



VALLEY HEALTHCARE

S Y S T E M

YOUR TOTAL HEALTHCARE SOLUTION

PATIENT HANDBOOK

WELCOME TO VALLEY HEALTHCARE SYSTEM

We are happy that you have chosen us for you and your family's healthcare needs.



VISIT US ONLINE: WWW.VALLEYHEALTHCOLUMBUS.COM



LOCATIONS

Columbus
1600 Fort Benning Road
Columbus, GA 31903
(706) 322-9599
After Hours: (706) 322-9599

Forston
94 McCrary Rd.
Fortson GA 31808
(706) 987-8216
After Hours: (706) 322-9599

Talbotton
341 North Washington Ave.
Talbotton, GA 31827
(706) 665-2585
After Hours: (706) 322-9599

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MISSION STATEMENT

Our goal is to provide comprehensive primary healthcare, selected specialties and referral services to the population of the Chattahoochee Valley area regardless of circumstances. Through this mission the Center will: minimize barriers to access; increase patient awareness and treatment compliance; provide prevention education, patient support and research programs; educate the public on health care issues; ensure operational effectiveness and financial viability; develop integrated services networks with other provider organizations; facilitate community participation in the health care planning process and; contribute directly to the economic growth and stability of the local area.

VISION STATEMENT

Valley Healthcare Systems' vision is to be the superior multi-specialty primary health care organization utilizing an outstanding realm of health care professionals and support personnel by delivering accessible, affordable, cost effective and prompt customer service.

BRIEF HISTORY

Valley Healthcare System, formerly known as Community Health Centers of South Columbus opened its doors in August 1994. This name change is reflective of the growth in our size and the services that we provide to the community. We began as a small service within the Baker Village Community of the South Columbus area. Today, we provide Family Medicine, Pediatrics, Dental, Behavioral Health, Outreach, OB/GYN, Laboratory, Vision (Ophthalmology/Optometry) and Pharmacy Services to residents of the Chattahoochee Valley and beyond.

THE STAFF

Board-Certified Family Practice , OB-GYN and Pediatric Physicians, Family Nurse Practitioners and Physician Assistants, Licensed Family Care Dentists, Ophthalmologist, Clinical Psychologist and Clinical Social Workers staff the centers. A PharmD is in the pharmacy. Staff is also available to translate in Spanish.

OFFICE HOURS

COLUMBUS:

All Departments

Monday-Friday 8:30AM-5:30PM
Pharmacy Closes from 1:00PM-2:00PM

Extended Hours Tuesday & Thursday

Medical, Pediatrics, & Pharmacy open until 8:30PM

Saturday Hours (2nd and 4th) for Medical and Vision

Medical 8:00AM- 1:00PM

FORTSON:

Family Practice

Wednesday & Thursday 8:30AM-5:30PM

TALBOTTON:

Family Practice & Dental

Monday & Tuesday 8:30AM-5:30PM

APPOINTMENTS

We encourage patients to schedule appointments in advance of the same day. To schedule an appointment please call our main number: (706) 322-9599.

To assist you in keeping appointments we have implemented a reminder system: You will receive an appointment reminder via our electronic messaging system 48 hours prior to your scheduled appointment. Please make sure we always have a current phone number to reach you. **If we are unable to reach you, your appointment may be subject to being rescheduled.** If you are more than 5 minutes late to your scheduled appointment, your appointment will be subject to being bumped or rescheduled.

AFTER HOURS CARE ANSWERING SERVICE

In the event you need to speak with a provider (physician, Nurse Practitioner, Physician Assistant or Nurse) after regular office hours, call our primary number at 706-322-9599. The answering service will contact the provider on call, and your call will be returned within 30 minutes. ***If you have an emergency situation, call 911 or go to the nearest Emergency Room immediately.*** Patients should not call the answering service after hours for medication refills.

AVAILABLE SERVICES

Women's Health

- ✓ GYN Exams, and Pap smears
- ✓ STD Testing and Treatment
- ✓ Breast Exams
- ✓ Pregnancy Testing and Counseling
- ✓ Prenatal Case Management Services
- ✓ Right From Start Medicaid
- ✓ Family Planning
- ✓ OB Services

Pediatric

- ✓ Well-child and school exams
- ✓ Hearing and vision screenings
- ✓ Infant, child & adolescent health care
- ✓ Immunizations
- ✓ Dental screening and treatment
- ✓ Sports Physicals

Family Practice

- ✓ Family Practice Medicine
- ✓ Primary Medical Health Care & Behavioral Health Care Integration Project
- ✓ Annual Physical, Work Physicals
- ✓ Diabetes, hypertension maintenance & counseling
- ✓ STD Testing and Treatment
- ✓ Family Planning

Dental

- ✓ Initial Examinations
- ✓ X-rays
- ✓ Cleaning

- ✓ Screenings
- ✓ Fillings
- ✓ Root Canals
- ✓ Extractions
- ✓ Partial
- ✓ Dentures
- ✓ Sealants

Behavioral Health

- ✓ Individual, Couples, Group and Family Therapy
- ✓ Grief Counseling
- ✓ Tele-psychiatry
- ✓ AIMS/ OUD
- ✓ Case Management

Vision

- ✓ Comprehensive Eye Exams
- ✓ Pediatric Eye Exams
- ✓ Diabetic Eye Exam
- ✓ Glaucoma Screening and Testing

Pharmacy

- ✓ Prescriptions available at a discount rate through Valley Health Care
- ✓ Medication Counseling
- ✓ Assistance with (PAM) medication programs available through Pharmaceutical Co.

** All refills for PAM medications must be ordered 30 days in advance

Laboratory

- ✓ Diagnostic testing and screens
- ✓ Test Results

Out Reach

- ✓ Spanish translation
- ✓ Transportation Assistance
- ✓ On-line Renewal Medicaid/Food Stamp
- ✓ Children's Medicaid Application
- ✓ Financial Eligibility Screening
- ✓ Planning for Healthy Babies

WEB ACCESS

Through our patient portal you have the ability to track all aspects of your care through our office. The patient portal enables our patients to communicate with our practice easily, safely, and securely over the internet.

Through the patient portal you will be able to:

- ✓ Ask questions
- ✓ Request prescription refills and referrals

- ✓ Request appointments
- ✓ Examine your current and past statements
- ✓ Review, print and share your health summary
- ✓ View your lab results

In order to access the portal, you will need to provide us with an email address. We will then send you an email invitation with a link and PIN number. Just click the link and create a new account with your name, birth date, and the PIN we provide, and immediately get access to your health information!

Begin today to take an active role in managing your health care!

HOSPITAL CARE

If you or a family member is admitted to the hospital your care during your hospital stay will be provided by a hospitalist. Once you are discharged your care will continue to be followed-up by your Primary care provider at Valley Healthcare.

PATIENT BILL OF RIGHTS

We want to encourage you, as a patient at Valley Healthcare, to speak openly with your health care team, take part in your treatment choices, and promote you own safety by being well informed and involved in your care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities while you are under our care. We invite you and your family to join us as active members of your care team.

- You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- You have the right to be called by your proper name and to be in an environment that maintains dignity and adds to a positive self-image.
- You have the right to be told the names of your doctors, nurses, and all health care team members directing and/or providing your care.
- You have the right to have a family member or person of your choice and your own doctor notified promptly if you are admitted to a hospital.
- You have the right to have someone remain with you during your office visit unless your visitor's presence compromises your or others' rights, safety or health.
- You have the right to be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes. You have the right to give written informed consent before any non-emergency procedure begins.
- You have the right to have your pain assessed and to be involved in decisions about treating your pain.
- You have the right to be free from restraints and seclusion in any form that is not medically required.
- You can expect full consideration of your privacy and confidentiality in care discussions, exams, and treatments. You may ask for an escort during any type of exam.

- You have the right to access protective and advocacy services in cases of abuse or neglect. Valley Healthcare will provide a list of these resources.
- You, your family, and friends with your permission, have the right to participate in decisions about your care, your treatment, and services provided, including the right to refuse treatment to the extent permitted by law. If you leave the office against medical advice, Valley Healthcare nor its doctors will be responsible for any medical consequences that may occur.
- You have the right to agree or refuse to take part in medical research studies. You may withdraw from a study at any time without impacting your access to standard care.
- You have the right to communication that you can understand. Valley Healthcare will provide sign and foreign language interpreters as needed at no cost to you. Spanish speaking interpreters are on staff. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you will receive additional aids to ensure your care needs are met.
- You have the right to make an advance directive and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help you complete one.
- You have the right to receive detailed information about your office charges.
- You can expect that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You have the right to request a list of people to whom your personal health information was disclosed.
- If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for Valley Healthcare. To request an amendment, your request must be made in writing and submitted to the Risk Manager and you must provide a reason that supports your request. We may deny your request for an amendment.
- You have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.
- You have the right to voice your concerns about the care you receive. If you have a problem or complaint you may talk with your provider, the Clinical Coordinator and/or Risk Manager. We request you place all complaints in writing as well as verbally.
- You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Risk Manager.
- You have the right to opt out of receiving fundraising communications from Valley Healthcare.

- You have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment of health care operations and pertains to a health care item or service for which you have paid out of pocket in full.
- You have the right to request that we communicate with you about medical matters in a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

HOW TO FILE A COMPLAINT OR GRIEVANCE

If you believe your privacy rights have been violated you may file a complaint or grievance. Complaints or grievances may be filed with Valley Healthcare or with the Secretary of the Department of Health and Human Services.

To file a complaint with Valley Healthcare, contact Marcus Greene, LPN, Risk Manager at (706) 987-8340 and/or 1600 Fort Benning Road, Columbus, GA 31903. All complaints must be submitted in writing.

To file a complaint with the Department of Health and Human Services, go to www.hhs.gov/ocr/privacy/hipaa/complaints/ for instructions on filing a complaint.

YOUR RESPONSIBILITIES AS A PATIENT

- You are expected to provide complete and accurate information, including your full name, address, preferred contact phone number, date of birth, insurance carrier and employer when it is required.
- You should provide Valley Healthcare with a copy of your advance directive if you have one. If you do not have one, we will assist you in completing one.
- You are expected to provide Valley Healthcare with your preferred pharmacy name.
- You are expected to provide complete and accurate information about your health and medical history, including your present condition, past illnesses, hospital stays, medicines, vitamins, herbal products and any other matters that pertain to your health, including perceived safety risks.
- You are expected to ask questions when you do not understand information or instructions. If you have barriers that will not allow you to follow through with your treatment plan, you are responsible for discussing those with your care team.
- You are expected to actively be involved in the management of your care, along with your care team at Valley Healthcare.
- You are expected to treat all Valley Healthcare staff, other patients and visitors with courtesy and respect and abide by the rules and safety regulations of this organization.
- You have the responsibility to keep appointments, be on time, and call Valley Healthcare if you are unable to keep an appointment.

INSURANCE COVERAGE/FEEES AND PAYMENT FOR SERVICES

Valley Healthcare System is supported in part by grants from the Department of Health and Human Services-Health Resource and Services Administration.

Most public and private insurance programs are accepted. Co-payments are collected at the time you check-in for your appointment. Insurance cards must be presented at time of service. In the event you fail to notify us about other health insurance, or changes to your insurance, you will be personally responsible for the fees

incurred for that date of service. Insurance companies do not have a time limit for retrieving money paid for claims in which they are not the primary insurance carrier.

The Sliding Fee Discount Program (SFDP) assures patients have access to all services offered by VHcS without regard for a patient's ability to pay. The only determining factors of the SFDP are a family size and income under the U.S. Department of Health and Human Services' annual Federal Poverty Guidelines. Anyone may apply for the Sliding Fee Discount Program. Intake Specialists are available to assist you in determining your eligibility.

NO PERSON IS DENIED SERVICES BECAUSE OF THEIR INABILITY TO PAY FOR SERVICES.

OUR COMMITMENT TO YOUR PRIVACY

Valley Healthcare System is committed to maintain the privacy of your Protected Health Information (PHI). As we provide treatment and services to you, we create records that contain your medical and personal information, referred to as Protected Health Information, or PHI. We need these records to provide you with quality care and to comply with various legal requirements. The terms of this Privacy Notice apply to all records containing your PHI that are created or retained by our practice. We are required by federal and state law to provide you with this Privacy Notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. We must follow the terms of the Privacy Notice that we have in effect at the time.

HOW WE MAY USE AND DISCLOSE YOUR (OR YOUR CHILD'S) PHI

The following categories describe and give some examples of the different ways in which we may use and disclose your PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of these categories.

- **For payment.** We may use and disclose medical information about you so that the treatment and services you receive at the center may be billed to and payment may be collected from you, an insurance company or a third party. For example: we may disclose your record to an insurance company so that we can get paid for treating you.
- **For treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are taking care of you at the center or at the hospital. For example, we may disclose medical information about you to people outside the center who may be involved in your medical care, such as family members, clergy or other persons that are part of your care.
- **For Healthcare operations.** We create a record of the care and services you receive at the center. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the center, whether made by center personnel or by your personal doctor. The law requires us to: make sure that medical information that identifies you is kept private; give you notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your PHI include: appointment reminders; as required by law for health related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety, and for treatment alternatives. Other uses and disclosures of your PHI include disclosure to, or for: coroners, medical examiners and funeral directors; health oversight activities; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; and others; public health risks, and worker's compensation.

PATIENT SATISFACTION SURVEY

Patient satisfaction is a primary goal a Valley Health Care. We now conduct patient satisfaction surveys through secure e-mail. When you receive a patient satisfaction survey please take a few minutes to complete it.

DISCLAIMER

The Patient Handbook contains only general guidelines and information. It is not intended to be comprehensive or to address all the possible situations and policies of VHcS. For that reason, if you have any questions you should address your specific questions to your provider or support staff. This handbook does not serve as a binding agreement or contract between a patient and VHcS or VHcS providers and staff.

The procedures, practices, and policies described here may be modified or discontinued from time to time. Every attempt will be made to inform you of any changes as they occur.

****The Health Resources and Services Administration (HRSA), in accordance with the Federally Supported Health Centers Assistance Act, as amended, sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. 233(g)-(n), deems Valley Healthcare System, Inc. to be an employee of the PHS which provides liability protection under the Federal Tort Claims Act (FTCA)**

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***

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, if you request. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. We must obtain your authorization before the use and disclosure of any psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosure that constitute a sale of PHI. Uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from the individual.

For Payment We may use and disclose medical information about you so that the treatment and services you receive at Valley Healthcare System, Inc. may be billed to and payment may be collected from you, an insurance company or a third party. For example: we may disclose your record to an insurance company, so that we can get paid for treating you.

For Treatment We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Valley Healthcare System, Inc. or the hospital. For example: we may disclose medical information about you to people outside Valley Healthcare System, Inc. who may be involved in your medical care, such as family members, clergy or other persons that are part of your care.

For Health Care Operations We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Valley Healthcare System, Inc. and ensure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other Valley Healthcare System personnel for review and learning purposes. For example: we may review your record to assist our quality improvement efforts.

WHO WILL FOLLOW THIS NOTICE This notice describes Valley Healthcare System's policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff and other Valley Healthcare System personnel.

POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION We create a record of the care and service you receive at Valley Healthcare System, Inc. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Valley Healthcare System, Inc., whether made by Valley Healthcare System personnel or by your personal doctor. The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives. Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners and funeral directors; health oversight activities; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; and others; public health risks; and worker's compensation.

NOTICE OF INDIVIDUAL RIGHTS

You have the following rights regarding medical information we maintain about you:

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, Valley Healthcare System, Inc. To request an Amendment, your request must be made in writing and submitted to the Privacy Officer and you must provide a reason that supports your request. We may deny your request for an Amendment.

Right to Request Restrictions You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer.

Right to Request Removal from Fundraising Communications. You have the right to opt out of receiving fundraising communications from Valley Healthcare System, Inc.

Right to Restrict Disclosures to Health Plan. You have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment of health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing and you must specify how or where you wish to be contacted.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.

CHANGES TO THIS NOTICE We reserve the right to change this notice. We will post a copy of the current notice in Valley Healthcare System, Inc.'s waiting room.

COMPLAINTS If you believe your privacy rights have been violated, you may file a complaint with Valley Healthcare System, Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with Valley Healthcare System, Inc., contact: Marcus Greene LPN, Privacy Officer, (706) 987-8340 1600 Fen Benning Road Columbus Georgia 31903. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

If you have any questions about this notice or would like to receive a more detailed explanation, please contact our Privacy Officer.

HANDBOOK ACKNOWLEDGEMENT

I acknowledge by signing below that I have received a copy of the Patient Handbook that includes the Notice of Privacy Practices, and the Notice of Individual Rights from Valley Healthcare System, Inc.

Patient or Patient's Personal Representative

Date

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Home Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only

<input type="checkbox"/> Work Telephone
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Written Communication
<input type="checkbox"/> O.K. to mail to my home address
<input type="checkbox"/> O.K. to mail to my work/office address
<input type="checkbox"/> O.K. to fax to this number

<input type="checkbox"/> Other _____
_____ |
|--|---|

Patient Signature

Date

Print Name

Birthdate

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose these provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

Record of Disclosures of Protected Health Information

Date	Disclosed to Whom Address or Fax Number	(1)	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	(2)	(3)

- (1) Check this box if the disclosure is authorized
- (2) Type Key: T=Treatment Records; P= Payment Information; O=Healthcare Operations
- (3) Enter how disclosure was made: F=Fax; P=Phone; E=Email; M=Mail; O=Other

AUTHORIZATION FOR TREATMENT
(ALL PATIENTS MUST SIGN THE TREATMENT AUTHORIZATION)

SECTION I.

I, _____, hereby authorize **VALLEY HEALTHCARE SYSTEM, INC.** Physicians and whomever they may need as their assistants to perform upon _____ such treatments as are considered necessary on the basis of findings during the course of an illness. I have read and fully understand the above permission statement, I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee has been made to me concerning the results that may be obtained. I further grant permission, as head of household/legal representative of the above named persons, to the **VALLEY HEALTHCARE SYSTEM, INC.** and/or its affiliates to release medical information when necessary for continuity of treatment. Information may be released to hospitals, clinics or government agencies the Center deems necessary for my or members of my household's medical care.

Signature of Head of Household/Legal Rep.

Witness (non-related)

Date of Application for Treatment _____

SECTION II.

INSURANCE CONSIGNMENT
(ONLY PATIENTS WITH PRIVATE INSURANCE SHOULD SIGN THIS SECTION)

I hereby authorize payment directly to the VALLEY HEALTHCARE SYSTEM, INC. for surgical and/or medical diagnostic services rendered to me or my family. If services as described exceed my insurance coverage, I, the undersigned understand that I am responsible for the payment of any balances to the VALLEY HEALTHCARE SYSTEM, INC.

Name of Patient

Name of Insurance Company

Name of Policy Holder

Insurance Policy Number

Signature of Patient (or Authorized Representative)

Witness

Date

SECTION III.

MEDICARE/MEDICAID AUTHORIZATION
(ONLY MEDICARE/MEDICAID PATIENTS SHOULD SIGN THIS SECTION)

I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare/Medicaid claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to the party who accepts assignments.

Medicare/Medicaid Number

Date

Signature of Patient (or Authorized Representative)

Signature of Witness (non-related)