

Sample Care Coordination Agreement: Immunization Referrals



General: For All Patients

Referring Practice Agrees to:

- Prepare patient for their immunization referral
 - Patient/family made aware of and in agreement with reason for referral, which immunizations are recommended, and selection of immunizing site
 - Patient provided with information to prepare for their immunization
- Provide appropriate and adequate information
 - Demographic and insurance information
 - List of recommended vaccines (include vaccine type, dose information)
 - Allergies and/or contraindications
 - Additional information that is essential for effective patient engagement:
 - Patient's vaccine deliberation status
 - Preference for vaccine administration site (for example, left/right arm)
 - Patient's preferred language
 - Other comments
- Provide immunizing practice with direct contact information for additional information or urgent matters
- Contact the patient, if deemed appropriate, when notified by immunizing practice of failure to keep appointment

Immunizing Practice Agrees to:

- Indicate acceptance of vaccine referral
- Refer follow-up of any secondary diagnoses or issues back to referring practice for handling unless directly related to vaccine administration
- Notify referring practice of no-shows and cancellations
- Notify referring practice of vaccines administered, including vaccine type, administration date, dose, etc. (indicate method of documentation: EMR state immunization registry patient's vaccination card fax to practice other: _____)
- Notify referring practice of any significant adverse reactions