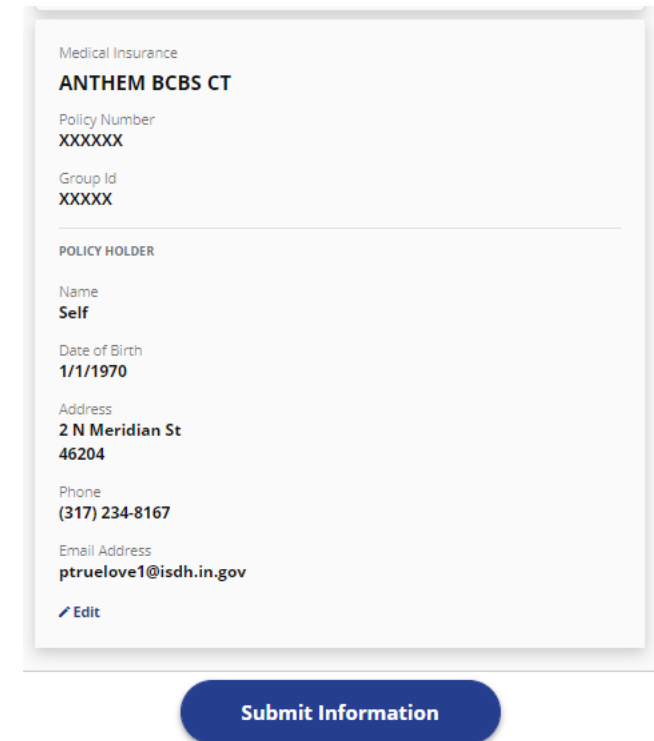
Address
**2 N Meridian St
Indianapolis, IN 46204**

Contact Mobile Phone
(317) 234-8167

Contact Email Address
ptruelove1@isdh.in.gov

[Edit](#)

- Verify Information
- Edit any information that is incorrect
- “Submit Information”



Medical Insurance
ANTHEM BCBS CT

Policy Number
XXXXXX

Group Id
XXXXX

POLICY HOLDER

Name
Self

Date of Birth
1/1/1970

Address
**2 N Meridian St
46204**

Phone
(317) 234-8167

Email Address
ptruelove1@isdh.in.gov

[Edit](#)

Submit Information

Input your employment information

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

Patient Demographics
We need a little more information about the patient before their appointment.

- Schedule appointment
- Provide contact information and insurance
- Provide patient demographics**
- Describe your health habits
- Sign consent forms

[Continue](#)

What is the patient's preferred language?

- English
- Spanish
- Prefer not to say
- Other

[Continue](#)

What is the patient's race?

- American Indian or Alaska Native
- Asian or Asian Indian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other race
- Prefer not to say

[Continue](#)

What is the patient's ethnicity?

- Hispanic or Latino/Spanish
- Not Hispanic or Latino
- Prefer not to say

[Continue](#)

Input your employment information

- ✓ Answer employment information
- ✓ Click "Submit"



Tell us about your employment

Who is your employer?

NA

Are you employed in the healthcare industry?

Yes

No

Unsure

Submit

Health Habits



Tell us about your health and lifestyle

The information you provide will help us better understand the virus and how it affects people.

- ✓ *Schedule appointment*
- ✓ *Provide contact information and insurance*
- ✓ *Provide patient demographics*
- 4 Describe your health habits**
- 5 *Sign consent forms*

Continue

✓ Select "Continue"

Have you ever had a serious reaction after receiving a vaccination?

Yes

No

✓ Input information

Add Risk Factor: Please check any that apply

- Obesity
- Over the age 65
- Diabetes
- Chronic Kidney Disease
- COPD
- Serious Heart Condition
- Sickle Cell Disease
- Other

Add reason for vaccination: Please check any that apply

- Health Care Worker
- Long Term Care Employee
- Long Term Care Resident

Submit

✓ Select "Submit"

Consents



Sign Consent Forms

Please review the statements on the following screens and check the boxes to indicate that you have received and understand.

- ✓ *Schedule appointment*
- ✓ *Provide contact information and insurance*
- ✓ *Provide patient demographics*
- ✓ *Describe your health habits*
- 5 **Sign consent forms**

Continue

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

PATIENT CONSENT FOR COVID-19 VACCINATION

Explanation of Vaccination:

Vaccination for SARS COVID-19 is an intramuscular injection. Intramuscular injections are administered at a 90 degree angle to the skin, preferably into the deltoid muscle of the upper arm. Risks associated with this vaccination include mild side effects, such as fever, injection site pain, headache, muscle aches and fatigue, and a small percentage may still be vulnerable even after receiving the vaccine. This vaccine will require two (2) doses to work, and you will need to return for the second dose within the recommended time frame. This vaccine is presently available under an Emergency Use Authorization (EUA) issued by the U.S. Food and Drug Administration (FDA).

PATIENT'S CONSENT

I, the undersigned, certify that I am at least eighteen (18) years of age, have been informed about the vaccine purpose, procedure, and risks, and I have elected to receive. I understand this vaccination may be subject to reporting to a health information exchange or an immunization registry, who may share my vaccination information with others, and to my health care providers, for treatment purposes or as otherwise permitted by law. I have had the opportunity to have all my questions addressed before receiving the vaccine. I voluntarily consent and agree to receive the vaccination for COVID-19.

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION:

I authorize the Indiana State Department of Health to disclose protected health information about me to my employer as described below:

Description of Information to be released: COVID-19 Vaccination Results

Purpose of Release: To ensure patient receives documentation of the COVID-19 vaccination.

Use and disclosure may be withdrawn: AUTHORIZATION: I understand that once the authorized information has been disclosed, it may not longer be protected by the HIPAA Privacy Rule. I understand that the covered entity seeking this authorization may not condition treatment, payment, enrollment in the health plan, or eligibility for benefits on whether I sign the authorization. I may revoke this authorization at any time, in writing, except to the extent that action has been taken in reliance on this request. Written revocation will be effective upon receipt by the Indiana State Department of Health at 2 N. Meridian St., Indianapolis, IN 46204. Without my express revocation, this request will automatically expire one hundred and eighty (180) days after the date of signature.

Accept

Decline

Continue

Consents



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.

Responsibility

The Indiana State Department of Health is responsible for the privacy of your health information. You, payment for operations provided.

This agency is responsible for privacy practice through this Notice. We may change our privacy practice through this Notice. We will maintain. We will maintain your unsecured

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

Use and Disclosure of Protected Health Information (PHI) for Payment, Treatment and Operations:

1. The Indiana State Department of Health is using your 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 administration of vaccinations.
 - b. Administering or assisting with the administration of SARS-CoV-2 vaccinations.
4. The Indiana State Department of Health may use PHI for payment purposes including, without limitation, below:
 - a. Billing for payment or reimbursement for SARS-CoV-2 vaccinations.

5. Certain PHI related to communicable diseases is confidential under Indiana law and any use or disclosure of that information is more restrict

Use and Disclosure of PHI Authorization is Not Required

Disclosures of PHI may be made by the Indiana State Department of Health without patient authorization when those disclosures are:

1. Required by law;
2. Required for public health activities (examining, testing, or otherwise monitoring for communicable diseases);
3. Pursuant to a court order; or
4. Related to specialized government activities for the protection of public health or safety.

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.

✓ Review Privacy Practices

✓ Select "Accept"

✓ Select "Continue"

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, or to request that we release it for reasons to honor your request if:

- a. The disclosure is for operations, but not for treatment or payment purposes;
- b. The protected health information is for a provider in full compliance with the applicable law.

6. You have the right to request and receive a copy of disclosures of your health information. You may request disclosures we made up to six years before your request. Prior to the effective date of this Notice. This includes the date of the disclosure, the name (and address) of the person or organization receiving the information, a description of the information disclosed and the date of disclosure. All requests for an accounting of disclosures made in writing. Please contact the Indiana State Department of Health Privacy Officer as described below to request an accounting of disclosures from the Department of Health Laboratories program, Response program, or any other program.

7. You have the right to request that we contact you regarding your personal health matters in a certain way or at a certain time. For example, you can request that we only contact you by e-mail. We will review and accommodate your request. To request a special method for us to contact you regarding your personal health information, you must call our Privacy Officer at the address or phone number in this notice 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



Please enter your name and relationship to the patient to acknowledge that you have reviewed and agreed the agreements presented to you. By signing this agreement electronically (rather than in hardcopy), my electronic signature will have the same legal effect as a handwritten signature.

Name

Patricia

Relationship to Patient

Patient

- I agree to participate in the COVID-19 vaccination and acknowledge the risks associated with it. I also understand how my medical information may be used and disclosed, and how I can get access to it as described on the previous page.

Sign Forms

You are done!!



The screenshot shows a confirmation page from the Indiana Department of Health. At the top, the department's logo is visible. The main heading is 'Registration Complete!' followed by a sub-message: 'Your information has been updated, and you're all set for your appointment.' A prominent blue button labeled 'Finish and Log Out' is centered. Below this, the appointment details are listed: 'COVID VACCINE' for 'KRISTINA BOX' on 'Friday, January 1, 7:10 AM'. There is an 'Add to Calendar' button and a price note: 'Price With Insurance: \$0.00'. Three more buttons are stacked: 'Revisit Patient Information', 'Revisit Patient Demographics', and 'Revisit Consent Forms'. At the bottom, the provider information is shown: 'BAPTIST HEALTH FLOYD' at '1850 STATE ST New Albany, IN 47150-4990', with a 'Get Directions' button. A footer note reads: 'Please call within 48 hours if you need to reschedule or cancel your appointment'.

Troubleshooting

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

A. Make sure you are using Firefox or Chrome on your computer or smartphone 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, even on your smartphone. It will not work in Internet Explorer/Edge (Microsoft Browsers). Please re-enter and re-try the scheduling link.

Need assistance?

Please call 211 if you need to cancel or reschedule your vaccination appointment due to an unexpected emergency.

