Fetter Health Care
NETWORK

Corporate Office:
51 Nassau Street
Charleston, SC 29403
Phone (843) 722-4112
Fax (866) 285-7156

WELCOME TO YOUR PATIENT-CENTERED MEDICAL HOME RECOGNIZED by the NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)!

As a Patient-Centered Medical Home, our approach is to provide our patients with comprehensive health care, which is focused on all aspects of your health and overall well-being, including emotional, family, and social concerns. Along with your physician and care team, you are the most important person in managing your health.

A "Medical Home" makes it easier and more comfortable for you to access care on a day-to-day basis by strengthening your relationship with your primary care provider and the team responsible for your care. With a medical home, your quality of care will be significantly improved, and it will take less time for you to get the care when you need it.

Benefits of a Medical Home Team

- ✓ Your medical home team will have an ongoing relationship with you and your family to manage your healthcare needs.
- ✓ You will see the same team each visit and they will assist you in coordinating care with other providers, specialists, and community resources if needed.
- ✓ Your team will have access to all of your health information via the patient portal at MyFetterHome in order to effectively manage your care.
- ✓ You will have easy access to care through same-day appointments, extended operating hours, and other methods of communication with your team.

How You Can Help

- ✓ Talk with your primary care provider and team about any questions you have.
- ✓ Keep in touch with your team if further questions arise about your health.
- ✓ Take care of your health by following the plan recommended by your team.
- ✓ Always let us know how we're doing and how we can improve.

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Patients:

Fetter Health Care Network (FHCN) is a Federally Qualified Health Center that provides a full scope of primary for all medical, dental, behavioral and substance abuse services for patients regardless of an individual's ability to pay. We treat patients through all the stages of life-from pediatrics to geriatric care. Due to new federal reporting regulations, the following information is now required for each patient. Please note that all information is confidential. We will need to collect this information on an **annual basis**.

PROOF OF IDENTITY/DATE OF BIRTH AND RESIDENCE. YOU MUST SHOW ONE OF THE DOCUMENTS LISTED IN BOTH CATEGORIES. PHOTOCOPIES ARE ACCEPTABLE

Identity/Date of Birth	Residency/Home Address
• Driver's license/Official photo ID • Passport • Official school records • Adoption records • Official hospital/doctor birth records • Naturalization certificate • Marriage records • Immigration Document • Consular ID card (CID)	• ID card with address • Postmarked envelope, postcard, or magazine (cannot use if sent to a PO Box) • Driver's license issued within the last 6 months • Utility bill (gas, electric, cable), bank statement, • correspondence from a government agency which contains name and street address. • Letter/lease/rent receipt with the home address from the landlord • Property tax records or mortgage statement

PROOF OF CURRENT INCOME AND EXPENSES: YOU MUST PROVIDE A LETTER, WRITTEN STATEMENT, OR COPY OF CHECK STUBS, FROM THE EMPLOYER, PERSON OR AGENCY PROVIDING THE INCOME.
SUBMIT ALL THAT APPLY AND PROVIDE THE MOST RECENT PROOF OF INCOME BEFORE TAXES. THE PROOF MUST BE DATED, INCLUDE THE EMPLOYEE'S NAME AND SHOW GROSS INCOME FOR THE PAY PERIOD

Wages and salary • Paycheck stubs (2 consecutive weeks) • Letter from employer on Company letterhead • Income tax return / W2	**Social Security** • Award letter/certificate • Benefit check • Correspondence from Social Security Administration	**Military Pay** • Award letter • Check stub	**Child Support / Alimony** • Letter from the person providing support • Letter from the court • Child support/alimony check stub
Self Employed • Signed and dated income tax return and all schedules. • Income Self-Attestation Form	**Worker's Comp** • Award letter • Check stub	**Veteran's Benefits** • Award letter • Benefit check stub • Correspondence from the Veteran's Administration.	**Unemployment Benefits** • Award letter/certificate • Benefit check • Correspondence from • Department of Labor
Income from Rent • Letter from tenant • Check stub	**Interest/Dividends/ Royalties** • Statement from a bank, or credit union • Letter from broker • Letter from agent	**Other Employment** • Work Statement Verification Form.	**Private Pensions and Annuities** • Statement from pension/annuity

TYPES OF PAYMENT ACCEPTED FOR SERVICES. PAYMENT IS EXPECTED IN ADVANCE.

Medical Insurance Card	Medicaid Card	Cash Payments
Dental Insurance Card	Medicare Card	Debit & Credit Cards
Pharmacy Insurance Card	Supplemental Insurance Card	Secondary Insurance

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PATIENT SERVICES ORIENTATION

Welcome to Fetter Health Care Network, INC. (FHCN) where we put the patient at the center of care to help build a better relationship between you and your care team! As your Patient-Centered Medical Home (PCMH), we are committed to offering our patients the following:

- ✓ Online access to your medical records through the Patient online portal via www.FetterHealthCare.org
- ✓ Same-Day Appointments
- ✓ Extended Operating Hours
- ✓ 24/7 phone access to your care team
- ✓ Group Education classes
- ✓ Medication Assistance
- ✓ Open Communication with your doctor

If you need to speak with your provider During normal business hours or After Hours Service, please call your health center location at the number listed.

PATIENT ACCESS & HOURS OF OPERATION
PLEASE NOTE: All Health Centers are closed on Staff Development Fridays-1:00 pm-5:00 pm

Administrative Offices		
Corporate Offices 51 Nassau St Charleston, SC 29403 843-722-4112	Monday-Friday	8:00am-5:00pm
Summerville Support Services Center 700 North Pine Street Summerville, SC 29483 843-722-4112	Monday-Friday	8:00am-5:00pm
Thaddeus J. Bell, MD Support Center 7301 Rivers Ave, Suite 182 N. Charleston, SC 29406 843-722-4112	Monday-Friday	8:00am-5:00pm

Clinical, Dental & Behavioral Health Centers	Health Centers are closed on Staff Development Fridays – 1:00pm-5:00pm	
Charleston Family Health Center 51 Nassau Street Charleston, SC 29403 843-722-4112	Monday and Wednesday Tuesday and Thursday Friday	8:00am-5:00pm 9:00am-6:00pm 8:00am-12:00pm
Dorchester Family Health Center 679 Orangeburg Rd, Unit F Summerville, SC 29483 843-261-2600	Monday, Tuesday, and Wednesday Thursday Friday	8:00am-5:00pm 9:00am-6:00pm 8:00am-12:00pm
Elijah Wright Family Health Center 1681 Old Highway 6 Cross, SC 29436 843-753-2334	Monday, Wednesday, and Thursday Tuesday Friday	8:00am-5:00pm 7:00am-4:00pm 8:00am-12:00pm
Enterprise Pediatric Health Center 2047 Comstock Avenue North Charleston, SC 29405 843-747-8893	Monday-Thursday Friday	8:00am-5:00 pm Closed for lunch daily. 12:00pm- 1:00pm 8:00am-12:00pm
Hollywood Family Health Center 5225 Highway 165 Hollywood, SC 29449 843-889-2272	Monday, Tuesday, and Thursday Wednesday Friday	8:00 am-5:00pm 9:00 am-6:00pm 8:00am-12:00pm
Johns Island Family Health Center 3627 Maybank Highway Johns Island, SC 29455 843-628-0284	Monday, Tuesday, and Thursday Wednesday Friday	8:00 am-5:00pm 9:00am-6:00pm 8:00am-12:00pm
Rose D. Gibbs, MD Family Health Center 106 W. Main Street Moncks Corner, SC 29461 843-761-1995	Monday, Wednesday, and Thursday Tuesday Friday	8:00am-5:00pm 9:00am-6:00pm 8:00am-12:00pm
Thaddeus J. Bell, MD Family Health Center 130 Varnfield Drive Summerville, SC 29483 843-821-3444	Monday, Tuesday, and Thursday Wednesday Friday	8:00am-5:00pm 9:00am-6:00pm 8:00am-12:00pm

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Thaddeus J. Bell, MD Family Health Center Women & Children's Center 120 Varnfield Drive Suite B Summerville, SC 29483 843-790-8813	Monday, Tuesday, and Thursday Wednesday Friday	8:00am-5:00pm 9:00am-6:00pm 8:00am-12:00pm
Walterboro Family Health Center 302 Medical Park Drive, Suite 111 Walterboro, SC 29488 843-549-6853	Monday, Tuesday, and Wednesday Thursday Friday	8:00am-5:00pm 9:00am-6:00pm 8:00am-12:00pm
Mobile Dental Services Unit 1 51 Nassau Street Charleston, SC 29403	Monday, Tuesday and Wednesday Thursday	9:00am-2:30pm 9:00am-1:00pm
Mobile Dental Services Unit 2 51 Nassau Street Charleston, SC 29403	Monday, Tuesday, Wednesday and Thursday	9:00am-3:00pm
Mobile Medical Services Unit 1 51 Nassau Street Charleston, SC 29403	Monday-Friday	8:30am-5:30pm
Mobile Medical Services Unit 2 51 Nassau Street Charleston, SC 29403	Monday-Friday	8:30am-5:30pm
Mobile Medical Services Unit 3 51 Nassau Street Charleston, SC 29403	Monday, Tuesday, and Wednesday Friday	8:30am-5:30pm 8:30am-2:30pm
One80 Place 35 Walnut Street Charleston, SC 29403	Tuesday and Thursday	8:00am-5:00pm
Charleston Dorchester Mental Health 2100 Charlie Hall Blvd. Charleston, SC 29414	Wednesday	8:30am-5:30pm

Pharmacies	Each Pharmacy closed for lunch from 12:30 pm to 1:30 pm daily		
Charleston County **Charleston Family Health Center** 51 Nassau Street Charleston, SC 29403 Monday and Wednesday 8:00 am-5:00 pm Tuesday and Thursday 9:00am-6:00pm Friday 8:00am-12:00pm	**Dorchester County** **Dorchester Family Health Center** 679 Orangeburg Rd, Unit F Summerville, SC 29483 Monday, Tuesday, and Wednesday 8:00am-5:00pm Thursday 9:00am-6:00pm Friday 8:00am-12:00pm	**Berkeley County** **Elijah Wright Family Health Center** 1681 Old Highway 6 Cross, SC 29436 Monday, Wednesday, and Thursday 8:00am-5:00pm Tuesday 7:00am-4:00pm Friday 8:00am-12:00pm	**Berkeley County** **Thaddeus J. Bell, MD Family Health Center** 130 Varnfield Drive Summerville, SC 29483 Monday, Tuesday, and Thursday 8:00am-5:00pm Wednesday 9:00am-6:00pm Friday 8:00am-12:00pm

School Based Health Sites		Hours of Operation: August-May
Baptist Hill Middle High School 5117 Baptist Hill Road Hollywood, SC 29449 Tuesday 8:30am-1:00pm	**Deer Park Middle** 2263 Otranto Rd North Charleston, SC 29406 Friday 8:30am-12:30pm *School Based Medical Mobile Unit 2	**Mary Ford Early Learning & Family Center** 3180 Thomasina McPherson Blvd North Charleston, SC 29405 Wednesday 9:00am-4:00pm *School Based Medical Mobile Unit 2
Jerry Zucker Middle School of Science 6401 Dorchester Road North Charleston, SC 29418 Monday 8:30am-4:30pm *School Based Medical Mobile Unit 2	**Morningside Middle School** 1999 Singley St North Charleston, SC 29405 Thursday 9:30am-1:00pm *School Based Medical Mobile Unit 2	**R.B. Stall High School** 3625 Ashley Phosphate Rd North Charleston, SC 29418 Tuesday 9:00am-1:30pm
Black Street Elementary 256 Smith St Walterboro, SC 29488 Wednesday 8:30am-1:30pm *School Based Medical Mobile Unit 3	**Hunley Park** 2872 Azalea Dr North Charleston, SC 29404 Friday 8:30am-12:30pm *School Based Medical Mobile Unit 2	**Forest Hill Elementary** 633 Hiers Corner Rd Walterboro, SC 29488 Tuesday 8:30am-1:00pm

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East Coast Migrant Head Start 14405 Bells Highway Lodge, SC 29082 Days Vary 5:30pm-9:30pm *Days are based on the needs of the agricultural worker's schedule

Agricultural Worker Camp	Hours of Operation: Days are based on the needs of the agricultural worker's schedule
Fields Farm Camp 3129 River Road Johns Island, SC 29455	**Packing Shed Housing Camp** 711 Brownwood Road Johns Island, SC 29455

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Additional Services

Community Health Care is a Patient-Centered Medical Home providing services for your entire family. Our patients have their own healthcare team that uses a whole care approach which identifies your medical, dental, pharmacy, behavioral health, and specialty needs. Your provider will order tests, procedures and specialty referrals based on care need that you identify together. Services are provided through ten medical clinics. For those without insurance, or who are underinsured, care is provided on a sliding-fee scale based on income and family size.

- ***Maternal Health services*** include specialized maternity programs with referral services and pregnancy and infant care education.
- ***Behavioral Health services*** include mental and substance abuse assessment and counseling.
- ***Dental services*** include general and cosmetic dentistry needs, as well as diagnostic services.
- ***Pharmacy services*** offer discounted prescriptions, mail orders, and site delivery options.
- ***Lab services*** are available at all sites allowing services to be provided during patient visits**.** Rapid HIV testing is provided as a routine service to patients ages 18-64 and all pregnant women. Any patient can decline ("opt-out") or defer testing by completing a form located at the front desk.
- ***Patient Care Navigator*** includes assessment, planning, coordination, monitoring, and evaluation of options and resources to meet an individual's specific needs.
- ***Agricultural Workers Outreach services*** include health screenings, health education, and information to agricultural workers through our Hollywood, Johns Island, and Walterboro locations.
- ***Homeless Outreach services*** Include medical exams and screenings in addition to mental healthcare and social work support for the homeless population.
- ***Affordable Care Act Enrollment*** includes the assistance of individuals with navigating the insurance marketplace.
- ***Best Chance Network*** is a program through DHEC that provides breast and cervical cancer screening at no charge for South Carolina women who meet program eligibility requirements.
- ***Choose Well*** is a program through New Morning Foundation at no charge that helps us connect women and men to reproductive counseling and contraceptive care.
- ***SC Thrive*** partners with Fetter to provide innovative access to resources, such as SNAP benefits, Military and Veteran assistance, and healthcare initiatives.
- ***Dietician*** at FHCN, a dietitian can offer customized nutrition education services and medical nutrition therapy for children and adults with concerns about Cancer, Food allergies/intolerance, Gastrointestinal disorders, Heart health, Kidney disease, Pulmonary disease, Weight loss/obesity
- ***Invision Mammography (onsite)*** when it comes to the health of your breast, only the latest, state-of-the-art technology will do. FHCN in collaboration with Invasion Diagnostics offers comfortable, precise digital mammography using the latest technology available
- ***Welvista***-is a 501(c)3 organization that helps uninsured and underserved South Carolinians gain access to essential health services while reducing the long-term costs of health care that result from untreated conditions.
- **Affordable Care Assistants**

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APPROPRIATE PATIENT CONDUCT

Smoking Policy: This is a non-smoking facility. Smoking and tobacco use are not permitted.

Drugs and/or Alcohol: Drugs and/or alcohol are not permitted on the premises. Consumers under the influence of drugs or alcohol will not be permitted at the facility. Prescription and non-prescription drugs must be in their original containers when brought to your health care visit.

Violent, Disruptive, or Disrespectful Behavior: No violent, disruptive, or disrespectful behavior will be permitted. Examples of such behavior include but are not limited to fighting, swearing, threatening a staff member, stealing, refusing to follow orders or instructions, etc. No weapons of any kind are permitted on the property or in the facility. Significant or persistent violations of program rules will result in permanent banning from the faculty.

Physical and/or Sexual Behavior: Physical and/or sexual relations are not permitted in or on the grounds of the facility. Anyone who participates in this type of behavior will be discharged.

Personal Items/Valuables: Fetter Health Care Network, INC. is not responsible for any patient's lost or stolen property. Please do not leave your valuables unattended in or outside of the facility. Any items left at the health center for more than seven (7) days will be donated or discarded.

Fire/Safety Information: Exit plans are located throughout the facility and in the lobby area. These plans show exit routes from all areas of the building and the location of fire extinguishers. If you need assistance identifying the plan, please see a staff member to assist you. Fire evacuation drills are held regularly at different times of the day. All occupants of the facility are required to follow evacuation procedures during these drills.

Consumer Rights/Grievances/Satisfaction Surveys

- You have the right to confidentiality. Upon registration, a Privacy Notice and Your Consumer Rights will be made available. We ask that you sign verifying your understanding of these rights.
- If at any time you feel your rights have been violated or you are not satisfied with your treatment you may complete a Consumer Grievance form. These forms are located in the front lobby. After completing the form, please place the grievance in the lock box on the wall. A staff member from the Quality Department will follow up on all grievances.
- Satisfaction surveys are conducted via phone. You may receive a call from an automated assistant via your phone number on record. You are encouraged to complete the survey, as they are reviewed by our Quality Department, and it will assist FHCN in improving services.

If you are unable to locate or complete any of the forms listed above, a staff member will assist you.

Code of Ethics Statement

All staff employed in positions at Fetter Health Care Network, Inc. are bound by our Code of Ethics, Statement of Standards, and Professional Ethics. The Code of Ethics and Standards requires that the highest moral principles be maintained, and the behavior of staff be beyond reproach to ensure that the integrity and welfare of clients, staff, and programs are maintained. The complete Code of Ethics, Statement of Standards, and Professional Ethics are available upon request.

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NOTICE OF PRIVACY PRACTICES

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

A. Our Commitment to Privacy: Privacy Notice Distributed to Patients:

You have entrusted Fetter Health Care Network with the responsibility of providing health care for you and your family. We are dedicated to maintaining your trust. We know that the privacy of your medical information is important to you. That's why we take our responsibility to protect the privacy of your medical information very seriously.

This privacy notice describes how we protect the privacy of your health information. It describes what medical information is collected, how it is used, and with whom it is shared. This notice also explains your rights as well as our obligations regarding the uses and disclosures of your medical information.

This notice applies to services you receive at any of our centers, and any outside facility with whom we have contracted to assist in the delivery of your health care. Any of these entities, sites and locations may share your medical information for treatment, payment, or healthcare operations, as described in this Notice and by law. Please be aware your outside doctor may have different notices and policies about the use and disclosure of your medical information created in his or her hospital, office, or clinic. We are required by law to provide you with the notice of our privacy practices and legal obligations regarding your medical information; to abide by the term of this notice, and to ensure that any medical information identifying you is kept secure and private.

If you have any questions about this Notice of Privacy Practices or questions and complaints regarding how your medical information is handled, please contact:

Fetter Health Care Network
Attn: Quality Department
51 Nassau St.
Charleston, SC 29403
(843) 722-4112

B. Complaints:

If you are concerned that your privacy rights may have been violated, you may contact the Quality Director listed above. You may be asked to submit your concern in writing. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

C. Our Uses and Disclosures of Your Medical Information for Treatment, Payment, and Health Care Operations:

Any time you receive services from a hospital, physician, or another healthcare provider, a record of your encounter is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information is linked with your name, or other personal identifiers, and is referred to as your health record or medical record. The information contained within your health record can be used in a variety of ways, such as, to provide medical care, to receive payment for care provided, and to support daily business operations. Disclosures of your medical information for purposes described in this Notice may be made orally, electronically, in writing, or via facsimile.

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Pursuant to HIPAA and South Carolina State law, we may use or disclose your medical information for several purposes. We will not use or disclose your medical information without your written authorization, except in the situations described below. If you give us a written authorization, you have the right to revoke that authorization. However, please be advised the revocation will not apply to any uses or disclosures made prior to the revocation, while the authorization was still in effect.

- **Treatment:** We may use your medical information to provide you with medical care in any of our facilities or in your home. We may also share your medical information with others who provide care to you such as hospitals or nursing homes. Services may be rendered by physicians, nurses, nurse practitioners, physician assistants, medical and nursing students, therapists, technicians, emergency service and transportation providers, medical equipment providers, pharmacies, and others involved in your care. For example, different hospital departments may share your medical information to coordinate your prescriptions, laboratory, x-rays, and other medical needs.
- **Payment:** We may use and disclose your medical information as needed to receive payment for the medical care that we provide to you, or to assist others who care for you to receive payment for the care they provide. For example, we may share your medical information with a billing company or with your health insurance plan to obtain prior approval for your care or to make sure your plan will cover your care.
- **Health Care Operations**: We may use or disclose your medical information for our quality assurance activities and as needed to run our health care facilities. We may also use or disclose your medical information to obtain legal, auditing, accounting, and other services, and for teaching, business management, and planning purposes. We may use your medical information in combination with other patients' medical information to compare our efforts and to learn where we can improve our care and services. We may disclose your information to businesses and individuals (e.g., medical transcription services) who perform services for us and abide by our Notice of Privacy Practices.

D. Appointments/On-Site Contacts:

We may use your medical information to contact you about upcoming appointments and to obtain your registration information. In the course of business, we may need to contact you by overhead page or ask you to write your name on a sign-in sheet. In these instances, we take reasonable precautions to protect your privacy.

E. Treatment Alternatives, Health Benefits, Fundraising, and Marketing:

We may use and disclose your medical information to tell you about treatment alternatives, and health-related benefits and services. We may contact you regarding Fetter Health Care Network fundraising events or activities. We may use your information to tell you about our products or services or to provide product samples of other similar goods. We must obtain written authorization to use or disclose protected health information for marketing purposes. Patients can opt out at any time by providing written notification.

F. Religious Affiliation:

In the event that religious affiliation is included, we may disclose that information to members of the clergy even if not requested by name.

G. Individuals Involved in Your Care or Payment for Care:

We may release medical information about you to a friend or family member whom you identify as being involved in your medical care. As long as you do not object, we may also give information to someone who helps pay for your care. If you are an inpatient or in

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the emergency room, we may also tell your family or friends about your general condition and location, with authorization when required. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

H. Research:

Under certain circumstances, we may use or disclose medical information about you, for research purposes, without your authorization. For example, we may disclose your medical information to researchers who request it for approved research projects. However, with limited exceptions, such disclosures must be cleared through a special approval process before any medical information is disclosed to the researchers. Researchers will be required to safeguard the medical information they receive. All research projects are subject to approval by Fetter Health Care. The organization reviews the risks and benefits of a proposed research project including the use of medical information in accordance with federal regulations. Before we use or disclose medical information for research, the project must be approved through this review process. We may use your medical information in preparation for conducting research (e.g., to help look for patients with specific medical conditions). Medical information used in preparation for conducting research will not leave the institution.

I. To Avert a Serious Threat to Health and Safety:

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

J. Disclosures as Required by Law or to Assist in Law Enforcement or National Security:

In accordance with state and federal laws, we are required to disclose medical information for the following purposes:

- Community and public health activities and reports such as disease control, abuse or neglect, and health and vital statistics.
- Administrative oversight activities such as audits, investigations, licensure, or determining the cause of death.
- Court orders or legal processes related to law enforcement activities including custody of inmates, legal actions, or national security activities.
- Organ and tissue donation and transplant reports, as required by regulatory organizations, are necessary to facilitate organ or tissue donation and transplant.
- Workers' compensation or other rehabilitative activities reporting as required by law or insurers to provide benefits for work-related or victim injuries or illnesses.
- Law enforcement release of information if asked to do so by a law enforcement individual in connection with criminal activity.
- Coroners, Medical Examiners, and Funeral Directors: We may release medical information to a coroner, medical examiner or funeral director.
- National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President of the United States and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.
- Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

K. Your Individual Rights:

Access and Copies: Generally, you have the right to look at or receive a copy of medical information that we keep about you. We may charge you for costs we incur related to your request. We may deny your request to inspect and copy your records in certain, very

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limited, circumstances. For example, a request may be denied if the review of the records is reasonably likely to endanger the life or physical safety of the individual or another person. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional will be chosen by the organization to review the request and denial. A review of the request and denial does not guarantee that the denial will be overturned.

- **Disclosure List:** You have the right to receive, upon request, a list of disclosures on your health information that we have made, with the exception of disclosures made for treatment, payment, or health care operations, and disclosures that you have authorized. The list you receive can include disclosures that have been made in the six years prior to the date your request is made. Your first request in a 12-month period is free. After that, we may charge for additional requests.
- **Amendments:** If you believe that information in your record is incorrect, or that information is missing, you have the right to request an amendment be made to your record. This request must include why you believe your record contains
- missing or inaccurate information. We may deny your request if it is not in writing or if it does not include a reason to support the request. In addition, we may deny the request if we determine that the information is complete and accurate, was not created by us, is not part of the medical record kept by or for our facility or is not part of the information that you would be permitted to inspect and copy under certain circumstances.
- **Confidentiality:** You have the right to request that your medical information be shared with you in a confidential manner.
- **Restrictions:** You may submit a written request to restrict how we use or disclose your health information. We will send you a written response informing you about our ability to honor your request.
- **Copies of our Notice of Privacy Practices:** You can ask for a copy of our current Notice of Privacy Practices at any time. If this Notice of Privacy Practices was sent to you electronically, you may request a paper copy.
- **Whom to Contact:** To exercise any of the rights described above, please send a written request to the Quality Director listed on page two (2) of this Notice.
- **Inclusion:** You have the right to receive appropriate care regardless of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status, and ability to pay.

L. Changes to Our Notice of Privacy Practices:

We may change our Notice of Privacy Practices from time to time. The changes will apply to all medical information about you that we have at the time of the change, and to all medical information about you that we keep in the future. Generally, the changes will take effect when they appear in a revised Notice of Privacy Practices. A copy of our current notice will be posted in our facilities and will be made available to all patients. To learn more about our privacy practices, contact our office listed on the first page of this Notice.

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LIMITS OF CONFIDENTIALITY

In general, the law protects the privacy of all communications between a client and a Licensed Mental Health Professional (LMHP). In most situations, we can only release information about your treatment to others if you sign a written authorization form. There are other situations that require only that you provide written, advance consent. Your signature below provides consent for those activities, as follows:

- Your LMHP may also occasionally find it helpful to consult with other professional staff members about a case. If you don't object, your LMHP will not tell you about these consultations unless he or she feels that it is important to your work together. Your LMHP will note all consultations in your clinical record.
- In addition, we need to share protected information with administrative staff for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All staff members have been given training about protecting your privacy and have agreed not to release any information outside Fetter Health Care Network, INC. without the permission of a professional staff member.

There are some situations where we are permitted or required to disclose information either with or without your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your treatment, we cannot provide such information without your (or your legal representative's) written authorization, or court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your LMHP to disclose information.
- If a government agency is requesting information for health oversight activities, we may be required to provide it for them.
- If a client files a complaint or lawsuit against an LMHP, we may disclose relevant information regarding that client in order to defend the LMHP.
- If a client files a worker's compensation claim, we must, upon appropriate request, provide a copy of the client's record or a report of her/his treatment.

There are some situations in which the LMHP is legally obligated to take actions that she or he believes are necessary to attempt to protect others from harm, and we may have to reveal some information about a client's treatment. If such a situation arises, your LMHP will make every effort to fully discuss it with you before taking any action and will limit the disclosure to what is necessary.

- If your LMHP has reason to believe that a child or vulnerable adult is being neglected or abused, the law requires that the situation be reported to the appropriate state agency.
- If the LMHP believes you present a clear and substantial danger of harm to yourself or /others, he or she will take protective actions. These may include contacting family members, seeking hospitalization for you, notifying any potential victim(s), and notifying the police.

While this summary is designed to provide an overview of confidentiality and its limits, it is important that you read our Notice of Privacy Practices for more detailed explanations and discuss any questions you may have with your LMHP.

Fetter Health Care
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Charleston, SC 29403
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Fax (866) 285-7156

INFORMED CONSENT FOR COUNSELING SERVICES

This document contains important information about our counseling services and policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices. The Notice of Privacy Practices applies to all the services you receive here.

Counseling Services

The counseling services we provide include individual, couples, family, and group psychotherapy for mental health and substance abuse. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy calls for an active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience.

In your first session, your therapist will evaluate your needs and offer you some sense of what therapy will entail including how you will work together to address your concerns. You should evaluate this information and whether you feel comfortable working with your therapist. If you have questions about our procedures, you should discuss them with your therapist whenever they arise. You have the right to ask for the rationale for any aspect of your treatment or to decline any part of your treatment. You also have the right to request another therapist.

Eligibility

Counseling services are available to all persons who receive primary health care service through Fetter Health Care Network, INC. (FHCN); a referral is needed from your primary care provider to establish service.

Policies Regarding Appointments

Individual, couples, and family sessions can be scheduled up to 45 minutes. If you are running late for a scheduled appointment, please contact your therapist as soon as possible. If you are more than 15 minutes late, you may be asked to reschedule. If you cannot make a scheduled appointment, it is your responsibility to the clinic to reschedule or cancel.

Minors

Clients under 18 years of age, who are not emancipated, and their parents/guardians should be aware that the law allows parents/guardians to examine their child's treatment records unless it is believed that doing so would endanger the child or there is an agreement to the contrary. Because privacy in psychotherapy is crucial to successful progress, parents/guardians will only be provided with general information about their child's progress and attendance during treatment. They will also be provided with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless the child or

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someone else is in danger, in which case, the parents/guardians will be notified. Before giving parents/guardians any information we will discuss the matter with the minor, if possible, and do our best to handle any objections they may have with what we are prepared to discuss.

Professional Records

The laws and standards of our profession require that we keep Protected Health Information about you in your clinical record. Your clinical record includes information about your reasons for seeking therapy, a description of the ways in which your problem affects your life, your diagnosis, the goals for treatment, your progress toward those goals, your medical and social history, your treatment history, results of clinical tests (including raw test data), any past treatment records that we receive from other providers, reports of any professional consultations, any payment records, and copies of any reports that have been sent to anyone. You may examine and/or receive a copy of your clinical record, if you request it in writing, except in unusual circumstances that involve danger to yourself and/or others or when another individual (other than another health care provider) is referenced, and we believe disclosing that information puts the other person at risk of substantial harm. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We, therefore, recommend that you initially review them in the presence of your therapist, or have them forwarded to another counseling professional so you can discuss the contents.

In An Emergency

In some instances, you might need immediate help at a time when your therapist is not available. These emergencies may involve suicidal thoughts, thoughts of wanting to hurt someone else or thoughts of committing dangerous acts. If you find yourself in any emergency situation, you may access care through the South Carolina Crisis Hotline at 1-(800) 613-8379. You can also visit the nearest Emergency Room and ask for the mental health professional on call.

Below are some additional numbers which are answered on a 24-hour basis and may be helpful to you in case of an emergency:

- **South Carolina Crisis Hotline: 1-800-613-8379**
- **National Domestic Violence Hotline: 1-800-799-7233**
- **National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255)**

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CANCELLATION, NO-SHOW POLICY & REFUSAL TO PAY POLICIES

CANCELLATION

To help patients of the Fetter Health Care Network (FHCN), our automatic system will call to confirm your appointment before your scheduled appointment. We understand that sometimes you need to cancel or reschedule your appointment. If you cannot keep your appointment, please call to cancel the appointment as soon as possible, but no later than 24 hours prior. **By canceling your appointment as soon as possible, we can help patients who are waiting to be seen.**

How Do I Cancel My Appointment?

Please call the FHCN site at **843-772-4112 (Dental: 843-723-9582).** If you get our voicemail, please do not hang up. Leave the following information:

- **Your name and phone number**
- **The date and time of your appointment**
- **The reason you are canceling your appointment.**

NO-SHOW POLICY

- Effective April 1, 2017, Fetter Healthcare Network will enforce a No-Show Policy.
- If you do not call to cancel your appointment ahead of time, it will be considered a "No-Show" visit and will be recorded in your chart.
- Multiple no-show visits can end your ability to receive healthcare services at the health center.
- Our No-Show Policy appointments not canceled at least 24 hours prior to the appointment time are considered a No-Show.
- Patients with three No-Show in a 12-month period will be assessed a $5.00 No-Show Fee.
- Patients with 4 or more No- Show will be required to pay the $10.00 No-Show Fee and co-pay or Sliding Fee payment prior to scheduling an appointment.
- **No-Show fees AND your current co-pay are due prior to your next scheduled appointment.**

Refusal to Pay

Fetter Health Care Network's policy is to collect all balances due from patients fairly and equitably and in a manner consistent with applicable laws and rules from Medicare and private insurance carriers. We understand that circumstances may arise that may prevent timely payment on a patient's account. However, when a patient demonstrates an unwillingness to pay for services Fetter Health Care Network must take steps to prevent excessive write-off adjustments.

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CONSUMER RIGHTS

Your rights as a consumer of Fetter Health Care Network, INC. are protected under South Carolina Law. Below is a simplified outline of those rights:

- The right to receive care suited to your needs.
- The right to receive services that respect your dignity and protect your health and safety.
- The right to be informed of the benefits and risks of your treatment.
- The right to participate in planning your own program.
- The right to refuse service, unless a Physician, licensed Psychologist, or LCSW, feels that refusal would be unsafe for you and/or others. If services are mandated by the judicial system and you refuse services, the proper authorities will be notified.
- The right to prompt and confidential services. The right to privacy and to be free from retaliation.
- The right to review/obtain copies of your records, unless Physician decides it is not in your best interest.
- The right to exercise all civil, political, personal, and property rights, to which you are entitled as a residential citizen of the state of South Carolina.
- The right to remain free from "time-out" procedures unless such measures are used in providing effective treatment or for protecting your safety or the safety of others.
- The right to remain free of physical abuse and neglect, including sexual abuse and physical punishment.
- The right to remain free of psychological abuse, including humiliating, threatening, and/or exploiting actions.
- The right to remain free from financial abuse, including any exploitation for financial gain and/or misuse of your money.
- The right to file a complaint or grievance if you feel that one or more of these rights has been restricted or denied. The Names, Addresses, and Phone Numbers of your Consumers Rights Representatives are provided at each of our sites. To file a complaint or grievance in writing you may visit any of our site locations. Grievance forms and the box is located in all of our lobbies.

Call or Write to:
Office of Regulatory Services, ORS
Consumer Complaints
1401 Main Street, Suite 900
Columbia, South Carolina 29201
(803) 737-0800

-OR-

Call or Write Internally to:
Operations
Fetter Health Care Network, INC.
51 Nassau Street
Charleston, South Carolina 29403
(843) 722-4112 ext. 3011

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Patient Rights

Your Individual Rights: Access and Copies: Generally, you have the right to look at or receive a copy of medical information that we keep about you. We may charge you for costs we incur related to your request. We may deny your request to inspect and copy your records in certain, very limited, circumstances. For example, a request may be denied if the review of the records is reasonably likely to endanger the life or physical safety of the individual or another person. If you are denied access to medical information, you may request that the denial be reviewed. A licensed healthcare professional will be chosen by the organization to review the request and denial. A review of the request and denial does not guarantee that the denial will be overturned.

Disclosure List: You have the right to receive, upon request, a list of disclosures on your health information that we have made, with the exception of disclosures made for treatment, payment, or health care operations, and disclosures that you have authorized. The list you receive can include disclosures that have been made in the six years prior to the date your request is made. Your first request in a 12-month period is free. After that, we may charge for additional requests.

Amendments: If you believe that information in your record is incorrect, or that information is missing, you have the right to request an amendment be made to your record. This request must include why you believe your record contains missing or inaccurate information. We may deny your request if it is not in writing or if it does not include a reason to support the request. In addition, we may deny the request if we determine that the information is complete and accurate, was not created by us, is not part of the medical record kept by or for our facility or is not part of the information that you would be permitted to inspect and copy under certain circumstances.

Confidentiality: You have the right to request that your medical information be shared with you in a confidential manner.

Restrictions: You may submit a written request to restrict how we use or disclose your health information. We will send you a written response informing you about our ability to honor your request.

Copies of our Notice of Privacy Practices: You can ask for a copy of our current Notice of Privacy Practices at any time. If this Notice of Privacy Practices was sent to you electronically, you may request a paper copy.

Whom to Contact: To exercise any of the rights described above, please send a written request to the Chief Quality Officer listed below.

Inclusion: You have the right to receive appropriate care regardless of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status, and ability to pay.

Changes to Our Notice of Privacy Practices: We may change our Notice of Privacy Practices from time to time. The changes will apply to all medical information about you that we have at the time of the change, and to all medical information about you that we keep in the future. Generally, the changes will take effect when they appear in a revised Notice of Privacy Practices. A copy of our current notice will be posted in our facilities and will be made available to all patients.

Our Commitment to Privacy: Privacy Notice Distributed to Patients:
You have entrusted Fetter Health Care Network with the responsibility of providing health care for you and your family. We are dedicated to maintaining your trust. We know that the privacy of your medical information is important to you. That's why we take our responsibility to protect the privacy of your medical information very seriously.

This privacy notice describes how we protect the privacy of your health information. It describes what medical information is collected, how it is used, and with whom it is shared. This notice also explains your rights as well as our obligations regarding the uses and disclosures of your medical information.

This notice applies to services you receive at any of our centers, and any outside facility with whom we have contracted with to assist in the delivery of your health care. Any of these entities, sites and locations may share your medical information for treatment, payment, or healthcare operations, as described in this Notice and by law. Please be aware your outside doctor may have different notices and policies about the use and disclosure of your medical information created in his or her hospital, office, or clinic. We are required by law to provide you with the notice of our privacy practices and legal obligations regarding your medical information; to abide by the term of this notice; and to ensure that any medical information identifying you is kept secure and private.
If you have any questions about this Notice of Privacy Practices or questions and complaints regarding how your medical information is handled, please contact:

Fetter Health Care Network
Attn: Quality Department
51 Nassau St.
Charleston, SC 29403
(843) 722-4112

Complaints: If you are concerned that your privacy rights may have been violated, you may contact the Chief Quality Officer listed above. You may be asked to submit your concern in writing. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

HRSA
FTCA Deemed Facility

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TERMS AND CONDITIONS FOR THE USE OF E-MAIL AND TEXT MESSAGING COMMUNICATIONS

I agree to the following terms and conditions for the use of e-mail and text messaging (and other rules that may be added and provided to me from time to time):

- All e-mail and text message communication will be included in the patient's medical record.
- Fetter Health Care Network cannot guarantee that any e-mail or text message will be read and responded to within a specific timeframe. The typical timeframe for response is less than one business day, however, it may take 1 week or longer if the person to whom the e-mail/text message is sent is away or if the email system/mobile network is not working**. Therefore, e-mail and text messaging should not be used for medical or mental health emergencies or other matters that require an** urgent response.
- If the patient has not received a response within a reasonable time period, it is the patient's responsibility to call Fetter Health Care Network in order to determine whether the intended recipient received the e-mail and when the recipient will respond.
- The patient or parent/guardian should not use e-mail or text messages to discuss any subjects that the patient or parent/guardian feels should be kept confidential, including any sensitive medical information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability or substance use.
- Where applicable, you may see a charge from your insurance for the time necessary for the providers response to the electronic communication.
- It is the patient's responsibility to protect the mobile device from being used or viewed by others. The patient or parent/guardian is responsible for protecting his/her password or other means of access to e-mail or text messaging. Fetter Health Care Network is not liable for information read by other people.
- It is the responsibility of the patient/guardian to inform Fetter Health Care Network of any change in e-mail or text message addresses.
- A Fetter Health Care Network provider, at his or her own discretion, may determine that a telephone call or office visit is more appropriate for communication with the patient. If a Fetter Health Care Network's provider determines that an office visit is necessary or if the patient wants an office visit, it is the patient's responsibility to call to schedule an appointment.
- Standard text message rates may apply.
- Consent to Electronic Communications may be withdrawn by e-mail or written communication to Fetter Health Care Network.

Best Practice Utilization for E-mail Communication:

- When initiating e-mail communication **include the patient's full name and date of birth in the body of the first e-mail message and not in the subject line** to ensure that Fetter Health Care Network staff is in communication with the correct person.
- **Include the category for the communication in the e-mail's subject line, (e.g., "I have a laboratory test question")** to ensure that the electronic communication can be forwarded to the appropriate person instance.

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GOOD FAITH ESTIMATE

Beginning January 1, 2022, if you're uninsured or don't plan to submit your claim to your health plan, health care providers and facilities must provide you with a "good faith estimate" of expected charges before you get an item or service. The good faith estimate isn't a bill.

Providers and facilities must give you a good faith estimate if you ask for one, or when you schedule an item or service. It should include expected charges for the primary item or service you're getting, and any other items or services provided as part of the same scheduled experience.

In 2022, the estimate isn't required to include items and services provided to you by another provider or facility, but you can ask these providers or facilities for a separate estimate.

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Fax: (843) 722-5726

ANNUAL PATIENT REGISTRATION FORM

PERSONAL INFORMATION

Last Name: First Name: Middle Name:

Address: City: State: Zip:

Date of Birth: Social Security:

Home Phone: Cell Phone: Other:

Email:

Emergency Contact: Phone: Relationship:

Preferred Pharmacy:

Street Address: City: State: Zip:

HELP US GET TO KNOW YOU BETTER

Gender at birth: ☐ Male ☐ Female Preferred Pronoun: _____

Gender Identity: ☐ Male ☐ Female ☐ Transgender Male (Female to Male) ☐ Transgender Female (Male to Female) ☐ Gender Queer ☐ Other ☐ Prefer Not to Say

Sexual Orientation ☐ Lesbian/Gay Homosexual ☐ Straight Heterosexual ☐ Bisexual ☐ Prefer Not to Say ☐ Other: _____

Marital Status: ☐ Single ☐ Married ☐ Partner ☐ Separated ☐ Divorced ☐ Widowed ☐ Unknown

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Check All ☐ Black/African American ☐ White ☐ American Indian/Alaskan Native ☐ Native Hawaiian ☐ Chinese ☐ Other Pacific Islander ☐ Korean ☐ Guamanian or Chamorro ☐ Asian Indian ☐ Filipino ☐ Japanese ☐ Vietnamese ☐ Samoan ☐ More than one race ☐ Other (Name race(s): _____

Preferred Language ☐ English ☐ Spanish Other _____ Translator needed Yes No

Are you Homeless? ☐ Yes ☐ No If yes, you are ☐ Doubling up ☐ Shelter ☐ Street ☐ Transitional Housing ☐ Other

Are you a Veteran? ☐ Yes ☐ No

Are you an Agricultural? ☐ Yes ☐ No If yes, you are ☐ Migrant ☐ Seasonal Worker

FAMILY SERVICES

Please help us extend our services to those in need by providing information about you and your family below:

Family Size: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 or more

Household Income Level: $

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ANNUAL PATIENT REGISTRATION FORM

SCHIEx (South Carolina Health Information Exchange)

Enables physicians across SC to view the patient information they need to make well-informed decisions. By providing real-time access to life-saving data, SCHIEx is improving the quality, safety, and efficiency of healthcare delivery in our state.

SCHIEx Consent: ☐ **Yes** ☐ **No** **If no, state reason:** _____

PATIENT-PROVIDER COMMUNICATION ACCESS

I understand and agree but I may be contacted by: Required to select two (2).

YES	NO	Patient Portal		YES	NO	Telephone		YES	NO	Text		YES	NO	Emergency Contact
YES	NO	Postal Service		YES	NO	Voicemail		YES	NO	Email				

RESPONSIBLE PARTY INFORMATION (Any patient under 18 must have a responsible party)

☐ **Patient (18 years or older)** ☐ **Custodial Parent** ☐ **Guardian** (proof of legal status required for treatment

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Date of Birth: _____ **Social Security:** _____

Home Phone: _____ **Cell Phone:** _____ **Other:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

MEDICAL INSURANCE (Medicaid and/or Medicare)

□ I currently have MEDICAL insurance (see below)
□ I currently DO NOT have MEDICAL insurance.
□ I would like to apply for the SLIDING-FEE SCALE
Medical Insurance Name: _____

Policy/ID Number: _____
□ I currently have secondary MEDICAL insurance (see below)
Medical Insurance Name: _____

Policy/ID Number: _____

DENTAL INSURANCE

□ I currently have DENTAL insurance (see below)
□ I currently DO NOT have DENTAL insurance.
□ I would like to apply for the SLIDING-FEE SCALE
Dental Insurance Name: _____

Policy/ID Number: _____
□ I currently have secondary DENTAL insurance (see below)
Dental Insurance Name: _____

Policy/ID Number: _____

PRESCRIPTION INSURANCE

□ I currently have PRESCRIPTION insurance (see below)
□ I currently DO NOT have PRESCRIPTION insurance.
□ I would like to apply for the SLIDING-FEE SCALE
Medical Insurance Name: _____

Policy/ID Number: _____
□ I currently have secondary PRESCRIPTION insurance (see below)
Medical Insurance Name: _____

Policy/ID Number: _____

ADDITIONAL INSURANCE

□ I currently have ADDITIONAL insurance (see below)
□ I currently DO NOT have ADDITIONAL INSURANCE
Medical Insurance Name: _____

Policy/ID Number: _____

Name of Patient (Parent or Guardian): _____ Date _____

Signature of Patient (Parent or Guardian): _____ Date _____

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ANNUAL PATIENT REGISTRATION FORM

Consent for Release and Consent to Treatment Health Information
for Treatment, Payment, and Health Care Operations

In order to protect your privacy, we ask that you complete this form so we know the ways in which we may communicate with you regarding your health information. Please mark as many of the communication options below as you feel comfortable with, so we have multiple ways to reach you regarding important matters concerning your health care.

Patient Full Name (print): _____ **Date of Birth:** ____/_____/_____
Last 4 of SS#_____

I prefer to receive my appointment reminders and information in the following method:
□ **Text message** □ **Phone call** □ **Patient Portal** □ **Email** □ **Documentation**

I authorize Fetter Health Care Networks to discuss my healthcare as indicated with the following individuals:

Name:			Name:			Name:		
Name:			Name:			Name:		
Relationship:			Relationship:			Relationship:		
Phone:			Phone:			Phone:		
Yes	No	Appointment Reminders	Yes	No	Appointment Reminders	Yes	No	Appointment Reminders
Yes	No	Test Results	Yes	No	Test Results	Yes	No	Test Results
Yes	No	Billing Information	Yes	No	Billing Information	Yes	No	Billing Information
Yes	No	Room with Doctor	Yes	No	Room with Doctor	Yes	No	Room with Doctor

If applicable, minor children's immunization records and/or school excuses may be released as needed to the following schools and daycares if applicable:

_____

_____
Name Phone

_____
Name Phone

Initial	Expiration Date	Permission to Release the Following:
		I hereby waive any psychiatrist-patient and/or psychologist-patient privilege with respect to information released to the above-named individual or agency.
		I hereby waive any privileges concerning records of infectious or contagious disease, including TB, STD, HIV/AIDS confidential information with respect to records released to the above name individual or agency.
		I hereby waive any privileges concerning records of drug or alcohol abuse and/or treatment or mental health treatment with respect to records released to the above-name individual or agency.
		I hereby consent to the release of information for case management services related to discharge planning and social services benefits.
		I hereby consent to the release of all healthcare information for primary care services related to diagnosis, treatment, evaluation, and follow-up.
		I hereby consent to the release of healthcare information ONLY related to the following diagnosis. Please specify diagnosis or state not applicable.

I hereby release Fetter Health Care Network, its officers, agents, and employees from any and all liabilities, damages, and claims which might arise from the release of information authorized above. I understand that signing this form is voluntary and that if I do

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not sign, it will not affect the quality of my treatment at FHCN. If I change my mind, I understand that I can withdraw this authorization by providing written notice of withdrawal. The withdrawal will be effective immediately upon my health care provider's receipt of my written notice, except that the withdrawal will not have any effect on any action taken by my health care provider in reliance on this authorization before it received my written notice of withdrawal.

I acknowledge that this consent for the release of protected health information is **valid one year** from the signing date unless otherwise stated above.

This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing, and treatment. By signing below, you are indicating that (1) you consent to continue care even after a specific diagnosis has been made and treatment recommended, and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

Fetter Health Care Networks conducts periodic patient satisfaction surveys. Survey respondents are chosen at random. If you are chosen to receive the survey, you will receive a text message to share your opinion regarding your recent experience at our health center. Please note text message rates may apply.

Yes No	I would like to participate in Fetter Health Care Networks Patient Satisfaction Survey. I consent to receive text messages regarding my recent experience.

Fetter works to keep its patients informed about new services, locations, and providers.

Yes No	I would like to receive updates via email on record.

I understand that I have the right to change or cancel this request at any time by notifying the Privacy Officer, in writing, at Fetter Health Care Network, Attention: Quality Department, 51 Nassau St. Charleston SC 29403. I also understand that the changes or cancellations will not affect the action taken based on this request prior to the change or cancellation.

_____	_____
Patient Name (Printed)	Date
_____	_____
Signature of Patient or Legal Guardian	Date
_____	_____
FHCN's Employee Print	Date
_____	_____
FHCN's Employee Signature	Date

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RECEIPT OF INFORMATION

I understand that I can request a copy or access the below information.

Agency Forms	
□ Patient Services Orientation	□ Informed Consent for Counseling Services
□ Additional Services	□ Cancellation, No-Show Policy & Refusal to Pay Policy
□ Appropriate Patient Conduct	□ Consumer Rights
□ Consumer Rights/ Grievances and Satisfaction Surveys	□ Patient Rights and Responsibility
□ Code of Ethics Statement	□ Patient-Provider Communication Access
□ Notice of Privacy Practices	□ Good Faith Estimate
□ Limits to Confidentiality	□ Consent for Release and Treatment

I understand that I can request or retrieve a copy of the above document by:

- □ Requesting from the Front Desk
- □ Reviewing on Patient Portal
- □ Reviewing the forms on Agency Websites.

I acknowledge the above information:

Print Name of Patient: _____

Patient/Legal Guardian Signature: _____ Date: _____

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SLIDING FEE DISCOUNT PROGRAM APPLICATION

It is the policy of **Fetter Health Care Network (FHCN)**, to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. To comply with federal regulations, in order to give you a discount on our medical, dental, and Obstetrics prenatal services, it is necessary for us to ask some personal questions. Your answer will be kept on file and in strict confidence. You must verify your income at least every twelve (12) months. Please bring yearly income tax returns, last month's paycheck stubs, copies of your Social Security award letter, or other supported documents you may receive as proof of family income. Only the family size and annual growth income will be used to determine your eligibility and calculate your discount. I understand that I may be required to complete a work statement recertification form. Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at FHCN. This form must be completed every 12 months or if your financial situation changes.

HEAD OF HOUSEHOLD INFORMATION

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Place of Employment: _____

Home Phone: _____ **Cell Phone:** _____ **Other:** _____

Email: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

PLEASE LIST SPOUSES, DEPENDENTS UNDER AGE 18, AND OTHER HOUSEHOLD MEMBERS.

	Name	DOB		Name	DOB
Self			Dependent		
Spouse/ Partner			Dependent		
Dependent			Dependent		
Dependent			Dependent		
Household Member			Household Member		

ANNUAL HOUSEHOLD INCOME

Income Source	Self	Spouse/ Partner	Other	Total
□**Daily** □**Weekly** □ **Bi-Weekly** □ **Monthly** □ **Annually**				
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplement Security Income, public assistance, veterans' payment, survivor benefits, pension, or retirement income				
Interest, dividends, rent royalties, income for estate, trust, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.				
Total income				

Note: Copies of tax returns, pay stubs, or other information verifying income will be required before a discount is approved.

I certify that the family size and income information shown above are correct. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program. If accepted to the sliding fee program obtained under this application, I will comply with all rules and regulations of Fetter Health Care Networks medical, dental, and OB/ Prenatal programs.

Name of Patient _____ Date: _____

Signature of Patient or Guardian _____ Date: _____

Revised 01/21/2023

Fetter Health Care
NETWORK

Corporate Office:
51 Nassau Street
Charleston, SC, 29403
Phone:(843) 722-4112
Fax: (843) 722-5726

SLIDING FEE DISCOUNT PROGRAM APPLICATION

As a community healthcare center, Fetter Health Care Network offers a sliding fee discount to all patients. This benefit can help to lower the cost of medical and dental services provided by Fetter Health Care Network and make medications more affordable at our pharmacy. Any patient, with or without insurance, can apply and qualification is based on income and household size. If you are interested in completing an application or would like more information, please take a moment to view the table below to see if you may qualify. I would like more information about the sliding fee program.

☐ Yes ☐ No (if no state reason): _____

Medical		
Categories	**Fee**	**If determined that other labs are needed based on the patient's diagnosis further charges will be discussed with the patient.**
100% Poverty	$30	
101%- 133% Poverty	$35	
134%- 150% Poverty	$40	
151%- 200% Poverty	$50	
> 200%	**No Sliding Fee Scale Discount**	

Dental			
Categories	**Fee (age 2-17 years old)**	**Fee (age 18+)**	**If determined that oral hygiene is not in basic treatment, an alternative treatment will be discussed with the patient. Fluoride varnish will be provided during children's visits at an additional cost for 18+. If additional X-Rays are deemed necessary, the cost will be discussed with the patient.**
100% Poverty	$50	$50	
101%- 133% Poverty	$60	$60	
134%- 150% Poverty	$70	$70	
151%- 200% Poverty	$80	$80	
> 200%	$100	$100	

OB/ Parental			
Categories	**Fee Initial visit**	**Fee Return Visits**	**If determined that other labs are needed based on the patient's diagnosis or the patient's trimester further charges will be discussed with the patient**
100% Poverty	$180	$65	
101%- 133% Poverty	$185	$70	
134%- 150% Poverty	$190	$75	
151%- 200% Poverty	$195	$80	
> 200%	$200	**No Sliding Fee Scale Discount**	

Pharmacy			
Categories	**30 Days Supply**	**90-Days Supply***	**The patient must schedule an appointment with Patient Navigator to complete Well Vista Application within 15 days of receiving the discount.**
100% Poverty	$0.00-$3.00	$0.00-$9.00	
75% Poverty	$3.01-$8.00	$9.01-$18.00	
50% Poverty	$8.01-$16.00	$18.01-$27.00	
25% Poverty	$16.01-$24.00	$27.01-$36.00	
0%	**No Sliding Fee Scale Discount**	**No Sliding Fee Scale Discount**	

I understand by selecting NO above, I am responsible for the full payment of medical, dental, Obstetrics Parental, and Pharmacy services. I will also be required to pay for the medications filled at the Fetter Health Care Network Pharmacy.

I authorize the release of information regarding the continuation of care and/or any payments for services. I authorize a copy of the document may be used as the original document. I certify that this information is true and correct to the best of my ability.

Print Name:

Signature:

Date:

Revised 01/21/2023

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NETWORK

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SLIDING FEE DISCOUNT PROGRAM APPLICATION

FINANCIAL AND APPOINTMENT AGREEMENT

Sliding Fee Discount Program

Based on the household and income information provided by the patient, the category will be:

Poverty:

☐ **100%** ☐ **101%- 133%** ☐ **134%- 150%** ☐ **151%- 200%** ☐ **200%**

Payment Expectations

Fetter Health Care Network provides many options for patients to minimize the financial barriers to healthy, and complete care. As a courtesy, the office staff will file for all insurance including Medicaid and Medicare. However, you will be expected to pay your estimated copay at the time of service. If your insurance or Medicaid or Medicare does not pay for part or all of the services, you are responsible for the balance. We realized that a temporary financial situation may affect the timely payments of your accounts. If such a problem does arise, we encourage you to contact us promptly for assistance and management of your account.

Scheduling, Canceling, and No-Show for appointments

FHCN expected that you will check in twenty (20) minutes prior to your scheduled appointment time. Patients that arrive fifteen (15) minutes late for scheduled appointments will be asked to wait in the lobby while the Front Desk staff reviews the provider schedule for availabilities to determine if the patient can be seen at the time or at a later time. To accommodate patients that arrive late for the scheduled appointment may be seen by another Provider. An appointment must be canceled at least 24 hours prior to the time of the appointment or will be considered a “No- Show”. After three no-shows patients will be charged a fee of $5. A fee of $10 will be charged for each No- Show scheduled dental procedure.

Specialty referral

Your treatment may require services that cannot be provided at Fetter Health Care Network. In this case, you will be referred to another specialist for the completion of your treatment. Payment agreements must be made with the specialist office prior to your first visit. Sliding fees may not apply to outside providers.

Name of Patient _____ Date: _____

Signature of Patient or Guardian _____ Date: _____