

COVID-19 Vaccine Declination Process

If you are not planning to receive the COVID-19 vaccine during this academic year's vaccine campaign, you should complete the declination process.

Process through Enterprise Health for Faculty and Staff

COVID-19 Vaccine Declination Process:

Staff and Faculty will receive an automated email from <u>noreply@enterprisehealth.com</u> with the subject line: **REMINDER TO REVIEW NOTIFICATIONS**, instructing you to complete the vaccine reporting requirements through the Employee Medical Record (EMR) portal



Step 1: Login to the <u>Employee Medical Record Portal: Enterprise Health</u> using your UCR credentials. **Click** the "UC Riverside Employee Sign In" button.



Foe assistance please contact Occupational Health Services 951-827-5528

Step 2: First time users will be prompted to **Click** the *UC Riverside Portal Consent Form* button.

Sign Out	
WELCOME TO THE UC RIVERSIDE EMPLOYEE PORTAL	UC RIVERSIDE
Complete the following forms before portal access will be UC Riverside Portal Consent	e granted.

Step 3: Review the UC Riverside Portal Consent Form

- Acknowledge the Data Consent portion by typing in your legal name within the open field textbox.
- Review the SMS Opt-In Agreement and make a selection.
- Review the Telehealth Consent portion and make a selection.
- Click the Submit button.

Sign Out

UC RIVERSIDE PORTAL CONSENT (1/1)

UC RIVERSIDE

Data Consent You are about to access personal health information. This You are about to access personal health information. This system should only be accessed by authorized users. By logging in and accessing this information, you acknowledge that you are doing so in accordance with the University of California, Riverside (UCR) policies and procedures. You agree you will only access or attempt to access that information necessary to perform your role. You also agree that you will treat this information as confidential and follow all UCR and UCR Health policies and procedures intended to protect the privacy of such confidential information. Access to this system is monitored and you will be held accountable for any an activity on your login. I agree to the terms above: * Acknowledge - Please type your legal name in the box * By providing your mobile phone number and opting in to receive BY providing your mobile phone number and opting in to receive SMS messages from UCR Occupational Health, you acknowledge and agree to the following terms: 1. Consent to Receive SMS Messages: You voluntarily provide your mobile phone number and give consent to receive SMS messages from UCR Occupational Health. These messages may include transactional information, updates, alerts, and other relevant communication, 2. Message and Data Rates; You understand and acknowledge that message and data rates may apply to any SMS messages sent or received. These charges may be imposed by your mobile service provider or carrier, and you are solely responsible for any such charges. 3. Opt-Out Option: At any time, you have the right to opt-out of receiving SMS messages from UCR Occupational Health. You can do so by replying to the SMS message with the word "STOP" or by contacting our customer support. 4. Privacy and Data Usage: UCR respects your privacy and will handle any personal information collected in accordance with applicable laws and regulations. We may collect and process your mobile phone number and other relevant data to send SMS messages and improve our services. 5. Frequency of Messages: You acknowledge that the frequency of SMS messages may vary depending on the nature of the communication and your interaction with UCR Occupational Health. 6. Updates and Modifications: UCR Occupational Health reserves the right to update or modify these terms at any time. You will be notified of any material changes, and continued use of the SMS messaging service after such changes will constitute your acceptance of the revised terms. SMS Opt-In Agreement Do you consent to opt-in to receive SMS messages? By Yes No by you consent to type-in to receive sms intessages: by agreeing, you anderstood, and agreed to all the terms outlined in this agreement. You may opt-out at any time by replying STOP via text message or by outling- out on the portal. * **Telehealth Consent** The federal government has authorized covered healthcare providers to use popular video chat applications for telehealth providers to use popular video chat applications for teleneauth services without the risk of penalties from OCR for noncompliance with HIPAA rules. This flexibility applies to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. However, it is important to note that these third-party applications may introduce potential privacy risks. Therefore, telehealth software utilized during any electronic visit should ensure that all available encryption and privacy settings are fully enabled when using such applications. Do you consent to use your phone during an electronic visit with a healthcare provider, understanding that the Yes No conversation will be recorded for documentation and reimbursement? You will be required to receive SMS (text) messages to participate. Message and data rates may apply. * * indicates required information SUBMIT

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After clicking submit, the page will automatically redirect you to the home screen momentarily.



Step 4: Within the Home Screen, Click the "Message Center" button to open a questionnaire.



Step 5: Locate the "UCR COVID Vaccine Reporting is due" questionnaire and click the "Begin" button to open the questionnaire.

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MESSAGE CENTER	UC RIVERSIDE

QUESTIO	NAIRES			\sim
10-11-2024	UCR COVID Vaccine Repor	rting is due		begin
10-11-2024	UCR Influenza Vaccine Re	porting is due		begin
10-11-2024	UC Riverside Portal Conse	ent is completed		오 complete
MESSAGE	S		0	search
	,			
UNREAD DA	TE SENDER	2	SUBJECT	UNREAD ONLY SHOW AL
		You have no messa	ages at this time	

Step 6: Review and acknowledge the statement of facts pertaining to the COVID Vaccine. Click the "I acknowledge" radio button.

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 UCR COVID VACCINE REPORTI	₩ NG (1/1)		UC RIVERSIDE	
The University of California strongly vaccination consistent with vaccine other relevant indications.	recommends that all members o recommendations adopted by th	of the University community s e CDC and CDPH applicable to	stay Up-To-Date on COVID-19 their age, medical condition, and	
 l acknowledge that I am awa	are of the following facts:			
COVID-19 is a serious disease and ha California alone.	as caused over 1 million deaths i	n the United States since Feb	ruary 2020, over 100,000 in	
The COVID-19 vaccine is recommend faculty, and staff, and our families a	led for me and other members o nd communities, from COVID-19,	f the University community to , its complications, and death	o protect our students, patients, I.	
If I contract COVID-19, I can shed the transmit it to others.	e virus for several days even befo	ere any symptoms appear. Du	ring the time I shed the virus, I can	
Approximately 1 in 10 American adu last months or years after COVID-19	Its who have had COVID-19 is es and can be debilitating.	timated to be suffering from	"Long COVID" – symptoms that can	
Contracting COVID-19 could have se coworkers or peers and vulnerable n	vere consequences for my health nembers of our community.	and the health of those with	n whom I have contact, including my	
Non-exempt employees and hourly a vaccine recommended to stay Up-To	academic appointees may take u -Date as explained in the UC Poli	p to four hours of paid time to cy on Vaccination Programs.	o obtain each dose of COVID-19	
l understand that I can change my m	ind at any time and accept COVII	D-19 vaccination.		
l understand that as long as I am not required by my location, such as wea	t Up-To-Date on COVID-19 vaccir aring a mask and increased testir	nation, I may be required to ta ng.	ake precautionary measures as	
I have read the Vaccine Information Should I have any further questions,	Statement or Fact Sheet linked b I will contact EH&S Occupationa	elow, and the information on I Health via email at: ehsocch	this Vaccine Declination Statement. nealth@ucr.edu	
https://www.cdc.gov/vaccines/hcp/v	vis/vis-statements/COVID-19.ht	ml		
I have read and understand the above	re information *	I acknowledge		

Step 7: Complete the vaccination status portion and select "I decline the COVID-19 vaccine AND I agree to the declination statement above". Click the "Submit" button.

I acknowledge my current vaccination status: * I have been vaccinated I decline the COVID-19 vaccine AND I agree to the decling statement above * indicates required information	Fully Vaccinated means the employer has documentation dose in a two-dose COVID- 19 vaccine series or a single-do use authorization from the FDA; or, for persons fully vacci Health Organization (WHO).	showing that the person received, at least 14 days prior, either the seco ose COVID-19 vaccine. Vaccines must be FDA approved; have an emerge nated outside the United States, be listed for emergency use by the Wo
* indicates required information	l acknowledge my current vaccination status: *	I have been vaccinated I decline the COVID-19 vaccine AND I agree to the declina statement above
	* indicates required information	

After clicking submit, the page will automatically refresh and redirect you to the portal Message Center.

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SUBMISSION SUCCESSFUL	UC RIVERSIDE
THANK YOU! You will be redirected momentarily.	

Once the page is refreshed, you will see that the "UCR COVID Vaccine Reporting" is "completed". You are now compliant with the UC Vaccination Policy regarding the yearly COVID-19 Opt-Out Program.

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MESSAGE CENTER	•	UC RIVERSIDE

10-11-2024	UCR COVID Vaccine Reporting is completed	complete
10-11-2024	UC Riverside Portal Consent is completed	

For any questions or concerns, please email <u>COVID19@UCR.EDU</u>