



PATIENT HANDBOOK

Table of Contents

Welcome	4
Patient-Centered Care	5
Questions to Ask Your Provider	9
Patient Health Journal	11
Patient Bill of Rights	12
Patient Responsibilities	14
Appointment Policies	16
Appointment Tracker	18
Collection Policy	23
Notice of Privacy Practices	25
Our Pledge Regarding Medical Information	33
How to Contact Your Provider	35

Welcome to HopeHealth

Thank you for choosing HopeHealth for your health care home. We are dedicated to providing quality, affordable primary and preventive health care for all. Please find enclosed in this booklet important information for our patients.

We at HopeHealth believe it is essential for our patients to be actively involved in their health care. We are committed to providing you with excellent care.

Because of our commitment, we must emphasize how important it is for you to take responsibility for your health care needs. Please review the information in this booklet and ask questions if you have them. At any time during your medical care at HopeHealth, do not hesitate to ask your provider questions about any diagnosis, instructions, medications or treatment.

We look forward to serving you.

Sincerely,



Edward M. Behling, MD
Chief Medical Officer
HopeHealth, Inc.



Patient-Centered Care

HopeHealth utilizes the Patient-Centered Medical Home (PCMH) as a model of care to provide total health care. As an organization representing broad and diverse consumer interests, we believe that the following principles guide the development of the PCMH model.

Our focus for your health care needs will include the following:

- Health care that revolves around you
- An established model of care coordination
- A commitment to continuous improvement in the way we care for your health care needs
- Continual improvement of your visit experience

What does PCMH mean to you?

The PCMH is an approach to health care that, according to the Institute of Medicine, “is respectful and responsive to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions.” In other words, the emphasis is on the importance of the physician-patient partnership. This means that a PCMH model of care empowers you as a patient. Your family may also play an important role in your health care, if you choose to involve them, with supportive options and plan development using open communication with your health care provider.

With HopeHealth as your medical home, you will join a team that includes health care professionals, trusted friends or family members (if you wish), and—most importantly—you.

Will this change anything when I visit my provider?

Your provider takes the time to get to know you as a whole person and makes an effort to develop a strong relationship with you.

We recognize you may have a need to communicate with your primary care team outside of your regularly scheduled office visit; for example, you might contact your provider through secure email when you have questions. If you do want or need to come in for a visit, your PCMH makes sure you get an appointment promptly with a provider.

Your provider also makes sure you understand your plan of care and treatment options and will clearly discuss available options for treatment, testing, and associated risks and benefits for each. A member of your primary care team will be sure to assess any language, cultural, literacy, or other barriers and provide resources to ensure you understand information related to your care. All of your test results and records will be available upon your request.

Before my Appointment?

To help you prepare for your appointment, you may want to use the following list as a guide.

- Make a list of your health questions. Ask a friend or relative for help if you need it. Put the questions that are most important to you at the top of the list. Please see our suggestions for questions to ask in the next section.
- If you wish, ask a family member or trusted friend to go to your appointment with you.
- Make a list of other health care providers you have visited. Write down their names, addresses, phone numbers, and the reasons you visited them.

- Please bring all of your medicines to your appointment in the original containers. Be sure to include prescription, over-the-counter, natural and herbal medicines and vitamins.
- Bring your insurance card or other insurance information with you to your appointment.

During my appointment?

During your appointment, we suggest that you:

- Write down the names of your team members.
- Use your list of questions. Ask your most important questions first. Even if you cannot get all of your answers on the first visit, having a list will help you keep track of the answers.
- Talk with your team about what health issue to work on first.
- Be sure you know what you should do before you leave the office. Ask for a Patient Plan if needed before you leave the office.
- Use your own words to repeat back what was discussed with you to your primary care team. This way, both you and your team will know the information is clear.
- Ask your team about how to reach them after hours if needed.

After my Appointment?

In order to provide educational and self-care needs after you leave the office, we provide printed material during your office visit and tell you about online resources. As a reminder, you may also request information using our secure email option just for you and your care team. We offer the following online resources you may choose for your specific health care needs:

Online Resources:

hope-health.org

merckmedicalforums.com

caremanagementcentral.com

scdhec.gov/quitforkeeps

nextmd.com

Questions To Ask Your Doctor

We encourage you to take charge of your health. Prepare for your next appointment by tracking any symptoms or concerns you have for your provider.

Here are some questions you may want to ask about your health or treatments:

About Your Symptoms or Condition

- What is the disease or condition?
- How serious is my disease or condition and how will it affect my home and work life?
- What is the short-term and long-term outlook for my disease or condition?
- What caused the disease or condition?
- Is there more than one disease or condition that could be causing my symptoms?
- Should I be tested for a certain disease or condition?
- What symptoms should I watch for?
- How can I be tested for a disease or condition and what will these tests tell me?
- What tests will be involved in finding out my disease or condition?
- How safe and correct are the tests?
- When will I know the test results?
- Will I need more medical tests?

- Do I need a follow-up visit and if so, when?
- Do I need to take precautions to avoid infecting others?
- How is the disease or condition treated?

About Your Treatment

- What are my treatment options?
- How long will the treatment take?
- What is the cost of the treatment?
- Which treatment is most common for my disease or condition?
- Is there a generic form of my treatment and is it as effective?
- What side effects can I expect?
- What risks and benefits are associated with the treatment?
- What would happen if I didn't have any treatment?
- What would happen if I delay my treatment?
- Is there anything I should avoid during treatment?
- What should I do if I have side effects?
- How will I know if the medication is working?
- What would I do if I miss a dose of medication?
- Will my job or lifestyle be affected?
- What is my short-term and long-term outlook?

Patient Health Journal

Use this section to record important health information. Bring your patient handbook with you to each visit to help track your health records, questions for your doctor, and more.

Name: _____

Date of Birth: _____

Medication Allergies: _____

Health Insurance Carrier: _____

Policy Number: _____

Phone Number: _____

MY DOCTOR'S OFFICE

My Primary Care Provider: _____

Other Members of the Care Team: _____

Address: _____

Phone Number: _____

Fax Number: _____

Patient Bill of Rights

1. You have the right to considerate, safe and respectful care, free from abuse (mental, physical, sexual, or verbal), neglect, and exploitation. You also have the right to freedom from confinement and devices that limit freedom of movement unless clinically necessary.
2. You have the right to expect your condition will be learned about as appropriate, and a plan of care developed and started to address your specific health care priorities. You have the right to and are encouraged to get information from providers and other caregivers concerning condition, treatment and outlook. You have the right to know the identity of providers, nurses, and others involved in your care as well as when those involved are students, residents, or other trainees. You also have the right to know the immediate and long-term financial implications of treatment choices, to the level they are known.
3. You have the right to make decisions about the plan of care prior to and during the course of treatment. You also have the right to refuse a recommended treatment or plan of care to the level permitted by law and to be informed of the medical consequences of this action.
4. You have the right to every consideration of privacy in an environment that keeps dignity and helps show a positive self-image.
5. You have the right to demand HopeHealth treat all communications and records pertaining to your care as confidential by HopeHealth, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law.
6. You have the right to review the records pertaining to your medical care and to have the information explained to you, except when restricted by law.

7. You have the right to ask and be told of the existence of business relationships among HopeHealth, educational institutions, other health care providers, or payors that may influence your treatment and care.

8. You have the right to consent to or decline to be in proposed research studies or tests affecting care and treatment or requiring direct patient involvement. You also have the right to have those studies fully explained prior to consent.

9. You have the right to be told of HopeHealth policies and practice that relate to patient care, treatment, and responsibilities.

10. You and your family or appointed caregiver have the right to useful communication. We will make every effort to provide written and verbal information as appropriate to your age, understanding, and language.

11. If you wish to obtain information about HopeHealth's complaint process or place a complaint, please contact the site director at the location of your provider. The public may also directly contact the [South Carolina Department of Health and Environmental Control \(DHEC\)](#) to report any concerns or complaints. To contact DHEC, call [\(803\) 545-4205](tel:8035454205) or mail information to 2600 Bull Street, Columbia, SC 29201.

Patient Responsibilities

1. In order to give you the best care possible, we need your help. By assuming the following responsibilities, you can contribute to your care in a positive way.
2. You, the patient, must provide correct and complete information about present complaints, past illnesses, hospital stays, medications and other matters related to your health. You must also tell your doctor about unexpected changes in your condition. Be honest about whether you clearly understand your medical care plan and what your role is in that plan.
3. Provide correct information about financial information and how we can contact you.
4. Please bring all of your medicine to each appointment. Ask for refills on medicines needed during your scheduled appointment.
5. Follow the treatment plan given by your health care team. This may include instructions from nurses and therapists who work closely with your provider. You are also responsible for keeping appointments and for calling our staff when you are unable to do so.
6. You have the right to refuse treatment, but you are responsible for your actions if you do not follow your provider's instructions.
7. Please remember, regardless of the type of insurance or health coverage you have, you will not be denied services based solely on ability to pay.

8. You must follow HopeHealth's rules and systems. There may be other rules explained to you by your nurse or a clinic assistant. Talk quietly, and be thoughtful of the rights of other patients and HopeHealth personnel. Patients who are sick will be thankful. People who do not follow the rules will be asked to leave the property.

9. If you have questions about your care or your patient rights and responsibilities, please contact your provider's site director.

10. To report any concerns or complaints, the public has the right to call or write to the [South Carolina Department of Health and Environmental Control \(DHEC\)](#). The phone number is [\(803\) 545-4205](#), and the address is 2600 Bull Street, Columbia, SC 29201.

Appointment Policies

Your First Appointment

HopeHealth is committed to providing complete, affordable health care to patients regardless of their insurance status. We may be able to see some patients for the first appointment sooner than others.

If you schedule a new patient appointment and are a “no-show” two times, you may no longer be allowed to receive services from HopeHealth.

Late Appointment Policy

In order for us to provide timely, attentive service to everyone, we expect you to be on time for scheduled appointments.

Patients who arrive within 15 minutes of their scheduled appointment times will be seen.

If you are more than 15 minutes late, you may lose your appointment time. There is a chance you will be able to wait to be seen if another appointment slot opens. Or, the staff may choose to reschedule for another day.

Patient Missed Appointment (“No Show”) Policy

Our staff is committed to your health and well-being. This means it is important for you to take responsibility for your health care needs.

Missed appointments will affect our ability to care for you. When you do not keep an appointment, it prevents us from giving care to another patient who needs our services. If you do not show up for several appointments without canceling, you could be discharged from the practice.

We expect you to keep all of your appointments. Reminder calls are provided when appointments are scheduled in advance. Patients who call in for appointments on the same day or the following day will not receive appointment reminders.

We also try to notify you as soon as possible by telephone and/or in writing if there are any unforeseen changes to our schedule. **Please tell our staff right away if your contact information has changed.**

Appointment Tracker

Date and Time of Visit	Reason For Visit	Vital Signs
/ / : am/pm		Weight: lbs. Blood pressure: / Prescriptions: Follow up:
/ / : am/pm		Weight: lbs. Blood pressure: / Prescriptions: Follow up:
/ / : am/pm		Weight: lbs. Blood pressure: / Prescriptions: Follow up:
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Collection Policy

We will provide you with reasonable time to pay us for services. We expect payment at the time of your visit, and Patient Account Representatives (PARs) may work with you to make sure accounts are up to date and paid in full.

What happens if I cannot pay what you ask me to pay?

At your first visit, we will collect payment based on your insurance, deductible, self-pay, or sliding fee scale. If you cannot pay, we will give you a payment plan to help you pay for the current visit. In the future, you need to bring payments for your visit. If you cannot agree to a payment plan, then your appointment may need to be re-scheduled for a different day and time.

If you are using a payment plan, we review your account prior to your second visit to determine if you are making payments. If you owe more than \$40 and have not made any payments, we will make a new agreement with you.

The day before your third visit, if (1) you owe over \$40, (2) you have not made any payments, and (3) you do not have the co-pay amount, we will contact you to remind you of your payment agreement. If you cannot pay what you said you would pay at your third visit, we will consult with a nurse to determine if you will be rescheduled.

At this point your account will be looked at and placed with our collections department. You will receive a collection letter, giving you 30 days to make financial arrangements. If you do not respond within 30 days, your account will be assigned to the Bad Debt category.

This category makes you unable to schedule future appointments until adequate financial arrangements can be made. If you arrange payments and we receive payment according to that agreement, we will move you out of bad debt and keep your account active as long as you are paying according to the signed plan.

Is there a way to lower my payments based on my situation?

Yes. You may qualify for a hardship adjustment if you complete and submit a Cost of Living Financial Information Form which indicates that monthly expenses are more than household income. Expenses/ circumstances causing financial hardship must accompany this form.

All household income must also be verified at the time of the assistance request. Attempts to bring your account into good standing must be shown in order to be able to use the hardship adjustment. A member of the financial management team must approve any request for a patient balance to be adjusted due to hardship.

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 THE NOTICE CAREFULLY.

This notice takes effect September 23, 2013, and remains in effect until we replace it.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The Privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. We will make every effort to obtain your consent each and every time we need to use or disclose your personal health information. This notice will tell you about the ways we may use and share medical information about you with or without a signed consent. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY

The law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Privacy Practices Changes:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. For each kind of use or disclosure, we will explain what we mean and give an example. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

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 people who are taking care of you.

Example: You are in the hospital with a broken leg. You also have diabetes. A number of health care and support staff need to know about your diabetes during your stay.

- The doctor treating you for the broken leg needs to know if you have diabetes because diabetes may slow the healing process.
- The dietician needs to know about your diabetes to arrange proper meals.
- The pharmacy needs to know about possible medicines that you may need as a diabetic.
- The information about your diabetes may help in diagnostics, testing, and x-ray work.

We may also share medical information about you to your other health care providers to assist them in treating you.

FOR PAYMENT:

We may use and disclose your medical information for payment purposes.

Example: You are treated in the clinic for a sinus infection.

- We may need to give your health insurance plan information about treatment you received at our organization so that your health plan will pay us or repay you for any treatment that you paid for.
- We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

FOR HEALTH CARE OPERATIONS:

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES:

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

Notification:

Medical information to notify or help notify:

- A family member
- Your personal representative
- Another person responsible for your care

We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief:

We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Fundraising:

We may use medical information for fundraising purposes. We may use medical information, including your name, address, phone number, the dates you received services, the department from which you received service, your treating physician, outcome information, and health insurance status to contact you to raise money for HopeHealth interests. If you wish to have your name removed from the list to receive fundraising requests supporting HopeHealth in the future or if you wish to receive fundraising communications after you have been removed from the list, then please email us using [the form found on our website](#) or call us at [\(888\) 841-5855](#) and ask to speak to the Director of Corporate Compliance.

Research in Limited Circumstances:

Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner:

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Functions:

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings:

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities:

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the [Food and Drug Administration](#) for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence:

We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Health Oversight Activities:

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement:

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected

victims of crimes on our premises, and crimes in emergencies.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, health care operations, and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If we accept a request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

6. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.

Any required communications or additional questions regarding the information in this notice should be directed to our Director of Corporate Compliance and Risk Management by phone at [\(843\) 667-9414](tel:843-667-9414) or by email at mbaker@hope-health.org.

Our Pledge Regarding Medical Information

Why do we care about privacy?

- Your privacy and your medical information is important to us.
- We understand that your medical information is personal and we are committed to protecting it.

How do we use your medical information?

We create a record of the care and services you receive from us.

We need this record to provide you with quality care and to comply with certain legal requirements.

What happens if we need to use your medical information?

We will make every effort to obtain your consent each time we need to use or disclose your personal health information.

This notice will tell you about the ways we may use and share medical information about you with or without a signed consent.

We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Who can you speak to if you have any questions about this notice?

[HopeHealth, Inc.](#)

Attn: Director of Corporate Compliance

600 East Palmetto St.

Florence, SC 29506

Phone: [\(843\) 667-9414](tel:(843)667-9414)

Fax: [\(843\) 667-1362](tel:(843)667-1362)

What can you do if you think we violated your privacy rights?

- If you think that we may have violated your privacy rights, contact the person named above.
- You may also submit a written complaint to the [U.S. Department of Health and Human Services](#). We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

How To Contact Your Provider

During Business Hours

If you need assistance during regular business hours, call the telephone number below that is associated with your provider's site. You may be asked to leave a message for your provider's nurse, but you should expect a call back within 24 hours.

Before/After Hours

If you are ill or experiencing pain and need assistance before or after business hours, call the telephone number below that is associated with your provider's site. You will speak with an answering service representative who will promptly get your message to the on-call provider. It is important that you are available to answer your telephone as your call will be returned by a provider or call center representative shortly.

If you need to reference your site's operating hours, visit the locations section at hope-health.org.

HopeHealth Medical Plaza

360 North Irby Street
Florence, SC 29501

HopeHealth Palmetto - Specialty Services and Infectious Diseases

600 East Palmetto Street
Florence, SC 29506

HopeHealth Family Practice Lake City

241 Kelley Street
Lake City, SC 29560

HopeHealth Family Practice at FMU

121 South Evander Drive
Florence, SC 29506

HopeHealth Family Practice Manning

11 West Hospital Street
Manning, SC 29102

HopeHealth Pediatrics Manning

12 West South Street
Manning, SC 29102

HopeHealth School-Based Clinic Lake City

652 North Matthews Road
Lake City, SC 29560

HopeHealth Family Practice Kingstree

520 Thurgood Marshall Boulevard
Kingstree, SC 29556

HopeHealth Family Practice Timmonsville

210 East Market Street
Timmonsville, SC 29161

HopeHealth Family Practice Greeleyville

86 North Main Street
Greeleyville, SC 29056

HopeHealth Edisto - Infectious Diseases

1857 Joe S. Jeffords Highway
Orangeburg, SC 29115

HopeHealth Lower Savannah - Infectious Diseases

120 Darlington Drive
Aiken, SC 29803

If you have any questions about the contents of this handbook or about HopeHealth, Inc., or if you would like to schedule an appointment, please contact us.

360 North Irby Street
Florence, SC 29501
Tel: [\(843\) 667-9414](tel:8436679414)
Web: www.hope-health.org

