

## Online Vaccine Registration

<https://kordinator.mhealthcoach.net/vcl/1615347899780>

Service Dashboard

https://mhealthcheckin.com/covidvaccine?clientId=1615347899780&region=Southwest\_-1&clientId=1615347899780&inStore=no&apptType=COVID\_VACC...

**Albertsons Companies**

SAFeway, Albertsons, MEDCART, VONS, ACME, star, Market Street, CARRS, shaw's, Tom Thumb, United Supermarkets, Randall's, Market, PAVILIONS, Hazzard's, Fred Meyer, Amigos

**Pharmacy Services**

COVID-19 Vaccination

COVID-19 Testing

Pharmacy Services > COVID-19 Vaccination > Registered Companies

Assistance for the Visually Impaired available by calling 877-723-3929

**Please answer following questions to confirm you are eligible for Vaccination**

COVID-19 vaccine is currently being prioritized for the following people:

- Healthcare personnel
- Long-term care facility residents
- Frontline essential workers as defined by CDC
- Adults age 55 and older

Please contact your local department of public health or primary health care provider if you are not sure if you belong to a subgroup that is being prioritized.

☐ By clicking this box, I attest that I belong to a subgroup of the population that is currently being prioritized by the local and state department of public health for COVID-19 vaccination.

Please bring proof of eligibility to the appointment.

☒ I'm not a robot

RECAPTCHA Privacy - Terms

**Submit**

- Read the follow question and check the understanding box
- Click Submit

**SAFeway**

Start Over

Hi, I am here to help you with the process of scheduling your COVID vaccine appointment.

Type of Appointment

Two Dose COVID Vaccine Appt - Dose 1

Start Set up

Albertsons Patient Care partners with mHealthCoach for online appointment scheduling and confirmation.  
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- Appointment Type: Click drop down and select “Two Dose COVID Vaccine Appt- Dose 1”
- Click “Start Set Up”

**SAFeway**

Start Over

Hi, I am here to help you with the process of scheduling your COVID vaccine appointment.

Type of Appointment

Two Dose COVID Vaccine Appt - Dose 1

step 1 / 4

Which COVID vaccine dose do you need to schedule?

☒ COVID Vaccine (First Dose)

NOTE: After your 1st Dose appointment, you can use the Scheduling Control button in your confirmation email to schedule your 2nd Dose appointment.

Next

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- Click “Next”

step 2 / 4

Please select preferred date and time for your appointment.

Benevilla Surprise

April 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	01
02	03	04	05	06	07	08

Next available time for April 24th 2021 (America/Phoenix)

8:00 AM	8:15 AM	8:30 AM	8:45 AM
9:00 AM	9:15 AM	9:30 AM	9:45 AM
10:00 AM	10:15 AM	10:30 AM	10:45 AM
11:00 AM	11:15 AM	11:30 AM	11:45 AM

- Use the > button located on the right side of the calendar date to scroll to the month of April 2021
- Calendar will default to April 24<sup>th</sup> being the only available date
- Select an appointment time by clicking on the green box for the selected time

Great, we're nearly finished. Please provide the following information for the person who will be receiving the COVID vaccine.

First name

Last name

Address

City

State

Arizona

Zip code

Biological Sex

Male

Female

DOB

Ethnicity

Race

Contact Phone

XXX-XXX-XXXX

Next

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- Complete all required field and click "Next"

Race: Black or African American

Contact Phone: 760-848-9196

step 4 / 4

Please enter additional contact information below to receive appointment reminders and confirmations.

Email:

Text Message (Optional):

By providing my telephone number, I agree to receive recurring automated or prerecorded marketing and transactional phone calls and text messages (including related to COVID vaccines and testing) from or on behalf of Albertsons Companies Inc. and its affiliates to the phone number provided. Consent is not a condition of purchase. Reply STOP to STOP, HELP for HELP, message and data rates may apply.

Next

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- Complete additional contact information and click “Next”

Email:

Text Message (Optional):

By providing my telephone number, I agree to receive recurring automated or prerecorded marketing and transactional phone calls and text messages (including related to COVID vaccines and testing) from or on behalf of Albertsons Companies Inc. and its affiliates to the phone number provided. Consent is not a condition of purchase. Reply STOP to STOP, HELP for HELP, message and data rates may apply.

HIPAA Notice of Privacy Practices. Please review and acknowledge.

☒ I accept HIPAA Notice of Privacy Practices. Please [click to review](#)

By typing my name below, I acknowledge receipt of the HIPAA Notice of Privacy Practices.

Submit

Albertsons Patient Care partners with mHealthCoach for online appointment scheduling and confirmation.  
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- Accept HIPAA Notice of Privacy Practices by checking the box, typing your name and clicking “submit”
- A appointment confirmation e-mail will be sent

The screenshot shows a web browser window with the URL [https://kordinator.mhealthcoach.net/vt-kit-v2/index.html#/appointment-setup?type=registration&p=II0ymRV1omFIP5gOUX-j8zIzJ4CMJJ\\_BPnZZatxGeGudT...](https://kordinator.mhealthcoach.net/vt-kit-v2/index.html#/appointment-setup?type=registration&p=II0ymRV1omFIP5gOUX-j8zIzJ4CMJJ_BPnZZatxGeGudT...). The page content includes:

- A checkbox for "I accept HIPAA Notice of Privacy Practices. Please [click to review](#)".
- A text input field containing "Camron C. Anderson".
- A confirmation message: "Thanks, please give me a moment while I scan the details of your registration."
- An "End" button.
- A message: "You are all set for your appointment. Thank you and have a nice day."
- A section titled "Please print the applicable consent form and bring it with you to your appointment." with links:
  - Consent Form - Applies to all states. [Click to download.](#)
  - [Click here](#) to view post vaccination v-safe instructions.
  - [Click here](#) to view the Emergency Use Authorization Fact Sheet
- A summary of appointment details:

You are scheduled for COVID Vaccine Dose 1 Appt  
Appointment Date 04/24/2021  
Appointment Time 08:00 AM (America/Phoenix)  
Other Info Benevilla Surprise  
13576 Camino Del Sol #22, Sun City West, AZ 85375
- Buttons for "Save To Calendar" and "Exit".

- All appointments must download and complete all consent forms and bring the day of the appointment.
- Please review vaccine safety instructions
- Appointments can be saved to Outlook calendars by clicking on "Save To Calendar"

Please complete consent forms (*except for #1*) prior to your scheduled appointment time.

To submit forms please choose 1 of the following:

- a. Print out form and bring with you to your schedule vaccine appointment
- b. E-mail to: [BV VaccineClinic2021](#)
- c. Hand deliver to Benevilla's Sun City West office and drop through the mail slot

13576 W. Camino Del Sol, Sun City West, AZ 85375

thank-you - Kordinator by mHe: x informed\_consent\_universal.pdf x +

https://s3.amazonaws.com/mhc\_kordinator/alb/informed\_consent\_universal.pdf

1 of 1

### Informed Consent for Immunization with COVID-19 Vaccine

☐ M ☐ F ☐ Other

Last Name First Name Middle Date of Birth Age Gender

Home Address City State Zip Phone # ☐ Home ☐ Cell

Medicare Part B ID# or last 4 digits of SSN: Driver's License #:

Race: ☐ Asian ☐ Black or African American ☐ Hispanic ☐ American Indian ☐ Caucasian ☐ Pacific Islander ☐ Two or More ☐ Other: \_\_\_\_\_

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Decline to State (Unknown)

Which arm do you prefer for vaccine? Enter weight IF LESS than 66 pounds: \_\_\_\_\_ Lbs. Primary Care Provider Name: \_\_\_\_\_  
(Please circle) ☐ Left ☐ Right Primary Care Provider Address: \_\_\_\_\_

Screening Questionnaire: Please answer questions by checking the boxes.

Screening Questions – NOTE: IF COMPLETED ONLINE, REVIEW ANSWERS WITH PATIENT TO ENSURE NO CHANGES		Yes	No
1.	Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever received a dose of COVID -19 vaccine? If yes, which product did you receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever had an allergic reaction to a previous COVID-19 vaccine or any component of the COVID-19 vaccine, including polyethylene glycol (PEG) or polysorbate?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever had an allergic reaction to another vaccine (other than COVID-19) or to an injectable medication?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever had a severe allergic reaction (anaphylaxis) to any food, pet, environmental allergens, oral medications, or latex? If yes, please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you received any vaccines in the past 14 days? (not a contraindication)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as a treatment for COVID-19 within the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are you pregnant or breastfeeding? (not a contraindication)	<input type="checkbox"/>	<input type="checkbox"/>

calendar (1).ics ... Show all X