



# Burns Paiute Tribe

100 Pasigo St  
Burns, OR 97720  
Phone (541) 573-8016  
Fax (541) 573-2323

## COVID VACCINATION INCENTIVE PAYMENT

### TRIBAL MEMBER INFORMATION (Please print legibly)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Burns Paiute Tribe Enrollment Number: \_\_\_\_\_ SSN (last four digits) \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Work: \_\_\_\_\_

### COVID VACCINATION DATA:

Vaccine Type: \_\_\_\_\_

First Dose COVID – 19 Shot Date Validated: \_\_\_/\_\_\_/\_\_\_ (\$100.00) \_\_\_\_ (Initials)

Second Dose COVID – 19 Shot Date Validated: \_\_\_/\_\_\_/\_\_\_ (\$200.00) \_\_\_\_ (Initials)

Booster COVID – 19 Shot Date Validated: \_\_\_/\_\_\_/\_\_\_ (\$300.00) \_\_\_\_ (Initials)

### **CERTIFICATION:**

I hereby certify and attest the information provided by me on this application is true and correct to the best of my knowledge and that any payment received by me will be for my participation in the Vaccination Program. A valid photocopy of my Vaccination Record Card is attached.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Any person who submits falsified, fake or altered documents may be subject to criminal prosecution for forgery or fraud under the Burns Paiute Tribal Code Sections 3.1.24 or 3.1.25, or Section 3.2.12 for a civil infraction for violating Tribal Law or an enactment of the Tribal Council.

**FOR OFFICIAL USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE: ENROLLMENT**

Date/Time Application Received: \_\_\_\_\_ Processing Enrollment member Initial: \_\_\_\_\_

**FOR OFFICIAL USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE: TRIBAL HEALTH**

Date/Time Application Received: \_\_\_\_\_ Processing Tribal Health Employee  
Initial: \_\_\_\_\_ Application and COVID-19 Vaccination Record Card are proof of vaccinations.

**FOR OFFICIAL USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE: TRIBAL ACCOUNTING**

Date/Time Application Received: \_\_\_\_\_ Processing Employee Initial: \_\_\_\_\_  
APPLICATION APPROVED PAYMENT AMOUNT: \_\_\_\_\_ (Attach proof of payment to completed application).

**HIPAA AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize the use or disclosure of my protected health information as described below:

**1. AUTHORIZED PERSONS TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION RELATED TO THE COVID – 19 VACCINE ONLY:**

Burns Paiute Health Director – Twila Teeman and Burns Paiute Community Nurse – Pam Lindgren are authorized to disclose the following protected health information to Burns Paiute Tribal Finance Office for vaccination incentive of Burns Paiute Tribal members.

**2. DESCRIPTION OF INFORMATION TO BE DISCLOSED:**

The health information that may be disclosed is: Number of Doses and Booster Shot administered by Harney County Health Office, and other State approved facilities for COVID – 19 Virus with the Vaccine type.

All current vaccination (number data) related to COVID – 19 Virus may be shared.

**3. PURPOSE OF THE USE OR DISCLOSURE:**

The purpose of the use or disclosure is: To compensate Tribal members as an incentive for taking the COVID – 19 Virus vaccination as a health safety precaution.

**4. IF THIS PERSON IS A MINOR (12 – 17) OR UNABLE TO SIGN, COMPLETE THE FOLLOWING:**

- Person is a minor: \_\_\_\_\_ years of age.
- Person is unable to sign because: \_\_\_\_\_

**5. VALIDITY OF AUTHORIZATION FORM:**

This Authorization Form is valid beginning on **November 9, 2021** and expires on **June 30, 2022**.

**6. ACKNOWLEDGMENT:**

I understand that the information used or disclosed under this Authorization Form may be subject to re-disclosure by the person(s) or facility receiving it and would then no longer be protected by Federal privacy regulations.

I have the right to refuse to sign this Authorization Form. If signed, I have the right to revoke this authorization, in writing, at any time. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect these actions.

By: \_\_\_\_\_ Date: \_\_\_\_\_

**The Tribal Finance Department will be the responsibility to maintain these COVID files in a locking, fire-proof file cabinet. Access to these records will only be by finance personnel, and General Manager.**

Forms can be submitted to: [Beverly.Beers@burnspaiute-nsn.gov](mailto:Beverly.Beers@burnspaiute-nsn.gov)

**Mail to: Burns Paiute Tribe  
100 Pasigo Street  
Burns, Oregon 97720**

**NO HAND DELIVERED APPLICATIONS WILL BE ACCEPTED.**