

Date: October 8, 2021
To: Residents, Families, and Friends
From: Gustave (Gus) Keach-Longo, President/CEO

RE: **COVID-19 Update**

COVID-19 Vaccine Booster Shot Clinic Scheduled for October 20th

We just completed our planning meeting with Walgreens and I wanted to share the following information with you regarding the Wednesday, October 20 COVID booster and flu shot clinic. In order to maintain a supply of Pfizer COVID boosters for both their stores and their community clinics, Walgreens is having to be more concise in their registration process. This means having a different registration system for our clinic than we did this past winter. What does this mean for you?

Residents

Towers' staff will register residents with Walgreens. However, by Friday, October 8, please call 203-772-1816 x101 and leave a message with your name, apartment number and if you want both the COVID booster **and** flu shot, only want the flu shot **or** only want the COVID booster.

If you have a conservator, they have already been contacted by your Resident Services Coordinator (RSC).

After leaving the message you will not receive a call back. If you have any questions please contact your RSC.

Please note: Booster shots can only be given 6 months after the 2nd COVID shot. If you received your 2nd COVID shot after April 20, 2021, you cannot receive your booster on October 20th. (As a reminder, The Towers' COVID vaccination clinics were held in February).

Booster shots **have not been approved** for those who received the Moderna or the Johnson and Johnson vaccine. There is no clear direction about mixing shots from different manufacturers. Therefore, we are staying with Pfizer shots and will only be offering shots to individuals who have received Pfizer prior.

COVID BOOSTER AND FLU SHOT - Wednesday, October 20 - Residents

Immunizers will be on the floors beginning at approximately 8:30 am. They will provide residents with either the COVID booster, flu shot or both, depending on what you and/or your conservator approved.

Your vaccination card will be updated to reflect the date of the booster shot. Towers staff will keep the updated vaccination cards, make a copy for our files and return them to you within 2 weeks.

COVID BOOSTER AND FLU SHOT - Wednesday, October 20 – Team Members, Caregivers, Family Caregivers

REGISTRATION FOR THE COVID BOOSTER NEEDS TO BE COMPLETED BY WEDNESDAY, OCTOBER 13.

As stated above, the Walgreens registration system has changed for this immunization clinic. They will **ONLY** provide COVID booster shots for those who have pre-registered.

If you ONLY want the flu shot, you DO NOT have to pre-register - you will fill out a paper consent form on-site.

How can you register COVID booster shot?

Go to the Walgreens website using the following link and fill out their registration form. They **WILL NOT** provide anyone with a booster if they haven't registered before coming to The Towers.

If you have any questions or problems with using their registration portal, please contact Walgreens' website customer service department at 1-877-250-5823. Towers' staff will not be able to help with this process as this is a Walgreens-specific portal.

Portal Link for Computers:

<https://vaccine.walgreens.com//patient-registration/agreement?orgId=fbdbd7c0-367b-474d-ac47-7eb79a0251ca>

QR Code for Cell Phone Registration:



FOR FURTHER REGISTRATION INSTRUCTIONS, PLEASE SEE THE INFORMATION AT THE END OF THIS MEMO.

Immunizers will be in the Towers' Dining Room for team members, caregivers and family members beginning at approximately 8:30 am and will be there until 6:00 pm. Please allow yourself at least an hour, which will include 15 minutes to be observed by the Walgreens team after your shot(s) are given.



18 Tower Lane
New Haven, CT 06519
Tel (203) 772-1816
Fax (203) 777-5921
www.towerone.org

Booster Shot Mandate at The Towers (October 31st)

To reiterate The Towers' policy, anyone employed by The Towers or employed by an organization doing business with The Towers is now mandated to receive the Pfizer booster shot unless there is a medical or religious exemption on file; the deadline for this is October 31st. The Influenza (Flu) shot is highly recommended, but is considered optional.

Moderna or Johnson and Johnson

Anyone who has received the Moderna or Johnson and Johnson shots will not be required to receive a booster shot at this time. Once either of those shots are approved for the boosters, we will send out a notice mandating the booster of those shots by a set date. As more information is available, we will update you.

Staying Safe, Staying Strong, Staying Connected—Gus

Online Booster Registration

When you scan the QR code or access the webpage, you will be brought to the booster registration process.
<https://vaccine.walgreens.com//patient-registration/agreement?orgId=fbdbd7c0-367b-474d-ac47-7eb79a0251ca>

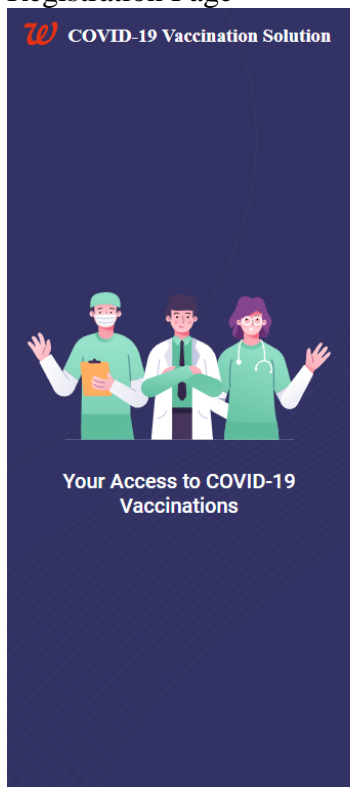
Invitation QR code:



This will bring you to the: Covid-19 Vaccination Pre-Screening Questionnaire

- Read, Check “I agree” box
- Click “Continue” button

Registration Page



Register by filling out the form below

The information submitted here will help you get an appointment and allow us to get in touch with you when one is available.

- I certify that I am at least 18 years of age, or the parent or legal guardian of the minor patient. *
- I understand that the information I provide here will be used to determine my eligibility for receiving the COVID-19 vaccination. I give my consent to share my information that I provide here as needed with a licensed healthcare provider administering the vaccine, Walgreens, and its contractors to provide me with COVID-19 vaccination services. *
- I have read and reviewed the Walgreens Notice of Privacy Practices attached: *
 - Walgreens Notice of Privacy Practices (English Version)
 - Walgreens Notice of Privacy Practices (Spanish Version)

Account Information

NOTE: If you are the parent / legal guardian, and are registering on behalf of your child, you must first create an account and then use "add a family member" to register your child.

E-Mail Address *

Please enter a valid email address
(janedoe@example.com)

Confirm E-Mail Address *

Please re-enter the email address to confirm

Password *

Confirm Password *

You will be asked for your email address, to create a password, and then some personal information to build your account.

There is a question about patient type – Resident or Staff? (if you don't live here, you count as “staff” (employee, 3rd party partner, Home health aide, family care giver, etc.)

The next section down is for your insurance information (or an option if you do not have insurance).

The next section is for Doctor information (optional)

And then finally two demographic questions.

When you have filled out all of that page – click on the “Submit” button.



Patient Type: Staff Resident

Insurance Information ^

The COVID-19 vaccine is available to the public at no cost. There is no out-of-pocket expense, co-pay, or deductible charged to you. If you do have health insurance, please provide that information below.

Do you have health coverage? *

Doctor Information (Optional) v

Demographics Information

These questions help us better understand our patients. Your answers will not in any way affect your eligibility to receive a vaccine.

Race * Ethnicity *

Please choose your race Please choose your ethnicity

Submit

It will ask you to verify your address.
 Then you will get to the scheduling pages

Current Vaccination Status : VACCINATION (ROUND 3) - INVITED

Schedule Your Appointment for Vaccination (ROUND 3)
 You are invited to book your appointment. Schedule Appointment


<ul style="list-style-type: none"> ✓ Registration ✓ Vaccination (ROUND 3) ✓ Vaccination FLU 	<p>October 07, 2021</p> <hr/> <hr/> <hr/>	<p>Completed</p> <hr/> <hr/> <hr/>	<p>v</p> <hr/> <hr/> <hr/>
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Click on the “Schedule Appointment” button
 You will be brought to a page where you can choose your appointment time.

Select Date

Wednesday
Oct 20, 2021

Select Your Time Slot

 **10.20 The Towers at Tower Lane- ALF-NEW HAVEN, 18 TOWER LANE, NEW HAVEN**
40 appointments available for Covid-19 - Pfizer
All Timings in Clinic Timezone - EDT

8:00 AM 8:15 AM 8:30 AM
 8:45 AM 9:00 AM

Choose an appropriate time, and click “Schedule Appointment”
A pop-up will prompt you to schedule a Flu Shot at the same time.





vaccine.walgreens.com says

You seem to have a Vaccination FLU available as well that you can take along with this. Do you wish to book for it as well at the same time and same location?

Click OK or cancel as appropriate.
You will get a confirmation

Appointment Confirmed

Your appointment schedule at 10.20 The Towers at Tower Lane- ALF-NEW HAVEN, 18 TOWER LANE, NEW HAVEN


Site Name :  10.20 The Towers at Tower Lane- ALF-NEW HAVEN, 18 TOWER LANE, NEW HAVEN
Date :  Wednesday Oct 20, 2021
Time EDT :  8:00 AM
Vaccine Type :  Vaccination FLU & Vaccination (ROUND 3)

Click “Close”
You will come to a vaccination status page
Click on the “Fill Consent” button

COVID-19 Vaccination Solution

Current Vaccination Status : **VACCINATION (ROUND 3) & VACCINATION FLU - SCHEDULED**

Appointment Status


<p>SITE NAME 10.20 The Towers at Tower Lane- ALF-NEW HAVEN 18 TOWER LANE, NEW HAVEN, CT, 06519</p>	<p>APPOINTMENT TIME / TIMEZONE 8:00 AM / ET</p>	
<p>VACCINE TYPE Vaccination (ROUND 3) & Vaccination FLU</p>	<p>APPOINTMENT ID [REDACTED]</p>	

Instructions

- ✔ Complete your profile
Complete your profile before your appointment for faster check-in
- ✔ Please bring your ID
- ✔ Please arrive 15 minutes before your scheduled appointment.

Fill out your vaccination consent Fill Consent

Take Your COVID-19 Vaccination Day-Of Assessment Complete Assessment



Map Satellite

Google Maps

Re-Schedule Appointment

Cancel Appointment

On the consent page – double check your information – read the Patient Consent Paragraph, click the “I certify” box, and the “Terms and Conditions” box, print and “sign” – then click “update”.

Patient Consent

I certify that I am:

(a) the patient and at least 18 years of age; (b) the legal guardian of the patient; or (c) a person authorized to consent on behalf of the patient where the patient is not otherwise competent or unable to consent for themselves. Further, I hereby give my consent to Walgreens or Duane Reade and the licensed healthcare professional administering the vaccine, as applicable (each an “applicable Provider”), to administer the vaccine(s) I have requested above. I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine(s) and have received, read and/or had explained to me the EUA Fact Sheet on the vaccine(s) I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. Further, I acknowledge that I have been advised that the patient should remain near the vaccination location for observation for approximately 15 minutes after administration. On behalf of the patient, the patient’s heirs and personal representatives, I hereby release and hold harmless each applicable Provider, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed above. I acknowledge that: (a) I understand the purposes/benefits of my state’s vaccination registry (“State Registry”) and my state’s health information exchange (“State HIE”); and (b) the applicable Provider may disclose my vaccination information to the State Registry, to the State HIE, or through the State HIE to the State Registry, or to any state or federal governmental agencies or authorities (“Government Agencies”), such as state, county, or local Departments of Health or the federal Department of Health and Human Services, the Centers for Disease Control and Prevention, or their respective designees as may be required by law, for purposes of public health reporting, or to my healthcare providers enrolled in the State Registry and/or State HIE for purposes of care coordination. I acknowledge that, depending upon my state’s law, I may prevent, by using a state-approved opt-out form or, as permitted by my state law, an opt-out form (“Opt-Out Form”) furnished by the applicable Provider: (a) the disclosure of my vaccination information by the applicable Provider to the State HIE and/or State Registry; or (b) the State HIE and/or State Registry from sharing my vaccination information with any of my other healthcare providers enrolled in the State Registry and/or State HIE. The applicable Provider will, if my state permits, provide me with an Opt-Out Form. I understand that, depending on my state’s law, I may need to specifically consent, and, to the extent required by my state’s law, by signing below, I hereby do consent to the applicable Provider reporting my vaccination information to the Government Agencies, State HIE, or through the State HIE and/or State Registry to the entities and for the purposes described in this Informed Consent form. Unless I provide the applicable Provider with a signed Opt-Out Form, I understand that my consent will remain in effect until I withdraw my permission and that I may withdraw my consent by providing a completed Opt-Out Form to the applicable Provider and/or my State HIE, as applicable. I understand that even if I do not consent or if I withdraw my consent, my state’s laws or federal law may permit certain disclosures of my vaccination information to or through the State HIE or to Government Agencies as required or permitted by law. I further authorize the applicable Provider to: (a) release my medical or other information, including any communicable disease (including HIV), and mental health information, to, or through, the State HIE or Government Agencies to my healthcare professionals, Medicare, Medicaid, or other third-party payer as necessary to effectuate care or payment; (b) submit a claim to my insurer for the above requested items and services; and (c) request payment of authorized benefits be made on my behalf to the applicable Provider with respect to the above requested items and services. I further agree to be fully financially responsible for any cost-sharing amounts, including copays, coinsurance and deductibles, for the requested items and services, as well as for any requested items and services not covered by my insurance benefits. I understand that any payment for which I am financially responsible is due at the time of service or, if the applicable Provider invoices me after the time of service, upon receipt of such invoice. Walgreens or its affiliates may contact you, including by autodialed and prerecorded calls and texts, at any time, using the contact information provided in your patient record regarding health and safety matters, such as vaccine reminders, regardless of whether you have opted out of being contacted.

Name *

Please type your full legal name

Please type your full legal name

Signature *

Please type your signature to certify your consent

Please type your signature to certify your consent

By continuing, you agree to Walgreens’ Terms and Conditions *

Cancel

Update



18 Tower Lane
New Haven, CT 06519
Tel (203) 772-1816
Fax (203) 777-5921
www.towerone.org

You will be asked to verify your address again.

You are registered and ready for the Booster Shot Clinic at The Towers at Tower Lane.