

Name: _____

DOB: _____

Williamsville Pediatric Center

Alternative Vaccine Schedule Policy

We firmly believe

- In the effectiveness of vaccines to prevent serious illness and to save lives.
- In the safety of our vaccines.
- All children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and the American Academy of Pediatrics.
- Based on all available literature, evidence and current studies, that vaccines do not cause autism or other developmental disabilities. We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities.
- Vaccinating children and young adults may be the *single most important health-promoting intervention we perform as health care providers*, and that you can perform as parents/caregivers. The recommended vaccines and their schedule given are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

The health care providers of Williamsville Pediatric Center advise following the full recommended immunization schedule as put forward by the ACIP, AAP and CDC.

Please be advised, however, that delaying or “breaking up the vaccines” to give one or two at a time over two or more visits goes against expert recommendations, and can put your child and others at risk for serious illness (or even death) and goes against our medical advice as providers at Williamsville Pediatrics. Such additional visits will require additional co-pays on your part.

If you as a parent/guardian choose to deviate from the CDC/ACIP recommended vaccine schedule, you agree to comply with the following policy:

1. Vaccination **must** begin at 2mo of age.
2. You as the parent/guardian will set the order of the vaccines. We will not advise any alternative schedule that deviates from the recommended full vaccination schedule.
3. You will make catch up appointments in a timely manner (usually every 4 weeks) as recommended by your provider.
4. You will make all appointments with your health care provider (not simply a nurse visit, or frequently changing providers). This may incur another co-pay or visit charge.
5. If you don't comply with this policy, you will be released from the practice and instructed to receive your healthcare elsewhere.

I have read and understand this policy.

Parent/Guardian: _____

Date: _____