INNOVATIVE COMMUNITY HEALTH INSTITUTE, LLC
Saline Medical Specialties - 830 E 1st St. Suite 200 Crete, NE 68333
Lancaster Family Medicine - 4911 N 26th St. Suite 106 Lincoln, NE 68521

IMMUNIZATION PHILOSOPHY

At Innovative Community Health Institute LLC (ICHI), we are committed to providing high-quality, evidence-based medical care. Vaccines are a critical part of preventing serious diseases and protecting the health of individuals, families, and our community. We follow the current immunization schedules recommended by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) for infants, children, adolescents, and adults.

Vaccines are safe and effective when given according to recommended schedules. Immunizations protect not only the person receiving the vaccine, but also vulnerable people around them, including infants, older adults, and those with weakened immune systems. Our providers regularly review new scientific data and vaccine recommendations to ensure that the care we provide is current and aligned with national standards.

For every vaccine we administer, ICHI will provide a Vaccine Information Statement (VIS) as required by federal law. The VIS explains the purpose of the vaccine, potential risks and side effects, and what to do if there is a reaction. You are encouraged to review the VIS and ask any questions before you or your child receive a vaccine.

We understand that there may be concerns about immunizations; however, our providers feel that there is no strong scientific evidence to withhold immunizations unless medically contraindicated. Decisions to delay or refuse vaccines increase the risk of preventable disease for both the patient and the community.

We welcome questions and concerns about vaccines and will take time to discuss benefits, risks, and alternatives so that informed decisions can be made.

ACKNOWLEDGMENT

By signing below, I acknowledge that I have reviewed and understand the Immunization Philosophy of Innovative Community Health Institute LLC.

Patient Name: _____ Date: _____

Signature: _____

Relationship: _____

Revised 1/2026