Important Event Forms – Quest Vaccination Events

Quest Flu Team Lead Document

Thank you for leading a vaccination event for TotalWellness in partnership with Quest Diagnostics. This packet includes paperwork needed for your event.

Forms to complete & return to TotalWellness

- Onsite Time Log
- Station Participant Log (3 are provided)
- Qscreen Reconciliation Form
- Time Extension Form (use if applicable)
- Post Event Summary (use if applicable)

Forms to use at the event

- Vaccine Information Statement (VIS)
  - Display at registration table, allow participants to take, 3 are provided
- Privacy Practices Notice (HIPAA)
  - Display at registration table
- Immunization Consent Form
  - To be used only if approved by Quest Provider Relations
  - One copy is included in case the site needs an original to duplicate
  - Return completed consent forms to TotalWellness

Forms for contractor reference

- Flu Event Overview
- Conduct & Professionalism Reminders
- Return Shipment Instructions
- Privacy Screen Assembly Instructions

Questions?

Contact **TotalWellness** at **888.434.4358** with questions about:

- Event assignments & expectations
- Event cancellations
- Shipments & supplies
- Day of event issues – running late, event flow, contractor conflict, etc.
- Invoice & payment

Contact **Quest Provider Relations** at **855.706.6495** with questions about:

- Updated site contact information needed
- Arrival issues – unable to locate entrance, site contact is not available, etc.
- QScreen assistance
  - Credentials, connectivity, functionality, reconciliation, post event survey, etc.
- Approval to use paper consent forms
- Completion of post-event call (if paper)

Flu Event Overview

Before the Event
- Review event details on the worksheet.
- Call or email the site contact to verify event address, arrival time, parking and access directions.
- Connect with secondary contractors, if applicable.
- Download event to Qscreen on the iPad (24-48 hours prior).

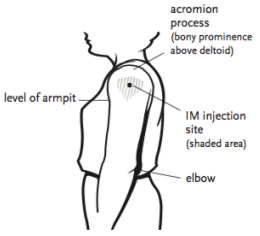
Receiving Shipments
- Upon receipt of supplies and vaccine:
  - Ensure quantities received match packing lists.
  - Verify vaccine temperature by reading the temperature indicators while inside the cooler.
- Refrigerate vaccine between 36°F – 46°F (2°C – 8°C).
  - Remove vaccine from cooler and store vaccine in a separate fridge or on a separate shelf.
  - Monitor vaccine temperature and record on the provided Vaccine Storage and Transport Log.

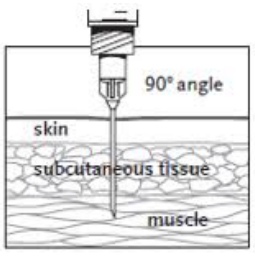
Transporting Vaccine and Supplies
- Take all supplies and vaccine with you to the event, using your packing list to determine quantities to bring.
- Keep vaccine properly cooled by transporting in a portable refrigerator or the provided Styrofoam cooler.
  - Pack vaccine as you received it – conditioned cold packs, barrier, vaccine and temperature indicators, barrier, conditioned cold packs, filler.
    - Condition cold packs by leaving at room temperature for 1-2 hours.
  - Keep vaccine in the cooler and monitor the temperature while at the event.

Event Arrival
- Introduce yourself to the site contact and set up your station(s).
  - Please do not have food or drink at your station. Clients expect events to be tobacco-free.
- If secondary staff haven't arrived or notified you within 15 minutes of the arrival time, call TotalWellness (TW) at 888.434.4358.

Event Paperwork and Qscreen
- Complete the Onsite Time Log.
- Review and sign the Standing Orders and Protocol.
- Log in to the Qscreen event on each iPad.
- Equip each station with a Station Participant Log.
  - Record each participant's name on the Station Participant Log, even when using the iPad.

Vaccine Administration
- Screen the participant:
  - Pull up the participant's information in Qscreen by locating their appointment or conducting a local or advanced search.
    - Follow the Qscreen job aid for detailed instructions on utilizing Qscreen.
  - Review the participant's Qscreen consent for completeness and eligibility.
- Apply the Rights of Medication Administration:
  - Right Participant (Patient); Right Vaccine (Drug); Right Dose (0.5mL), Right Route (of administration); Right Time; also, Right Site; Right Documentation.
- Prepare the flu shot:
  - Put on a pair of new, clean gloves (one on each hand) for every participant. Change gloves in between each participant.
  - Select a needle size that will reach deep into the muscle, but not so long to involve underlying nerves, blood vessels, or bone.
  - Use proper technique to attach a needle to a manufacturer-filled syringe.
    - Always use one needle, one syringe, only one time!
- Prepare the injection site:
  - Uncover the deltoid muscle (upper arm) and locate the center of the "upside-down triangle," 2-3 fingerbreadths (~2") below the acromion process.
    - *View the site indicated in the picture.*
  - Choose an injection site that is free of moles, bruising, scars, rashes, or visible blood vessels.
  - Wipe the site with a new alcohol pad and wait for the site to dry.
  - Ask the seated participant to get comfortable, sit still, and relax his or her arm.





- Inject the Vaccine:
  - Check syringe for correct dosage (0.5 mL), air bubbles, precipitate, freezing, discoloration, etc.
  - When the alcohol on the injection site has dried, isolate the muscle by stretching the skin taut between your thumb and forefinger to avoid injection into subcutaneous tissue. Another technique acceptable for participants with very small arms is to grasp the tissue and "bunch up" the muscle.
  - Introduce the needle at a 90-degree angle with a quick thrust and advance as necessary into the thickest part of the muscle tissue. Insertion should be quick, firm, and steady. Consider that you want to inject the vaccine right into the middle of the muscle tissue away from blood vessels, nerves, and bones. In people with little body fat and small muscles you might not need to advance the needle very far, while in individuals with very large arms you might need to advance the needle all the way to ensure you are injecting vaccine into muscle and not fat tissue. Take care not to advance all the way through the muscle.
  - Inject the vaccine and remove needle from the participant's arm.
  - Activate the needle safety feature and properly dispose of syringe and needle in the provided sharps container.
  - Use gauze and bandages. Instruct the participant to apply pressure to the site as necessary.

Important Note on Over-penetration and Shoulder Injury Related to Vaccine Administration (SIRVA).

SIRVA is thought to result from the unintentional injection of a vaccine into tissues and structures lying underneath the deltoid muscle. SIRVA could mean severe, persistent shoulder pain with prolonged restriction of function for a participant. It might include a diagnosis along the lines of bursitis, tendonitis, rotator cuff tear, frozen shoulder, impingement syndrome and/or adhesive capsulitis. It is a terrible outcome for individuals simply trying to protect themselves with a flu shot.

It is imperative that nurses inject vaccine into the correct site – **the very center of the deltoid muscle**. It is crucial to not only consider what appears from the outside to be the very center of the deltoid, but consider the inside as well. Not only do you want to avoid injecting too high, low, towards the back or front, but you do not want to go all the way through the muscle entirely (over-penetration).

Vaccine Documentation

- Record all requested information in the participant's Qscreen record on the iPad.
- Report incidents within Qscreen on the iPad and by calling TW at 888.434.4358.

Event Conclusion

- Clean up after the scheduled event end time once you've ensured all interested individuals have been vaccinated.
- Complete the post event survey on the iPad, within Qscreen, ensuring the number of participants recorded in Qscreen matches the number of participants listed on the station participant log(s) and the Qscreen reconciliation form.
- Enclose station participant log(s), Qscreen reconciliation form, event worksheet, onsite time log, signed standing orders and if applicable, time extension form and post event survey in the Confidential Envelope.
- Leave the location clean and orderly, remembering to take vaccine, supplies, paperwork, and biohazard waste with you.

Returning Shipments

- Return unused vaccine via FedEx Overnight. Include your Confidential Envelope of paperwork if it fits and only ship back on Mondays, Tuesdays, Wednesdays, and Thursdays.
  - Pack vaccine properly in the Styrofoam cooler before returning.
- Return unused supplies via FedEx Ground. Include Confidential Envelopes of paperwork that didn't fit with your vaccine.
- Keep iPad(s)/privacy screen(s) if you are Primary on an event using that equipment within 21 days of this event; otherwise return the equipment with your supplies.
- Drop off return shipments at a staffed facility that accepts FedEx shipments before the last pickup of the day.
- Return used sharps containers through USPS, using the provided dual box system.
- All paperwork and unused vaccine must be received by TW for contractor payments to be processed.

Frequently Asked Questions

Can I administer a flu shot to a pregnant woman?

Yes! Confirm verbally that her physician has approved the vaccine, then administer a preservative-free dose from a manufacturer-filled syringe.

Should I wear gloves during vaccine administration?

Yes! Wear two gloves (one on each hand) and change gloves between each participant.

Do I need to aspirate before administering a flu shot?

No, it is not necessary to aspirate before injecting flu vaccine.

Will epinephrine be available at my event in case of an emergency?

Yes, epinephrine will be available and should be utilized for emergency anaphylaxis.

What should I wear to the event?

Wear a solid black scrub top, solid black scrub pants, collared white lab coat, black close-toed shoes and a name sticker.

Conduct & Professionalism Reminders

Please review these key points so you know what clients expect at their onsite events. If you have any questions, don't hesitate to contact us.

Conduct Yourself Appropriately and Professionally

- Always put the participant first. When a participant arrives, ensure all side conversations stop and all attention is directed toward them.
- Interact with participants in a friendly, positive manner.
- Don't ask for or accept food, drinks, giveaways, prizes or anything else from the client.
- Don't participate in services or activities intended for participants.
- Provide services efficiently. Participants usually have appointments for specific durations, so it's important to keep to their schedule and respect their time.
- Maintain a warm, personable approach while keeping attention on the participant. Focus on their needs rather than sharing about yourself or your experiences.
- Keep conversations neutral and avoid controversial topics.
- Keep your cell phones, computers, tablets, earbuds, and all other personal devices turned off and tucked away.
- Keep food away from your workstation. Water is fine, but eating while working is not.
- Always maintain confidentiality. Avoid speaking personal information aloud.

Maintain Consistency with the TotalWellness Image

- Exude a healthy attitude while working our events. Please don't arrive at events while ill, smelling of smoke, or appearing unclean or disheveled.
- Alcohol, illegal drugs, and tobacco use, including smoking, vaping, or chewing aren't allowed at, immediately before, or immediately after client events. If you arrive at or work an event smelling of smoke or under the influence of drugs or alcohol you may be asked to leave and/or won't be scheduled for future events.
- Be familiar with event paperwork, client expectations, and clinical procedures before working an event. All documents can be found in the TotalWellness Scheduling System.

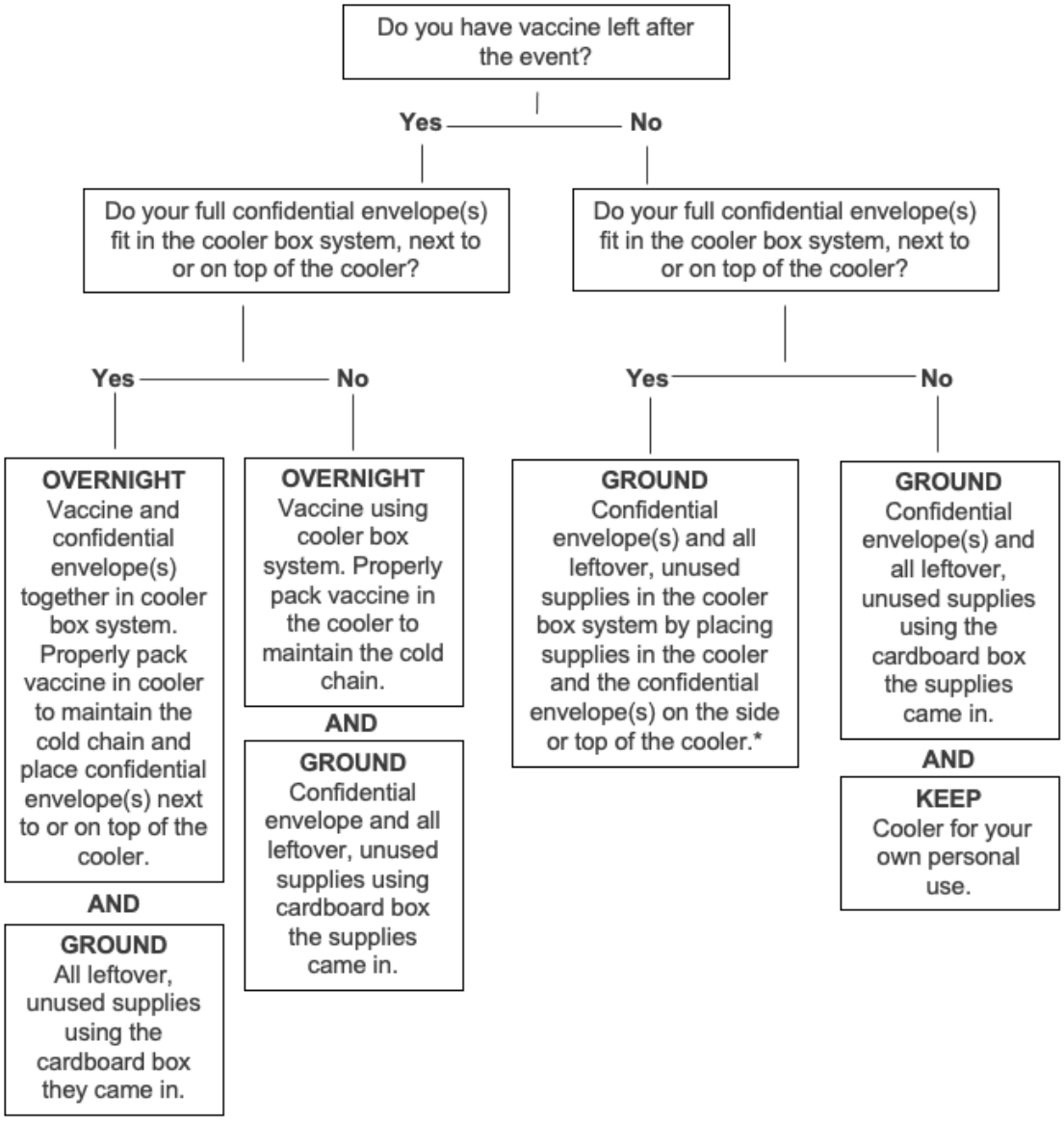
Be a Good Teammate

- Avoid taking unannounced breaks. If you need to take a break that isn't scheduled, communicate with your Primary Contractor to be sure your position is filled.
- Assist with event setup and cleanup at the direction of the Primary Contractor.
- The Primary Contractor serves as your onsite leader. Report any issues, changes, or concerns to them discreetly and in a confidential manner.
    - If you have feedback on the Primary Contractor let us know after the event at RNS@totalwellnesshealth.com or 888.434.4358 x1210.

We hope you enjoy working with us. We're glad you're here, and we appreciate the time and effort you put into helping us create healthier, happier workplaces!

Return Shipment Instructions

Utilize the workflow below to return vaccines, supplies, and paperwork after your last event for the week. Keep iPad(s) and privacy screen(s) if you are Primary for an event using that equipment within the next 21 days; otherwise, return the equipment with your supplies.



*When returning supplies in the cooler it is most important to return epinephrine kit(s), needles, cold packs, and unused sharps collection kit(s). If all supplies will not fit, gloves, band-aids, gauze, alcohol wipes, hand sanitizer, thermometers, transtrackers, and/or placemats can be kept until your next return shipment to TotalWellness.

Deposit return shipments at a staffed FedEx facility prior to their last pickup of the day. Do not call FedEx for pickup, and do not leave vaccine shipments at a facility after the last pickup. Find the nearest FedEx at www.fedex.com or call 1.800.GO.FEDEX. Never drop off return shipments in a FedEx drop box or leave on-site.

Ship vaccines only on **Mondays, Tuesdays, Wednesdays, and Thursdays**.

Drop off all used sharps collection kits at your local United States Post Office (USPS).

Privacy Screen Assembly Instructions

PORT-A-WALL

Port-A- Wall can be easily assembled by one person in less than 5 minutes with the 3 simple steps shown below.

ASSEMBLY INSTRUCTIONS

STEP 1

Install frame pieces as shown except for top pieces.

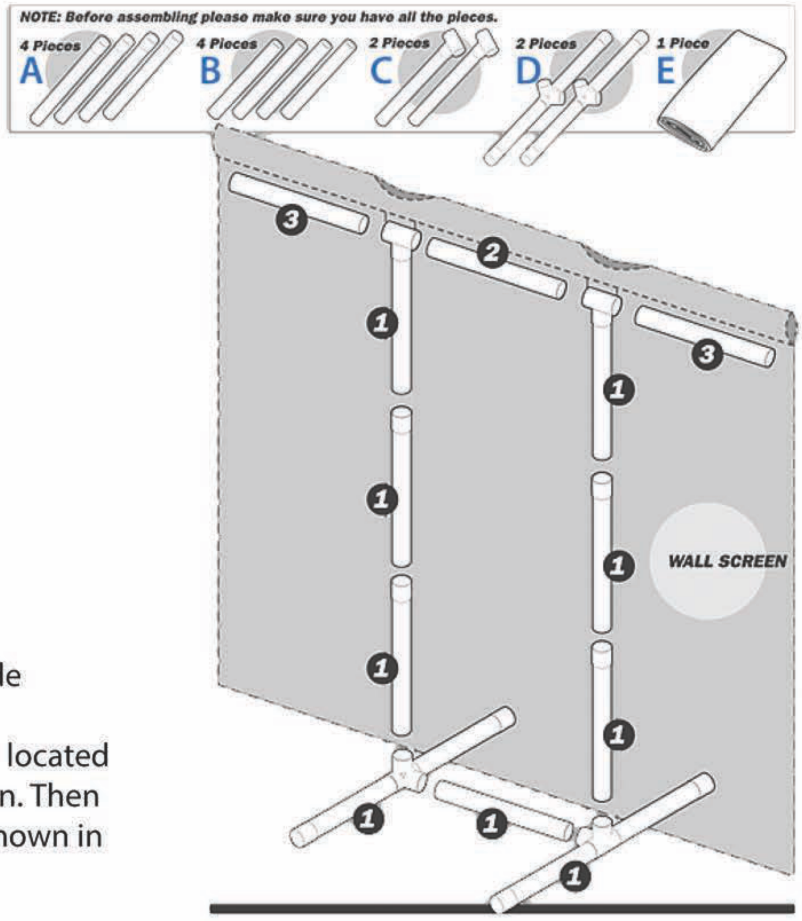
FRAME PIECES

STEP 2

Install through top center of wall screen before inserting in frame

STEP 3

Install side pieces through outside edge of wall screen before inserting into frame. Openings is located about 1 " below top of wall screen. Then lightly push pieces together as shown in diagram to THE RIGHT.



Immunization Consent Form

Participants must be 18 years of age or older to receive a vaccination

Quest Diagnostics
10101 Renner Blvd. Lenexa, KS 66219
888.240.0962

PLEASE ANSWER THE FOLLOWING QUESTIONS

If you provide a yes response to any of the questions below: Please see your health care provider for vaccination

1. Are you moderately or severely ill today? (e.g. fever, respiratory illness) _____ ☐ Yes ☐ No
2. Have you ever had an adverse reaction to a previous dose of influenza (flu) vaccine? _____ ☐ Yes ☐ No
3. Do you have any severe, life-threatening allergies? _____ ☐ Yes ☐ No
4. Have you ever had Guillain-Barre Syndrome? _____ ☐ Yes ☐ No

FIRST NAME | LAST NAME | MI

ARE YOU A(N) ☐ EMPLOYEE ☐ NON-EMPLOYEE

SELF-IDENTIFIED GENDER ☐ MALE ☐ FEMALE

DATE OF BIRTH** MONTH / DAY / YEAR

DAYTIME TELEPHONE NUMBER

STREET ADDRESS

CITY | STATE | ZIP CODE

ETHNICITY/RACE

☐ AMERICAN INDIAN ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ HISPANIC/LATINO ☐ NATIVE HAWAIIAN ☐ WHITE/CAUCASIAN ☐ OTHER: _____

PLEASE READ CAREFULLY

It is important that your primary care physician be notified of all vaccinations you have received. Keep this information for your records and provide a copy to your primary care physician. If your state requires reporting of vaccination to the health department, the vaccination you received today may be reported to your state's health department.

A copy of the current Vaccine Information Statement can be found on the Center for Disease Control website: cdc.gov/vaccines/hcp/vis
Quest Diagnostics Notice of Privacy Practices is available at QuestDiagnostics.com/our-company/privacy/

VIS NPP

I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Quest Diagnostics and of my rights with respect to my health information. I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information. A current copy of the Vaccine Information Statement published by the Center for Disease Control for the vaccine which I am about to receive was made available to me, and I have had the chance to ask questions. I understand that serious injury or death can result from any vaccination and in consideration of receiving the vaccination, voluntarily assume the risk of and accept full liability for any and all injuries and death which may occur as a result of my vaccination and request that the vaccine be given to me. I hereby release Quest Diagnostics, my insurance carrier, and any other organization(s) associated with these vaccines, their affiliates, directors, officers, employees, successors and assigns from any liability arising from or in any way connected with my receipt of the vaccines. Information provided on this consent form may be submitted to my insurance carrier to seek reimbursement for my immunization.

PARTICIPANT OR GUARDIAN SIGNATURE | DATE

If I am age 65 or older, I acknowledge the CDC's recommendation to receive a 65+ vaccine. If no 65+ vaccine is available to me, I agree to receive the standard thimerosal free vaccine.

PARTICIPANT INITIALS

FOR MEDICAL STAFF USE ONLY

**If 65+ vaccine is available, it can only be given to individuals age 65 and older

MANUFACTURER/PRODUCT NAME

/

NURSE'S NAME (PLEASE PRINT)

☐ RN ☐ LPN ☐ NP

NURSE'S SIGNATURE (INK ONLY)

DO NOT WRITE IN THIS AREA

INFLUENZA VACCINE ☐ THIMEROSAL FREE ☐ 65+

ARM ☐ RIGHT ☐ LEFT

ROUTE/SITE: Intramuscular

DOSE: 0.5 ml

VACCINE LOT NUMBER

EXPIRATION DATE MONTH / DAY / YEAR

QUEST EVENT ID

TODAY'S DATE MONTH / DAY / YEAR

TIME OF ADMINISTRATION : ☐ AM ☐ PM

NURSE'S LICENSE NUMBER

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

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1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. Women who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

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. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**.
- 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**.

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CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

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Your health care provider can give you more information.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

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. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**.
- 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**.

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.

Quest Diagnostics and its Affiliated Covered Entities (collectively "Quest Diagnostics") are committed to protecting the privacy of your identifiable health information. This information is known as "protected health information" or "PHI." Examples of documents that may contain your PHI include laboratory test orders, test results and invoices.

Our Responsibilities
Quest Diagnostics is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice of our legal duties and privacy practices upon request. It describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required to follow the terms of this Notice currently in effect. We are required to notify affected individuals in the event of a breach involving PHI that is unsecured. PHI is stored electronically and is subject to electronic disclosure. This Notice does not apply to certain services that we perform, such as some drugs of abuse testing services and insurance applicant services.

How We May Use or Disclose Your Health Information
We use your PHI for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed in this Notice, but all of our uses or disclosures of your PHI will fall into one of the categories listed below.

We need your authorization to use or disclose your PHI for any purpose not covered by one of the categories below. With limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI unless you have signed an authorization. You may revoke any authorization you sign at any time. If you revoke your authorization, we will no longer use or disclose your PHI except to the extent we have already taken action based on your authorization.

We may use and disclose your PHI for the following purposes:

Treatment
Quest Diagnostics provides laboratory testing for physicians and other healthcare professionals, and we use your PHI in our testing process. We disclose your PHI to authorized healthcare professionals who order tests or need access to your test results for treatment purposes. We may use and disclose PHI to contact you about our services, such as to remind you of an appointment or to return your specimen collection kit, notify you of the status of your laboratory testing, or to

tell you about our health-related products and services that may be of interest to you. Examples of other treatment-related purposes include disclosure to a pathologist to help interpret your test results or use of your PHI to contact you to obtain another specimen, if necessary.

Payment
Quest Diagnostics may use and disclose your PHI for purposes of billing and payment. For example, we may disclose your PHI to health plans or other payers to determine whether you are enrolled with the payer or eligible for health benefits or to obtain payment for our services. If you are insured under another person's health insurance policy (for example, parent, spouse, domestic partner or a former spouse), we may also send invoices to the subscriber whose policy covers your health services.

Healthcare Operations
Quest Diagnostics may use and disclose your PHI for activities necessary to support our healthcare operations. This includes functions such as performing quality checks on our testing, internal audits, arranging for legal services or developing reference ranges for our tests. It also includes, for example, the sale, transfer, merger, or consolidation of all or part of Quest Diagnostics with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to the transaction(s).

Business Associates
We may provide your PHI to other companies or individuals that need it to provide services to us. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. For example, our business associates may use your PHI to conduct billing, collections, imaging, courier, or record storage services on our behalf.

Individuals Involved in Your Care
We may disclose relevant PHI to a family member, friend, caregiver or other individual involved in your healthcare or payment for your healthcare, if you tell us that this is acceptable to you or you do not object; or if in our professional judgment, we believe that you do not object.

Substance Use Disorder (SUD) Records

If we receive substance use disorder records from a 42 CFR Part 2 program ("Part 2 Program") under a general consent for treatment, payment, or health care operations, we may use and disclose those records, and any associated laboratory results or reports, for those purposes as described in this Notice. If we receive such records under a specific consent or pursuant to a qualified service organization (QSO) agreement, we will use and disclose them, and any associated laboratory results or reports, only as permitted by that consent or QSO agreement. We will not use or disclose Part 2 records in legal proceedings against you without your consent or a court order with notice.

As Required by Law
We may use and disclose your PHI as required by law.

Law Enforcement Activities and Legal Proceedings
We may use and disclose your PHI if necessary to prevent or lessen a serious threat to your health and safety or that of another person. We may also provide PHI to law enforcement officials, for example, in response to a warrant, investigative demand or similar legal process, or for officials to identify or locate a suspect, fugitive, material witness, or missing person. We may disclose your PHI as required to comply with a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information.

Research
We may use or disclose PHI for research projects, such as studying how to diagnose or treat particular diseases. These research projects must go through a special process that protects the confidentiality of your medical information. We may also use or disclose PHI about deceased patients to researchers if certain requirements are met.

De-identified Information
We may use your PHI to create "de-identified" information, which means that we remove information that can be used to identify you. There are specific rules under the law about what type of information needs to be removed before information is considered de-identified. Once information has been de-identified as required by law, it is no longer PHI and we may use it for any lawful purpose.

Other Uses and Disclosures

As permitted by HIPAA, we may disclose your PHI to:

- Social Services Agencies
- Public Health Authorities
- The Food and Drug Administration
- Health Oversight Agencies
- Military Command Authorities
- National Security and Intelligence Organizations
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Workers Compensation Agents

We may also disclose PHI to those assisting in disaster relief efforts so that family or friends can be notified about your condition, status and location.

Incidental Uses and Disclosures
Sometimes, your PHI may be used or disclosed in the course of our primary uses and disclosures, such as for treatment, payment or healthcare operations. For example, we may call your name in the waiting room at one of our Patient Service Centers, or use it in a telephone conversation with a provider. We are permitted to make such incidental uses and disclosures as long as we take reasonable steps to minimize them, and have in place appropriate safeguards to protect them.

Note Regarding State Law
For all of the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law.

Your Patient Rights

Receive Test Information
You have the right to access your PHI. You may:

- Obtain your test results online or on your smartphone using our mobile app by visiting our MyQuest website and creating or accessing your account. You may also obtain billing information via that website; or
- Contact Customer Service at 866-MYQUEST (866-697-8378) to request your records; or
- Complete and submit a Patient Request to Access or to Disclose Protected Health Information (PHI) (Access Form) in English or Spanish to obtain your test results and other PHI (or request the form from our Customer Service team); or
- Submit a written request of your own to our Customer Service team to obtain your PHI (requests must be signed and include enough demographic and other information necessary for us to authenticate you and identify your records).

If your request for test information is denied, you may request that the denial be reviewed.

Amend Health Information
You may request amendments (changes) to your PHI by making a written request. However, we may deny the request in some cases (such as if we determine the PHI is accurate). If we deny your request to change your PHI, we will provide you with a written explanation of the reason for the denial and let you know about further actions you may take.

Accounting of Disclosures
You have the right to receive a list of certain disclosures of your PHI made by Quest Diagnostics in the past six years from the date of your written request. Under the law, this does not include disclosures made for treatment, payment, or healthcare operations or certain other purposes.

Request Restrictions
You may request that we agree to restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

Request Confidential Communications
You have the right to request that we send your health information by alternative means or to an alternative address, and we will accommodate reasonable requests.

Copy of this Notice
You have the right to obtain a paper copy of this Notice upon request.

How to Exercise Your Rights
You may write or send an email to us with your specific request. Please refer to the Contact Information below. Quest Diagnostics will consider your request and provide you a response.

Complaints/Questions/Contact Information
If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. Quest Diagnostics will not retaliate against any individual for filing a complaint. To file a complaint with us, or should you have any questions about this Notice, send an email to us at Privacy@QuestDiagnostics.com or write to us at the following address:

Quest Diagnostics
Attention: Privacy Officer
500 Plaza Drive
Secaucus, NJ 07094

You may also contact the Privacy Officer at (800) 222-0446, ext. 1020123.

Note
We reserve the right to amend the terms of this Notice to reflect changes in our privacy practices, and to make the new terms and practices applicable to all PHI that we maintain about you, including PHI created or received prior to the effective date of the Notice revision. Our Notice is displayed on our website and a copy is available upon request.

Non-Discrimination Notice

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Quest Diagnostics does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Quest Diagnostics:

- Provides reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, activities, services, or other benefits
- Provides language services free of charge to people whose primary language is not English, such as:

  -Qualified interpreters
- Provides aids and services free of charge to people with disabilities to communicate effectively with us, such as:

  -Auxiliary aids and services

  -Written information in other formats (audio, accessible electronic formats, other formats)

If you need these services, contact (844) 698-1022 or ask at a Quest Diagnostics Patient Service Center.

If you believe that Quest Diagnostics has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Quest Diagnostics
Civil Rights Coordinator
500 Plaza Drive
Secaucus, NJ 07094
(800) 420-7225
QuestExperience@questdiagnostics.com
You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Quest Diagnostics Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1 (844) 698-1022.

ATENCIÓN: si habla Español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (844) 698-1022.

注意：如果**您使用繁體中文**(Chinese), **您可以免費獲得語言援助服務。請致電** 1 (844) 698-1022。

ATTENTION : Si vous parlez Français(French), des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (844) 698-1022.

ATANSYON: Si w pale Kreyòl Ayisyen(French Creole), gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1 (844) 698-1022.
PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (844) 698-1022.

CHÚ Ý: Nếu bạn nói Tiếng Việt (Vietnamese), có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (844) 698-1022.

주의: 한국어(Korean)를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (844) 698-1022 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (844) 698-1022.

ملحوظة: إذا كنت تتحدث اذكر (Arabic) اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 (844) 698-1022.
ВНИМАНИЕ: Если вы говорите на Русском (Russian) языке, то вам доступны бесплатные услуги перевода. Звоните 1 (844) 698-1022.

ATTENZIONE: In caso la lingua parlata sia l'Italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1 (844) 698-1022.

ATENÇÃO: Se fala Português (Portuguese), encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1 (844) 698-1022.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1 (844) 698-1022 पर कॉल करें।

UWAGA: Jeżeli mówisz po Polsku (Polish), możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 (844) 698-1022.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援をご利用いただけます。1 (844) 698-1022 まで、お電話にてご連絡ください。

Effective: February 16, 2026

Station participant log

Contractor Name: _____ Date: _____

Quest Event ID: _____ Vaccine Lot No. _____

iPad Serial #: _____ Vaccine Expiration Date: _____

If high dose (65+) vaccine is given, please notate with a star next to the participants name

	Participant first name	Participant last name	R/L Arm
1			
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	Participant first name	Participant last name	R/L Arm
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Instructions for Contractor: Record the name and arm for each participant seen. Ensure names on document are kept confidential.

Station participant log

Contractor Name: _____ Date: _____

Quest Event ID: _____ Vaccine Lot No. _____

iPad Serial #: _____ Vaccine Expiration Date: _____

If high dose (65+) vaccine is given, please notate with a star next to the participants name

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	Participant first name	Participant last name	R/L Arm
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Station participant log

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	Participant first name	Participant last name	R/L Arm
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Instructions for Contractor: Record the name and arm for each participant seen. Ensure names on document are kept confidential.

Qscreen flu post event reconciliation

Quest Event ID:	Client name:	Event date:
Event city:	Event state:	Primary Contractor:

Reconciliation process:

1) To complete this form, each contractor must bring their iPad and Station Participant Log to the Primary Contractor to reconcile.
2) In the Qscreen app, tap on **Log Out**, then tap **Complete Event**, make sure there are **0** pending uploads.
   a) If there are pending uploads, tap the sync icon in the left corner.
3) Document total participants vaccinated from the Qscreen app, and the total number of participants vaccinated from the Station Participant Log; **these numbers should match!**
4) Complete this process for each contractor and iPad used.
5) Total all participants vaccinated from the Station Participant Logs and iPads.
   a) If these numbers do not match, please contact **Provider Relations 1.866.706.6495** immediately**.**
6) **IMPORTANT:** Complete the **Team Lead Survey** on one iPad

Total participants vaccinated:	iPad total vaccinated:

iPad #1 Contractor name:_____ iPad SN:_____ Total participants vaccinated:_____	iPad #2 Contractor name:_____ iPad SN:_____ Total participants vaccinated:_____
iPad #3 Contractor name:_____ iPad SN:_____ Total participants vaccinated:_____	iPad #4 Contractor name:_____ iPad SN:_____ Total participants vaccinated:_____
iPad #5 Contractor name:_____ iPad SN:_____ Total participants vaccinated:_____	iPad #6 Contractor name:_____ iPad SN:_____ Total participants vaccinated:_____

TotalWellness Onsite Time Log

Event ID: _____ Date: _____ Primary Contractor: _____

By signing below, you acknowledge that you understand client expectations, will act professionally, and have reported your time accurately. In addition to signing below, **you must complete an ONLINE invoice via the TW Scheduling System to be paid.**

Primary Contractors: List all assigned contractors *including* yourself, agency staff, and no show/cancellations. Additional lines on back.

PRINT NAME (legibly)	TIME IN	BREAK TIME (in minutes)	TIME OUT	SIGNATURE	LATE	LEFT EARLY	NO SHOW/ CANCELLED

*Be aware of time and send agency and secondary contractors home by the scheduled event end time. If the event has spanned 4 or more hours and you need to send contractors home early, send agency staff home first. If the event has spanned less than 4 hours and you need to send contractors home ask for volunteers.
**Make sure agency timecards are completely filled out before signing. If possible, send copies of agency timecards to TotalWellness with the onsite time log.

Please complete the following questions

1. Did the event start on time? Y N If no, why? _____

2. Did the event end on time? Y N If no, why? _____

3. Was a Time Extension Form completed? Y N N/A

If you or any contractors remain at the event past the scheduled event end time because the client asked you to stay or because a participant arrived after the scheduled event end time you *must* complete a Time Extension Form to be paid for the additional time.

4. Were all services offered during the entire event? Y N If no, why? _____

5. Please list the following quantities for this event:

Vaccine doses: Received: _____ Used: _____ Wasted: _____ Returning: _____

If doses were wasted, why? _____

6. Please list (as accurately as possible) times for the following:

Last participant arrival time: _____ Amount of time spent cleaning up site: _____

Last participant finish time: _____ Time primary contractor left site: _____

By signing below, you acknowledge that you understand client expectations, will act professionally, and have reported your time accurately. In addition to signing below, **you must complete an ONLINE invoice via the TW Scheduling System to be paid.**

PRINT NAME (legibly)	TIME IN	BREAK TIME (in minutes)	TIME OUT	SIGNATURE	LATE	LEFT EARLY	NO SHOW/ CANCELLED

Time Extension Form

Return completed form to TotalWellness.

Contractor Instructions

Complete this form when:

- **The client asks you to stay late.**
- **A participant arrives after the scheduled event end time.**

If you stay longer than 30 minutes, you must receive approval.

- **Call Quest Provider Relations at 855-706-6495 for approval.**

Event Date: _____ Event ID #: _____

Client/Company Name: _____

Contractor Name(s): _____

_____

_____

Reason for Time Extension: _____

_____

_____

_____

_____

Last Participant Arrival Time: _____ Last Participant Finish Time: _____

Company listed above has requested that the contractors listed stay an additional _____ hour(s) beyond the originally scheduled event time. The contractors agreed to stay the extra time.

Event Extension Approved by:_____

- List name of Quest Provider Relations contact who approved extension.
- Required if extension is for more than 30 minutes.

TotalWellness Primary Contractor Signature: _____

Post Event Summary

Event Summary must be completed on the ipad or phoned in to (855) 706-6495 within 2 hours of the event completion. If there were any other issues not listed below, please call Provider Relations at (855) 706-6495. Return completed form to TotalWellness.

Client Name:	**Event Date:**	**Quest Event ID:** **TW Event ID:**
How many total participants were vaccinated? How many received the standard dose? How many received the high dose (65+)?	How many vaccinated did not have an appointment?	
Were there any missing providers? ❑ YES ❑ NO	If yes, provide name(s) of the missing provider(s):	
Were there any late providers? ❑ YES ❑ NO	If yes, provide name(s) of the late provider(s) and their arrival time:	
Did any providers leave early without approval? ❑ YES ❑ NO	If yes, provide name(s) of provider(s) who left early and their departure time:	
Did any scheduled participant wait longer than 15 mins? ❑ YES ❑ NO	If yes, why?	
Were there enough supplies available? ❑ YES ❑ NO	If no, why?	
Did the event start on time? ❑ YES ❑ NO	If no, why?	
Did the event end on time? ❑ YES ❑ NO	If no, why?	
Was your vaccine maintained at the optimal temperature during storage and transport to the event? ❑ YES ❑ NO	If no, was the temperature indicator activated? ❑ YES ❑ NO	
Was EPI administered onsite? ❑ YES ❑ NO	If yes, why?	
Was 911 called and incident report filled out? ❑ YES ❑ NO	If no, why not?	
Tracking # for any paperwork return:		
Any other issues?		

Provider Confirmation Detail - Record this information after making your Post Event Summary Call
PR Rep Name: _____ Date Completed: _____ Time Completed: _____am/pm