

## Genesis Pediatrics Immunization Schedule Ages Birth - 5 Years Old

Vaccine	Birth	1m	2m	4m	6m	9m	12m	15m	18m	2y	4 - 5y
<b>Hepatitis B</b>	<b>X</b>	<b>X</b>				<b>X</b>					
<b>Pentacel</b> (DTaP/IPV/HiB)			<b>X</b>	<b>X</b>	<b>X</b>				<b>X</b>		
<b>Prevnar 13</b> (Strep pneumoniae)			<b>X</b>	<b>X</b>	<b>X</b>			<b>X</b>			
<b>Rotateq (oral)</b> (Rotavirus vaccine)			<b>X</b>	<b>X</b>	<b>X</b>						
<b>MMR</b> (Measles,Mumps,Rubella)							<b>X</b>				
<b>Varivax</b> (Chickenpox)							<b>X</b>				
<b>ProQuad</b> (MMR & Chickenpox)											<b>X</b>
<b>Hepatitis A</b>								<b>X</b>		<b>X</b>	
<b>Quadracel</b> DTaP & IPV											<b>X</b>
<b>Influenza</b>					<b>X &amp; Yearly ...</b>						
<b>Pneumovax</b> (Only if needed)										<b>X</b> or older - 1 dose	
<b>Lead Testing</b>							<b>X</b>	Screen	Screen	<b>X</b>	Screen

## Genesis Pediatrics Immunization & Screening Schedule Ages 6 Years Old - 21 Years Old

Vaccine	6-8 yr	9-10yr	10-11yr	12yr	13yr	14yr	15yr	16yr	17yr/ 12th gr	18yr +
<b>Influenza</b>	<b>X &amp; Yearly ...</b>									
<b>Tdap</b> (Tetanus/Diphtheria/ Pertussis booster)			<b>X</b>							
<b>Menactra</b> (Meningitis Vaccine)			<b>X</b>					<b>X</b>		
<b>Gardasil</b> (HPV vaccine) 14 & under		<b>X</b> **2nd dose given 6 mo after 1st dose**								
<b>Gardasil</b> (HPV vaccine) 15 and over							<b>X</b>	Dose #1 to Dose #2 - at least 2 months Dose #2 to Dose #3 - at least 4 months **AT LEAST 6 months from Dose #1 to Dose #3**		
<b>Trumenba</b> (Meningitis B)								Dose 1 Dose 2		
<b>Urine Screening</b> (Female)								<b>X &amp; Yearly ...</b>		
<b>Cholesterol Screening</b>			<b>X</b> Baseline	← Repeat as needed →						



## Welcome to the New York State Smokers' Quitline

*"I actually set the date and got the patch.  
It was like taking that next step not just talking about it."*



The Quitline is a free and confidential program providing evidence-based stop smoking services to New York State residents who want to stop smoking or using other forms of tobacco.

The Quitline is located at Roswell Park Cancer Institute and is supported through the New York State Department of Health.

### Quitline Services

#### Cessation Coaching

- Cessation coaching calls
- Pre-recorded information and tips
- Motivational messages
- Online information
- Online Chats



#### Free (NRT) Nicotine Replacement Therapy

- Free NRT starter kits
- Online NRT ordering



#### Enhanced Services

- Additional coaching calls and NRT for uninsured and Medicaid clients

#### Easy Referral Programs

- Fax-to-Quit referrals
- Online referral and referrals for free NRT
- Direct referrals



### Bilingual Services

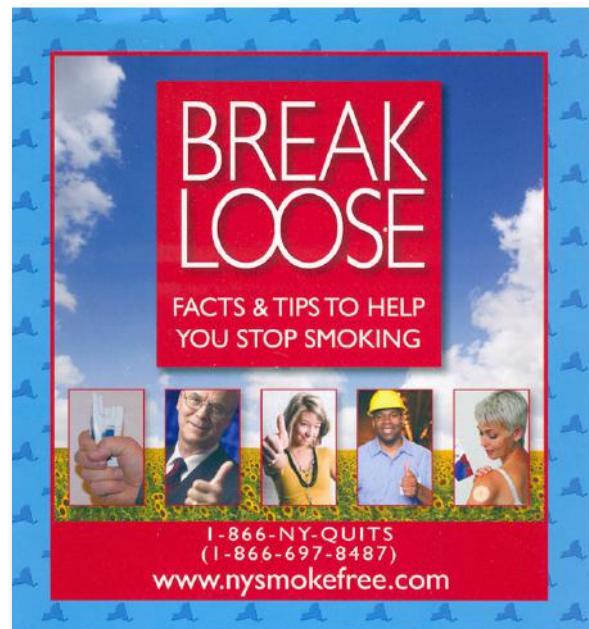
The Quitline provides services for English, Spanish speaking clients, and in other languages upon request.

### Tobacco Related Services

The Quitline also provides tobacco-related services to a variety of other callers, including friends and family of smokers, health educators, businesses, parents and students looking for information.

### Visit us on the web

[www.nysmokefree.com](http://www.nysmokefree.com) provides information and tools to help NY State residents quit smoking.



Live Coaching Support: Monday -Wednesday 9am - 12am, Thursday – Friday 9am – 9pm

Saturday & Sunday 9am - 1pm

Taped Message Library and Tip of the Day - 24 hours / 7 days

**1-866-NY-QUITS (1-866-697-8487) • [www.nysmokefree.com](http://www.nysmokefree.com)**

# HPV (Human Papillomavirus) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

HPV (Human papillomavirus) vaccine can prevent infection with some types of human papillomavirus.

HPV infections can cause certain types of cancers including:

- cervical, vaginal and vulvar cancers in women,
- penile cancer in men, and
- anal cancers in both men and women.

HPV vaccine prevents infection from the HPV types that cause over 90% of these cancers.

HPV is spread through intimate skin-to-skin or sexual contact. HPV infections are so common that nearly all men and women will get at least one type of HPV at some time in their lives.

Most HPV infections go away by themselves within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life.

## 2 HPV vaccine

HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years, and as late as age 45 years.

Most people older than 26 years will not benefit from HPV vaccination. Talk with your health care provider if you want more information.

Most children who get the first dose before 15 years of age need 2 doses of HPV vaccine. Anyone who gets the first dose on or after 15 years of age, and younger people with certain immunocompromising conditions, need 3 doses. Your health care provider can give you more information.

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

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of HPV vaccine**, or has any **severe, life-threatening allergies**.
- Is **pregnant**.

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

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 HPV vaccine.

Your health care provider can give you more information.

## 4 Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given can happen after HPV vaccine.
- Fever or headache can happen after HPV vaccine.

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](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff 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. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- 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/vaccines](http://www.cdc.gov/vaccines)





Dear Parents,

Genesis Pediatrics has always been committed to the privacy of our patients and families. We would like you to know about a few updates to privacy laws. The CURES Act was just recently passed and gives better access for patients to their own electronic medical records. Additionally, New York State requires consent for teens ages 12 years and older before sharing confidential medical information. Through this process, our goal is to help our teens begin to take charge of their own health and medical records.

What will change?

Your teen's patient portal account will be reset one day before their 12<sup>th</sup> birthday. A separate document is included to renew access to the Patient Portal at age 12. This document will need to be reviewed and signed again by your teen at ages 14 and 16.

Starting at age 12, your teen will receive a set of questions about their physical and emotional health at their yearly check-up. Standard screenings will be used for depression, anxiety, tobacco and substance use, sexual activity and other choices which could affect your teen's health. Their answers are considered confidential unless there is an immediate danger to your teen which must be addressed.

Please anticipate that we will request to spend part of the visit with your teen without the parent present. This will help your teen become more independent with their own healthcare.

At age 18, youth legally become adults. We are aware that many of our young adult patients continue to involve their families in health care decisions. At age 18, your young adult's consent will be needed to discuss any personal health information with family members. If the young adult has a condition that prevents him/her from making health care decisions, we encourage parents/caregivers to consider options for supported decision-making.

The transfer process to an adult provider occurs before age 22. At that time, we will assist your young adult to find an adult provider, send medical records, and communicate with the adult provider about the unique needs of your young adult.

As always, if you have any questions or concerns, please feel free to contact us.



Dear Teen -

We wanted to let you know how much we have enjoyed watching you grow and change! Now that you are turning 12, you are ready to start taking some responsibility for your own health and your health information. Many teens continue to share information with their parents. We think this is a great idea. But, in case there is information you want to stay just between you and your doctor, you have the choice to keep it private.

Included with this letter is information about your **Patient Portal account and your choices about parent(s) access to that portal account.**

Why have a Patient Portal?

With the Patient Portal you can: Send a non-urgent message to your doctor, ask for prescription refills, check your lab and xray results, print your immunization record and physical forms, review visit notes from a past appointment and review notes from specialist.

---



We also wanted you to know that at your physical appointments, you will get a set of questions about your emotional and physical health. Your answers will be kept private and will not show up in your visit note or patient portal account unless you give us permission. If your doctor is concerned that you are an immediate risk to yourself or others, they are required to share this with a parent.


**Please check each box after reviewing the information**

- I understand that the Patient Portal is a way to see the information in my Electronic Health Record including: Appointments, Lab Tests, Medications, Xray Results, Forms, Immunization Records, Visit Notes (the doctor’s notes about my visit) and notes from other doctors who also care for me.
- I understand it is my choice whether or not I choose to share access to my Patient Portal with a parent or guardian. The person I share access with is called an “Authorized Representative”.
- I understand that I have the right to keep certain types of information private including information about **pregnancy, sexually transmitted infections and treatment, birth control and drug or alcohol use**. Although Genesis Pediatrics supports this right, our Electronic Health Record is not currently able to make this information visible to you but not your Authorized Representative.
- I understand that **Genesis Pediatrics is unable to guarantee that protected types of information listed above will remain private if I choose to give Portal Access to a parent or guardian.**
- I understand that I can CHOOSE NOT TO NAME an Authorized Representative and still get my health care with Genesis Pediatrics.
- I understand that I can change my choice in writing or through the patient portal at any time.
- I had a chance today to ask questions about this form and my questions were answered before I signed.



Allow Portal Access: Please designate the individual name(s) below as an “Authorized User” on my account. I understand that this allows the individual to ALL of my protected health information including **Appointments, Lab Tests, Medications, Xray Results, Forms, Immunization Records, Visit Notes** (the doctor’s notes about my visit) and notes from other doctors who also care for me. Additionally, this includes **pregnancy, sexually transmitted infections and treatment, birth control and drug or alcohol use**.


Person: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

SIGN HERE  \_\_\_\_\_ DATE HERE  \_\_\_\_\_  
Signature of Patient

PRINT HERE  \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Patient’s Name Printed

Decline Portal Access: I decline to designate an Authorized User to my portal account.

SIGN HERE  \_\_\_\_\_ DATE HERE  \_\_\_\_\_  
Signature of Patient

PRINT HERE  \_\_\_\_\_  
Patient’s Name Printed