

South Central Health District 5-1 • 2121-B Bellevue Road • Dublin, Georgia 31021

Phone: 478-275-6545 • FAX: 478-275-6575

Lawton C. Davis, M.D., District Health Director

Serving: Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, & Wilcox counties

2015-16 School Flu Campaign

Dear Parents/Guardians:

This season we would like to help protect our student body from the flu by providing flu vaccinations during school hours. The Health Department will be offering influenza vaccination with one of two kinds of vaccine. If you have a **billable** insurance, your insurance provider will be charged.

Flumist: (Intranasal Influenza Virus Vaccine) - is a flu vaccine that is sprayed into the nose.

Inactivated: (Injectable Influenza Virus Vaccine) – is a flu vaccine that is given as a shot.

If you would like your child to get vaccinated at our school clinic, please:

- Review the enclosed informational materials including the Vaccine Information Statements (VIS) for both types of vaccine. (Intranasal/Inactivated)
- Sign and return the enclosed Parental Consent Form to the school by the deadline (listed on the attached envelope).
- **If the consent form is not signed, dated, and returned, your child will not be vaccinated.**

The choice of the vaccine will depend on the answers to your child's health questions on the consent form attached. Children through age 8 may need a second dose approximately one month after the first dose. If your child needs a second dose, we will send home another consent form for you to complete and sign. **If the consent form is not signed, dated, and returned, your child will not be vaccinated.**

Please understand that participation and receipt of the influenza vaccine through this program is completely voluntary. For additional information please visit the CDC's influenza web site at <http://www.cdc.gov/flu/> and <http://www.cdc.gov/flu/parents> .

If you have any questions, please call your local county health department.





2015-16 School Based Influenza Vaccine Consent Form
SOUTH CENTRAL HEALTH DISTRICT

Public Health Use Only
 Aegis # _____
 Entry Clerk Initials: _____

Section 1: Information about Student to Receive Influenza Vaccine (Please Print)

Students Legal Name (Last)	(First)	(MI)	Nickname	Teacher
Student's Date of Birth (mm/dd/yyyy)	Student's Age	Gender (Please circle one) Male Female	School Name	Grade
Ethnicity: (Please circle one) Hispanic Not Hispanic/Latino	Race: (Please circle all that apply) : African American White Hispanic/Latino American Indian Asian Alaska Native Native Hawaiian Other Pacific Islander Other		Parent/Legal Guardian's Name (PLEASE PRINT)	
Home Physical Address	Home Mailing Address (If different than physical)		Parent/Legal Guardian's Phone Number(s)	
City	State	Zip Code	Parent/Legal Guardian's Email	
Insurance Information: Do you have insurance that covers vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/> Please check health insurance provider below: <input type="checkbox"/> Aetna <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Cigna <input type="checkbox"/> Coventry <input type="checkbox"/> Peachcare <input type="checkbox"/> Medicaid (Amerigroup, Peachstate, Wellcare) <input type="checkbox"/> Other _____			Provide the insurance information for the provider you selected & attach a COPY of the insurance card to this form Medicaid # (if applicable): _____ Member ID (not group #): _____ Insurance Holder Name _____	



Section 2: Medical Information: The following questions will help us to determine if your student can receive the influenza vaccine. Please circle Yes or No for each question. If you answer **YES** to **questions #1-5**, your child **WILL** receive the influenza **SHOT** instead of the nasal spray.

1. Does the child use an inhaler or receive breathing treatments for asthma or a wheezing condition?	Yes	No
2. Is the student on long term aspirin or aspirin-containing therapy? (For example: does the student take aspirin everyday)	Yes	No
3. Does the student have any significant or chronic (Long term) health conditions? (For example: diabetes, sickle cell disease, heart conditions, lung conditions, seizure disorders, cerebral palsy, muscle or nerve disorders)	Yes	No
4. Does the student have a weak immune system (For example: HIV, cancer, or medications such as steroids or those used to treat cancer?)	Yes	No
5. I would prefer that my child receive the flu SHOT instead of the nasal spray. (By answering yes your child will Not receive the nasal spray.	Yes	No
6. Has the student received any vaccines in the last four weeks? If yes, please list: _____	Yes	No
7. Has the student ever been vaccinated for the flu? If yes, when? _____	Yes	No
8. Has the student ever had a serious reaction to eggs? If yes, describe. _____	Yes	No
9. Has the student ever had a serious reaction to any influenza vaccine? If yes, describe. _____	Yes	No
10. Is the student or could the student be pregnant?	Yes	No
11. Has the student ever had Guillain-Barre Syndrome (GBS)?	Yes	No

Section 3: Consent: If this consent form is not filled in completely, signed, dated, and returned, the student will not be vaccinated at school.

By signing below, I give permission for the student named above to receive the influenza vaccine. I acknowledge that the student and medical information provided above is correct. I have been given a copy of the Vaccine Information Statements for the influenza vaccines and the NOTICE OF PRIVACY POLICY FORM. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine that will be given to the student that I am authorized to represent. I understand that participation and receipt of the influenza vaccine through this program is completely voluntary. By signing below, I give permission for the student listed above to receive the intranasal or injectable (shot) influenza vaccine.

Signature of Parent/Legal Guardian: _____ Date: _____

****PLEASE BE SURE YOU COMPLETE THIS FORM ENTIRELY. OMITTING INFORMATION MAY KEEP YOUR CHILD FROM BEING VACCINATED.****

IMPORTANT: If your child receives the flu vaccine prior to the Health Department coming to the school, it is your responsibility to contact your local Health Department and inform them.

FOR CLINIC USE ONLY:

Source: _____ Public _____ Private 2nd Dose Needed? _____ Yes _____ No
 Vaccine Type: _____ Mist _____ Shot

Student Name: _____

FOR CLINIC USE ONLY

Intranasal Influenza Vaccine: Admin Route: Intransal

MFG _____
Lot# _____
Exp Date _____

Signature of Nurse _____
Date _____

Inactivated Influenza Vaccine: Admin Route: IM/LA IM/RA

MFG _____
Lot# _____
Exp Date _____

Signature of Nurse _____
Date _____

Influenza Vaccine

What You Need to Know

(Flu Vaccine,
Inactivated or
Recombinant)
2014-2015

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated and recombinant flu vaccines

You are getting an injectable flu vaccine, which is either an “**inactivated**” or “**recombinant**” vaccine. These vaccines do not contain any live influenza virus. They are given by injection with a needle, and often called the “flu shot.”

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Flu viruses are always changing. Each year’s flu vaccine is made to protect against 3 or 4 viruses that are likely to cause disease that year. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, including (for example) an allergy to gelatin, antibiotics, or eggs, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be advised to wait until you feel better. You should come back when you are better.



4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Problems that could happen after any vaccine:

- Brief fainting spells can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Severe shoulder pain and reduced range of motion in the arm where a shot was given can happen, very rarely, after a vaccination.
- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

Mild problems following inactivated flu vaccine:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Inactivated flu vaccine does not contain live flu virus, so you cannot **get the flu from this vaccine**.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your doctor.
- 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/flu

Vaccine Information Statement (Interim) Inactivated Influenza Vaccine

08/19/2014

42 U.S.C. § 300aa-26

Office Use Only



Influenza Vaccine

What You Need to Know

(Flu Vaccine, Live, Intranasal)

2014-2015

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

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- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

You are getting a **live, attenuated influenza vaccine** (called LAIV), which is sprayed into the nose. “Attenuated” means weakened. The viruses in the vaccine have been weakened so they won’t give you the flu.

There are other “inactivated” and “recombinant” flu vaccines that do not contain live virus. These “flu shots” are given by injection with a needle.

Injectable flu vaccines are described in a separate Vaccine Information Statement.

Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Flu viruses are always changing. Each year’s flu vaccine is made to protect against viruses that are likely to cause disease that year. LAIV protects against 4 different influenza viruses. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts several months to a year.

Some illnesses that are **not** caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

LAIV may be given to people **2 through 49 years of age**. It may safely be given at the same time as other vaccines.

LAIV does not contain thimerosal or other preservatives.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe, life-threatening allergies**, including (for example) an allergy to gelatin or antibiotics. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you should not get vaccinated.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you have long-term health problems**, such as certain heart, breathing, kidney, liver, or nervous system problems, your doctor can help you decide if you should get LAIV.



- **If you have gotten any other vaccines in the past 4 weeks, or if you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be advised to wait until you feel better. You should come back when you are better.
- **You should get the flu shot instead of the nasal spray if you:**
 - are pregnant
 - have a weakened immune system
 - are allergic to eggs
 - are a young child with asthma or wheezing problems
 - are a child or adolescent on long-term aspirin therapy
 - will provide care for, or visit someone, within the next 7 days who needs special care for an extremely weakened immune system (ask your health care provider)
 - have taken influenza antiviral medications in the past 48 hours

The person giving you the vaccine can give you more information.

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Problems that could happen after any vaccine:

- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

Mild problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Adults 18-49 years of age:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

LAIV is made from weakened virus and **does not cause flu.**

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

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7 How can I learn more?

- Ask your doctor.
- 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/flu

Vaccine Information Statement (Interim) Live Attenuated Influenza Vaccine

08/19/2014

42 U.S.C. § 300aa-26

Office Use Only



NOTICE OF PRIVACY POLICIES FOR SOUTH CENTRAL HEALTH DISTRICT

SOUTH CENTRAL HEALTH DISTRICT
2121-B BELLEVUE ROAD, DUBLIN, GEORGIA 31021, PHONE: 478-272-2051
Serving Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, and Wilcox Counties

Notice of Health Information Practices

THIS NOTICE OF HEALTH INFORMATION PRACTICES DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Introduction

It is important to us that you understand what information we collect about you and how it is used. We want you to know that we limit the collection and disclosure of information to only that which we believe is necessary to serve you and administer our business. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit the health department a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

1. A basis for planning your care and treatment.
2. A means of communication among the many health professionals who contribute to your care.
3. A legal document describing the care you received.
4. A way that you or a third-party payer can verify that services billed were actually provided.
5. A tool in educating health professionals.
6. A source of data for medical research.
7. A source of information for public health officials charged with improving the health of this state and the nation.
8. A source of data for our planning and marketing.
9. A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
10. A source of supporting data, which allows us to receive state and federal funding to provide public health services.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy. You can better understand who, what, when, where, and why others may access your health information. It allows you to make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the property of the health department, the information belongs to you. You have the following rights:

1. To receive a paper copy of this notice of information practices upon request.
2. To inspect and/or receive a copy of your health record.
3. To request an amendment to your health record.
4. To receive an accounting of disclosures of your health information.
5. To request communications of your health information by other means or at other locations.
6. To request a restriction on certain uses and disclosures of your information.
7. To revoke your authorization to use or disclose your health information except to the extent that action has already been taken.

Our Responsibilities

The health department is required to:

1. Maintain the privacy of your health information.
2. Provide you with this notice of our legal duties and privacy practices regarding information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are not able to agree to a requested restriction.
5. Agree to reasonable requests from you to deliver health information in other ways or at other locations.

We reserve the right to change our practices and to make those changes effective for all protected health information we maintain. Should our information practices change, we will post the revised notice in our facility and provide you with a copy on request.

We will not use or disclose your health information without your permission except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you are comfortable with the content of this policy and will allow us to exchange information about you as outlined, then you need only to sign the acknowledgement attached. If you prefer to limit disclosure of information about you, please note that on the acknowledgement form and contact the Laurens County Board of Health Privacy Officer for further information.

If you believe your privacy rights have been violated, you can file a complaint with the health department's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. If you receive additional treatment from another physician, hospital, or laboratory we may share information with that provider about services you received in this facility .

We will use your health information for payment.

For example: A bill may be sent to you, a health insurance company, Medicaid or Medicare. The information on or with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may contact or share information with other providers for payment services.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples are the providers of our computer software where electronic records are kept. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Planning/Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that that you may be eligible for.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also disclose your health information to support funding from state and federal grants for the various public health services we provide and the administration of public health services.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.