SUPPLEMENTAL

TABLE OF CONTENTS

D H E C
PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director
Promoting and protecting the health of the public and the environment

November 2, 2015

K. Earle Powell
Director
South Carolina Legislative Audit Council
1331 Elmwood Ave., Suite 315
Columbia, SC 29201

Dear Mr. Powell:

Please accept this correspondence as the formal position of the South Carolina Department of Health and Environmental Control (DHEC) in response to the Legislative Audit Council (LAC) Report, dated May 2015. Any prior letters or statements from the agency that may be contrary to the positions set forth herein are superseded by this correspondence.

The Agency appreciates the work of the LAC and is committed to implementing the recommendations of their report in the spirit in which those recommendations were made – to enhance DHEC's ability to effectively regulate abortion clinics in the interest of promoting and protecting public health.

DHEC has accepted each of the Report's recommendations. The attached chart lists the LAC recommendations and the status of the Agency's implementation of each recommendation. As noted on the attachment, several recommendations will be implemented through agency regulation amendments, which have been drafted but will not be pursued until these hearings have concluded. We want to ensure we allow the opportunity for further revisions based upon feedback we receive during this process.

Again, we appreciate the thoughtful review of DHEC's abortion clinic inspection program. We remain committed to protecting and promoting the public health of South Carolinians. To that end, where we can do better, we will.

Sincerely,

Catherine E. Heigel

Catherine E. Heigel

cc: The Honorable Gary E. Clary, Chairman

LAC Recommendations	DHEC Responses
1. The S.C. Department of Health and Environmental Control should conduct all annual inspections, as required by state law.	DHEC is conducting annual inspections of the abortion clinics.
2. The S.C. Department of Health and Environmental Control should review a statistically-representative sample of patient files based on a percentage of total files and ensure that all files for minors are reviewed.	The Centers for Medicare and Medicaid Services (CMS) guidelines specify that inspectors select at least 20 patient records to review at ambulatory surgical centers with a monthly case volume exceeding 50. For any ambulatory surgical center that have a lower monthly volume, the inspectors select at least 10 patient records to review. DHEC staff contacted other states including North Carolina (20+), Georgia (10), Arizona (no specific number given), South Dakota (20), Delaware (no set methodology), Michigan (no set methodology), and Indiana (10% or no less than 30) and found no consistent method for sampling. DHEC inspectors decided to select 25 patient records to review for the abortion clinic routine inspections.
3. The S.C. Department of Health and Environmental Control should take steps to amend S.C. Regulation 61-12 to require that abortion clinics organize patient files in such a way as to allow for easy identification of the files of patients who are minors.	This recommendation requires revisions to Regulation 61-12 because the abortion clinics are not currently required to organize their patient records to easily identify records of minors.
4. The S.C. Department of Health and Environmental Control should enforce a system of graduated penalties on clinics with repeat violations.	Pursuant to Regulation 61-12, DHEC has discretion with respect to imposition of penalties and bases its final decision on several factors included in the regulation. Those factors include: "specific conditions and their impact or potential impact on health, safety or well-being; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions that may be applicable to current statutes and regulations." R.61-12, Section 103.E. As such, mandatory penalties are not appropriate for every circumstance and DHEC's enforcement of penalties on abortion clinics is consistent with other regulated health care facilities.

LAC Recommendations	DHEC Responses
5. The S.C. Department of Health and Environmental Control should develop a standardized statement of patient rights which includes consistent and correct information about how patients may file complaints and requires all licensed clinics to post this statement in a conspicuous location, maintain a copy signed by each patient in the patient's medical record, and include a copy with the patient's discharge documents.	This recommendation requires revisions to Regulation 61-12. Currently, abortion clinics develop their own statement on patients' rights and DHEC inspectors verify that the clinics have the patients' rights posted as required by the regulation. However, DHEC will have to revise the regulation in order to develop a standardized statement of patients' rights and to add requirements on how the abortion clinics handle the patients' rights statement.
6. The S.C. Department of Health and Environmental Control should ensure that its inspectors verify that the total number of abortions performed by each facility conforms to the number reported to DHEC's Public Health Statistics and Information Services.	DHEC inspectors ask the facilities how many procedures were performed each of the last six or seven months. Each facility provided a document of the number of abortions completely monthly, and DHEC inspectors compared that number to what the clinics reported to Vital Records for the same time periods. DHEC is having further internal discussions on whether a feasible system can be developed to cross-reference the two sets of data collection.
7. The S.C. Department of Health and Environmental Control should establish a toll-free number for reporting complaints against abortion clinics.	DHEC has established an online complaint form that also includes information on how to report a complaint via telephone and email and maintains consistency with the other regulated health care entities.
8. The S.C. Department of Health and Environmental Control should Recommendations maintain access to previous records of all complaint tracking systems for abortion clinics used by the agency.	DHEC maintains records of complaint tracking systems for abortion clinics and, previous tracking systems are stored on the agency's network drive.
9. The S.C. Department of Health and Environmental Control should establish a policy for forwarding complaints involving abortion clinics it receives, that are not under its purview, to other agencies for investigation.	DHEC has established a standard operating procedure to address forwarding complaints, which are not under DHEC's purview, to other agencies for investigation.
10. The S.C. Department of Health and Environmental Control should continue to update, in a timely manner, its complaint policies regarding abortion clinics to reflect its current systems and operations.	DHEC is continuously updating the complaint policies.

LAC Recommendations	DHEC Responses
11. The S.C. Department of Health and Environmental Control should maintain histories of all revisions to its abortion clinic policies.	DHEC maintains previous versions of policies on the agency's network drive.
12. The S.C. Department of Health and Environmental Control should implement a policy for reviewing the inspectors' investigation reports of abortion clinics prior to their completion.	DHEC has implemented this policy for new inspectors.
13. The S.C. Department of Health and Environmental Control should establish a policy for communicating allegations under its purview that are not processed as formal complaints to field inspectors.	When DHEC receives allegations of potential regulatory violations, that information is processed into a formal complaint.
14. The S.C. Department of Health and Environmental Control should revise its policies to ensure that abortion clinic inspectors check the accuracy of the information for filing a complaint during their inspections.	This recommendation requires revisions to Regulation 61-12 because currently the regulation does not require the clinics to have a policies on how to file a complaint with DHEC.
15. The S.C. Department of Health and Environmental Control should update its policies to address what functions all positions will perform.	DHEC has updated its policies to address what functions the positions will perform.
16. The S.C. Department of Health and Environmental Control should approve, implement, and update as necessary, all standard operating procedures for regulating abortion clinics, including a standard operating procedure for responding to accidents and incidents at abortion clinics.	DHEC has implemented an online system for reporting accidents and incidents at abortion clinics. The online system is now in practice mode and should be launched as a live website soon.
17. The S.C. Department of Health and Environmental Control should incorporate these standard operating procedures for abortion clinics into its operating manual.	DHEC has standard operating procedures specific to abortion clinics based on the manual accident and incident reporting system. Once the online system becomes live, the standard operating procedures will be updated to reflect the new online system.

LAC Recommendations	DHEC Responses
18. The S.C. Department of Health and Environmental Control should incorporate standard operating procedures for conducting inspections, responding to complaints, and investigating accidents reported by abortion facilities into the training for inspectors.	DHEC has incorporated the standard operating procedures into training for inspectors.
19. The S.C. Department of Health and Environmental Control should continue to revise its training program for inspectors and amend its policies and procedures, as necessary, to reflect changes in how training is to be performed, by whom, duration, assessment tools, and continuing education and training.	DHEC is continuously revising its training program for inspectors as well as the policies and procedures for how training is to be performed.
20. The S.C. Department of Health and Environmental Control should ensure that those who conduct training are qualified by virtue of educational background and experience to train persons who will be inspecting healthcare facilities and interacting with trained medical professionals in the field.	DHEC has a training coordinator, and is in the process of hiring two field trainers and a nurse trainer.
21. The S.C. Department of Health and Environmental Control should not allow an inspector to inspect an abortion clinic without the assistance of an experienced inspector unless the employee has successfully completed a valid assessment test aimed at measuring competency in, at a minimum, the regulations, medications, medical procedures, and terminology.	DHEC's current policy is to have an experienced inspector conduct inspections and DHEC has also developed an assessment test for new inspectors.
22. The S.C. Department of Health and Environmental Control should actively recruit and give priority to candidates for the job of inspector to individuals with clinical experience.	DHEC actively recruits nurse inspectors.

LAC Recommendations	DHEC Responses
23. The S.C. Department of Health and Environmental Control should provide a prominent link to abortion clinic inspection report results on its home page and ensure the reports can be viewed in a user-friendly format.	DHEC must publicly disclose abortion clinic inspection reports if a written request is submitted to DHEC, and is specific as to facility, dates, documents, and other information requested.
24. The S.C. Department of Health and Environmental Control should provide its full abortion clinic inspection reports, without patient identifying information, on its website to users in a easily downloadable and printable format.	DHEC must publicly disclose abortion clinic inspection reports if a written request is submitted to DHEC, and is specific as to facility, dates, documents, and other information requested. DHEC is prohibited by law from publicly disclosing the identities of individuals in the facility.
25. The S.C. Department of Health and Environmental Control should establish and implement a policy to allow for uploading abortion clinic inspection results to its website within 30 days of each inspection.	DHEC must publicly disclose abortion clinic inspection reports if a written request is submitted to DHEC, and is specific as to facility, dates, documents, and other information requested.
26. The S.C. Department of Health and Environmental Control should modify its website to include complaint investigation results, facility license status information, and any penalties levied against abortion clinics.	DHEC must publicly disclose complaint investigation results if a written request is made, specific as to facility, dates, documents, and other information requested. The DHEC website provides a list of facility license status information and a list of enforcement actions taken against facilities, including enforcement actions where penalties are imposed.
27. The S.C. Department of Health and Environmental Control should comply with state law by updating its list of providers annually.	DHEC updated the list of ultrasound providers on the DHEC website on May 12, 2015.
th28. The S.C. Department of Health and Environmental Control should comply with state law by documenting the hours of operation for the ultrasound providers on DHEC's website.	DHEC added the hours of operation for the ultrasound providers on the DHEC website.
29. The S.C. Department of Health and Environmental Control should comply with state law and add an option to its website for the user to download the materials in an easily downloadable and printable format.	DHEC has created a booklet for these materials to be in an easily downloadable and printable format. The booklet is currently ongoing the internal approval process for publication.

LAC Recommendations	DHEC Responses
30. The General Assembly should amend state law to require a pre-abortion ultrasound to determine the gestational age of the fetus for all abortions.	This recommendation requires action on the part of the General Assembly.

FIVE YEAR HISTORY OF DHEC'S INTERACTIONS WITH PLANNED PARENTHOOD[1]

INFECTIOUS WASTE PROGRAM:

- March 3, 2010 – DHEC Infectious Waste Program sent an infectious waste registration renewal form to Planned Parenthood, which included information from previously provided registration updates.

- March 5, 2010 – Planned Parenthood submitted the renewal form signed by a Planned Parenthood representative to DHEC to renew its registration as an Infectious Waste Generator.

- March 15, 2010 – DHEC Infectious Waste Program sent a confirmation letter for registration renewal.

- March 9, 2011 – DHEC Infectious Waste Program performed an on-site inspection and found the following violation of the Infectious Waste Management Regulation 61-105: Section F(6)(j).

- March 31, 2011 – DHEC Infectious Waste Program sent a warning letter to Planned Parenthood requiring corrective action for the violation noted during the March 9, 2011 inspection.

- April 5, 2011 – Planned Parenthood completed and signed a certification of corrective action form in response to DHEC's warning letter dated March 31, 2011.

- January 2, 2013 – DHEC Infectious Waste Program sent an infectious waste registration renewal form to Planned Parenthood, which included information from previously provided registration updates.

- January 28, 2013 – Planned Parenthood submitted the renewal form signed by a Planned Parenthood representative to DHEC to renew its registration as an Infectious Waste Generator.

- January 30, 2013 – DHEC Infectious Waste Program sent a confirmation letter for registration renewal.

- June 25, 2014 – DHEC Infectious Waste Program performed an on-site inspection and did not find any violations.

- August 31, 2015 – DHEC Infectious Waste Program performed an on-site inspection and found the following violations of the Infectious Waste Management Regulation 61-105:

[1] This history does not included payment of fees to DHEC by Planned Parenthood. Please see the attached chart for information regarding Total Fees and Penalties Collected by SCDHEC from Planned Parenthood South Atlantic.

Sections F(5); F(6)(j); H; M(1)(b); M(1)(f); M(1)(j); T(9); and AA(3). The facility was referred to Enforcement.

- September 11, 2015 – DHEC Enforcement Program sent a Notice of Alleged Violation/Notice of Enforcement Conference to Planned Parenthood as a result of the findings from the August 31, 2015 inspection.

- September 28, 2015 – DHEC held an Enforcement Conference with Planned Parenthood and their attorney regarding alleged violations noted during the August 31, 2015, inspection.

BUREAU OF HEALTH FACILITIES LICENSING:

- February 2, 2010 – DHEC Bureau of Health Facilities Licensing conducted a general inspection and cited Planned Parenthood for one violation of Standards for Licensing Abortion Clinics, Regulation 61-12: Section 303.C. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction to the cited violation.

- September 2, 2011 – DHEC Bureau of Health Facilities Licensing conducted a general inspection and cited Planned Parenthood for four violations of Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 201.B, 204.B.8, 204.B.1, and 204.F. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction to the cited violations.

- August 10, 2012 – DHEC Bureau of Health Facilities Licensing issued a citation-by-mail to Planned Parenthood for failing to renew its application prior to the expiration date of its license.

- October 19, 2012 – DHEC Bureau of Health Facilities Licensing conducted a general inspection and cited Planned Parenthood for five violations of Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 204.A, 204.B.1, 204.F, 204.H., and 503.A. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction to the cited violations.

- October 17, 2014 – DHEC Bureau of Health Facilities Licensing conducted a general inspection and did not initially cite Planned Parenthood for any violations. Therefore, DHEC Bureau of Health Facilities Licensing did not request a Plan of Correction from Planned Parenthood. Upon further review of the inspection results, DHEC Bureau of Health Facilities Licensing staff revised the Report of Visit to reflect that Planned Parenthood had one violation of Standards for Licensing Abortion Clinics, Regulation 61-12: Section 204.B. DHEC Bureau of Health Facilities Licensing has no record of requesting a Plan of Correction from Planned Parenthood based on the revised Report of Visit.

- July 22, 2015 – DHEC Bureau of Health Facilities Licensing hosted a regulation development meeting regarding a potential revision to Regulation 61-12, Standards for

Licensing Abortion Clinics. Planned Parenthood attended the meeting and provided written comments to the Department prior to the meeting.

- August 31, 2015, and September 1, 2015 – DHEC Bureau of Health Facilities Licensing conducted a general inspection and a complaint investigation, following up on a complaint received in a letter from Governor Haley dated August 18, 2015.
    - As a result of the complaint investigation, DHEC Bureau of Health Facilities Licensing cited Planned Parenthood for violations of Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 204.H, 301.D.4, 304.H, 401.A.1, 401.A.12, 403.A.1, and 605.D. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction.
    - As a result of the general inspection, DHEC Bureau of Health Facilities Licensing cited Planned Parenthood for violations of Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 204.A, 204.C, 204.E, 204.F.1, 204.F.2, 204.F.3, 204.F.4, 204.G.1, 208, 301.K, 303.A.1, 303.C, 304.H, 401.A.1, 401.A.12, 602.B, 605.D, and 808.A. Planned Parenthood subsequently provided a timely and acceptable Plan of Correction.

- September 11, 2015 – DHEC Bureau of Health Facilities Licensing executed the Administrator Order imposing a monetary penalty of $7,500 and suspending Planned Parenthood's license. The Administrative Order stated that the suspension would be lifted if the following conditions were met:
    - Payment of assessed penalty in the amount of $7,500;
    - Timely submission of a Plan of Correction; and
    - Proof of staff training.

- September 24, 2015 – DHEC Bureau of Health Facilities Licensing and Planned Parenthood met and discussed the Administrative Order and Planned Parenthood's plans for submission of a Plan of Correction.

- September 28, 2015 – Planned Parenthood delivered the following to DHEC:
    - Plan of Correction;
    - Payment of the assessed penalty in the amount of $7,500;
    - Evidence of some staff training;
    - Requests for Consideration of Citation Violations for four violations: Standards for Licensing Abortion Clinics, Regulation 61-12: Sections 204.A, 208, 304.H, and 605.D; and
    - Request for Review of the Administrative Order of suspension, with $100 filing fee.

- September 30, 2015 – DHEC Bureau of Health Facilities Licensing and Planned Parenthood met and discussed Planned Parenthood's Plan of Correction, which DHEC Bureau of Health Facilities Licensing determined to be incomplete, and evidence of staff

training, which DHEC Bureau of Health Facilities Licensing also determined to be incomplete.

- October 9, 2015 – Planned Parenthood indicated to DHEC Bureau of Health Facilities Licensing via letter and email it was withdrawing its Requests for Consideration for Citation Violation.
- October 12, 2015 – Planned Parenthood submitted its final Plan of Correction for investigation to DHEC Bureau of Health Facilities Licensing.
- October 14, 2015 – Planned Parenthood submitted its final Plan of Correction for general inspection to DHEC Bureau of Health Facilities Licensing.
- October 22, 2015 – Planned Parenthood submitted its final documents evidencing staff training to DHEC Bureau of Health Facilities Licensing.
- October 23, 2015 – DHEC Bureau of Health Facilities Licensing provided initial notification to Planned Parenthood via email that Planned Parenthood met all of the conditions for lifting the suspension in the Administrative Order.
- October 26, 2015 – DHEC Bureau of Health Facilities Licensing mailed a letter to Planned Parenthood officially notifying it that all conditions for lifting the suspension in the Administrative Order were satisfied.

BUREAU OF DRUG CONTROL:

- The South Carolina Controlled Substances Act requires that every person or entity who dispenses any controlled substance in South Carolina obtain an annual registration from the DHEC Bureau of Drug Control and register with the U.S. Drug Enforcement Administration prior to engaging in such activity. S.C. Code Section 44-53-290.

- Planned Parenthood has been registered with the DHEC Bureau of Drug Control since **1997**. Planned Parenthood's registration renewal fee is **$125** and expires annually on **April 1st**. Every controlled drug is ordered under Planned Parenthood's U.S. Drug Enforcement Administration registration and one set of records would be allowed to account for the disposition of the drugs.

- Each physician who prescribes, possesses, administers, dispenses and distributes controlled substances at Planned Parenthood is also required to be registered individually. Planned Parenthood's registered physicians pay the **$125** registrant fee , which expires annually on **October 1st**. Currently, DHEC Bureau of Drug Control records indicate one Planned Parenthood physician registered as the medical director, Dr. Jack Valpey, and his controlled substances registration has been current since **1977**.

- December 30, 2014 – DHEC Bureau of Drug Control inspected Planned Parenthood's stock of controlled substances. No violations of the South Carolina Controlled

Substances Act or the South Carolina Controlled Substances Regulations were noted at the time of the inspection.

BUREAU OF MATERNAL AND CHILD HEALTH:

- As part of the Title X federal regulation, women are provided with options counseling which includes written information that includes Planned Parenthood locations that provide abortion services in South Carolina.

- Our FP/STD clinic staff provide this information when the client expresses the desire for a termination.

- No money is provided to Planned Parenthood for these services.

PUBLIC HEALTH STATISTICS AND INFORMATION SERVICES:

- Public Health Statistics and Information Services interacts with abortion providers regarding the reporting of abortions as required by SC Code Section 44-41-60. This interaction includes:
    - Providing training on completion of the report;
    - Collection of information on forms; and
    - Compiling statistics based on the information collected.

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

Date of Inspection: **3/9/11**

A. General Information:

1. Generator Name: **PLANNED PARENTHOOD OF SOUTH CAROLINA** Registration Number: **SC40-0333G**

2. Address: **2712 MIDDLEBURG DR STE 107 COLUMBIA, SC 29204-2478**

3. Contact Person: **STEHANIE A ADDISON BROWN** Phone Number: **803-256-2600**

4. If the information above changed, were we notified within 30 days? Yes
5. Does the facility have a designated infection control committee and a written waste stream protocol? Yes

B. Packaging & Labeling Requirements:

1. Containers Properly Packaged? Yes
2. Containers Properly Labeled?
   a. Universal biohazard symbol? Yes
   b. Department issued number? Yes
   c. Date the container storage began? Yes

C. Storage of Infectious Waste:

1. Waste protected from insects or rodents? Yes
2. Waste protected from weather conditions? Yes
3. Waste stored to prevent release? Yes
4. Outdoor storage area locked? Yes
5. Authorized personnel only area? Yes
6. Labeled with biohazard symbol? Yes
7. Waste odorless and under storage time limit? Yes

D. Infectious Waste Disposal:

1. Is the waste managed to prevent exposure or release? Yes
2. Is the waste properly treated prior to disposal? Yes
3. Records maintained for 2 years? Yes
4. Waste picked up at facility? Yes
5. Is it properly manifested with the name and registration number of the generator? Yes
   a. Number of containers and the weight? No (R.61-105 (F)(6)(j))
   b. Name of transporter? Yes
6. Is the transporter registered with the Department? Yes

If no, please note name, address, contact person, and phone number for the transporter.

7. Does the facility treat waste on site? No

Results of Inspection: Summary of Violations/Discrepancies or Other Comments

Waste is picked up by Stericycle twice a month. No weight log on hand at time of inspection, did have the volume.

Inspector: Kim Clyburn

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

General Information:

1. Generator Name: **PLANNED PARENTHOOD OF SOUTH CAROLINA** Registration Number: **SC40-0333G**

2. Address: **2712 MIDDLEBURG DR STE 107 COLUMBIA, SC 29204-2478**

Date of Inspection: 3/9/11

D H E C

PROMOTE PROTECT PROSPER

Promoting and protecting the health of the public and the environment

March 31, 2011

WARNING LETTER Registration Number SC40-0333G

STEHANIE A ADDISON BROWN
PLANNED PARENTHOOD OF SOUTH CAROLINA
2712 MIDDLEBURG DR STE 107
COLUMBIA SC 29204-2478

Dear STEHANIE A ADDISON BROWN:

The Department conducted an inspection of your facility located at 2712 MIDDLEBURG DR STE 107 in COLUMBIA on 03/09/2011 and the following violations of South Carolina Infectious Waste Management Regulations (R. 61-105) were noted during the inspection:

F.6.j. Failure to obtain and record accurate weight of waste within 50 days of shipment.

Please be advised this is a warning communication. The above violations should be addressed as soon as possible. Submit to the Department in writing, within 30 days, certification that corrective action has been taken to address these violations. The enclosed document may be completed and submitted to satisfy this requirement. Compliance with these regulations is necessary to avoid further enforcement actions being imposed by this Department. Please refer to our Program website www.scdhec.gov/infectiouswaste to review the Infectious Waste Management Regulations, R.61-105.

Your cooperation is appreciated. If you have any questions, please contact your inspector at (803) 896-4240.

Sincerely,

Susan E. Jenkins

Susan Jenkins, Manager
Infectious and Radioactive Waste Section
Bureau of Land and Waste Management

CERTIFICATION OF CORRECTIVE ACTION

RE: STEHANIE A ADDISON BROWN
PLANNED PARENTHOOD OF SOUTH CAROLINA
2712 MIDDLEBURG DR STE 107
COLUMBIA SC 29204-2478

REGISTRATION NUMBER – SC40-0333G

This correspondence certifies that necessary corrective action has been taken to address all violations noted in the warning letter issued by the S.C. Department of Health and Environmental Control dated 3/31/11.

Description of Corrective Action(s)

Waste Management Company, Stericycle, was contacted on day of inspection and weight documentation was faxed to the Planned Parenthood office. Stericycle was made aware that we were cited for this violation and that we need to received weight documentation monthly and not cubic volume. Stericycle will now email monthly weights to Health Center Manager and will be kept on file. See attached documentation

Please certify by signing and dating below:

Stephanie A. Brown, RN, BSN — 4/5/11
Authorized Signature — Date

Stephanie A. Brown, RN, BSN
Printed Name

Regional Director for Medical Services
Printed Title

Please return this form to:
Kim Clyburn
SC-DHEC
Infectious & Radioactive Waste Management Section
2600 Bull St.
Columbia, SC 29201

Or fax to: 803-896-4242
Questions: (803-896-4240)

EFIS 2/18 ROC 2/18 CS 02/19/10 TH RS

DHEC
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

Licensing Standards Compliance Report
Division of Health Licensing

Date: 02/02/10

Licensed As: AB-0002

Inspection Type: ☐ Initial [I] ☐ Follow-up [FU] to report dated: ____/____/____

☑ General Inspection [G] ☐ Food/Sanitation [FS] ☐ Fire/Life Safety [FL] ☐ Consultation [CS]

☐ Complaint Investigation [CI] Number (s)_____ On-Site: ☑ Yes ☐ No

To: Ms. Stephanie A. Brown, Administrator of
Planned Parenthood of South Carolina (DA / NA)
(Name of Activity) (licensed capacity / census)

This inspection/investigation was conducted by: Theresa Hurston & Rhonda Staley

If applicable, attached is a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee from the need to meet all applicable standards, regulations and laws.

The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service.

If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion.

Theresa M Hurston Rhonda Staley and X Stephanie A. Brown, RN
(DHEC Team Representative sign) (Activity Representative sign)

Within 15 days (02/17/10), complete this report, sign the administrators certification at the bottom of this page, retain the third copies for your records and mail the original copies of this report, including this page, to:

→ South Carolina Department of Health & Environmental Control
Division of Health Licensing
2600 Bull Street
Columbia, SC 29201-1708

RECEIVED
FEB 17 2010
HEALTH LIC.

Administrators Certification

I certify that I have described in the appropriate places of this report:

→ (1) the actions taken to correct each cited deficiency,
→ (2) the actions taken to prevent similar recurrences, and
→ (3) the actual or expected completion dates of those actions.

→ Stephanie Addison Brown, RN Regional Director 2/15/10
(Facility Administrator: name, title, signature, date)

Disposition of copies of all pages: Original - Facility returns to DHEC with description of corrective actions. Copy 1 - DHEC suspense. Copy 2 - Retained by Facility.

DHEC
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

SUPPLEMENT TO:
Licensing Standards Compliance Report
Division of Health Licensing

Activity: Planned Parenthood of South Carolina Date: 02·02·10

Standards contained in sections of Regulation 61-12 were **Not Met** as indicated below. Please state corrective action taken or plan to be taken in space below statement of violation cited, and return this form. Do not identify any patient, client, resident, or staff member (other than the administrator) by name on this form.

Item/Section/Class — Description/Corrective Action taken to correct and prevent recurrence and date of completion

#1. 303.C/II - Several medications were found throughout the facility that had expired. For Example Lidocaine HCl; 25 PK expired 1 Dec 2009
Lidocaine HCl; 4 Bts expired 1 Nov 2009
Purified Buffered 10% formalin exp 1/16/04
- 3 Bt's of Doxycycline Hyc 100mg were found stored in an unlocked cabinet in the recovery room.

All medications in all areas will be checked for expiration dates by Medical staff members on a monthly basis and discarded in the appropriate manner. The administrator will oversee and check on a montly basis effectively Immediately.

All medications will remain locked in cabinets while setting up daily surgical clinics by licensed staff The administrator will monitor daily or assigned designee effective immediately.

Disposition of copies of all pages: **Original** - Facility returns to DHEC with description of corrective actions. **Copy 1** - DHEC suspense. **Copy 2** - Retained by Facility.

DHEC 0227A (11/97)

South Carolina Department of Health and Environmental Control

FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit Number:	AB-0002	**Audit Name:**	Abortion Clinic ROV 20101001
Facility Name:	PLANNED PARENTHOOD OF SOUTH CAROLINA-COLUMBIA	**Type:**	L01 Routine
		Start Date:	02 Sep 2011 11:45 PM
Address:	2712 MIDDLEBURG DR STE 107	**End Date:**	02 Sep 2011 04:32 PM
City/State/Zip:	COLUMBIA, SC 29204-2478 Richland	**Inspector:**	Thressa M. Hinton
Phone 1:	803-256-4908		
Email:	STEPHANIE.BROWN@PPHSINC.ORG		

Overall Score
0.0%

Report Notice

Question ID	Question	Answer
NOTICE01	Division of Health Licensing 2600 Bull St Columbia SC 29201-1708 REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.	Report Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes: (1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions. PRINT NAME:_____ TITLE:_____ SIGNATURE:_____ DATE:_____	POC REQUIRED

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Division of Health Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below.

Comments

- *Plan of Correction is due on September 19, 2011.*

Inspection Information

Question ID	Question	Answer
INSP	Select the Type of Inspection to be Performed:	General Inspection
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
VERIFY03	Does the Facility/Activity Address agree with the Address of Record?	YES
VERIFY04	Does the Facility/Activity Telephone Number agree with the Telephone Number of Record?	YES
VERIFY05	Does the Facility/Activity E-mail Address agree with the E-mail Address of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit?	NO
ONSITE	Is this an On-Site Visit?	YES

Administrative AC

Question ID	Question	Answer
R-61-12-201.B	201.B. Policies and procedures for operation of the facility shall be formulated and reviewed annually by the licensee of the facility. They shall include but not be limited to: (Class II Violation) **Comments** • *At the time of the inspection, there was no documentation of an annual review of the policies and procedures. Additionally, there was no documentation available for review of the proecedure for ensuring that required training listed in Section 204 E, and F of Regulation 61-12, Standards for Liciensing Abortion Clinics to be conducted annually.*	OUT
R-61-12-204.B8	204.B.8. A person shall be designated in writing at each facility to coordinate TB screening of personnel and any other TB control activities. (Class III Violation) **Comments** • *At the time of the inspection, there was no documentation available for review of a person designated in writing at the facility to coordinate TB screening of personnel and any other TB control activities.*	OUT

Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention

CBS 09/19/2011
TH 9/20/11
Okay to approve & scan into Steton

Facility Information		Audit Information	
Permit Number:	AB-0002	**Audit:**	Abortion Clinic ROV 20101001
Permit Type:	HL- Abortion Clinic	**Type:**	L01 Routine
Location Name:	PLANNED PARENTHOOD OF SOUTH CAROLINA-COLUMBIA	**Date:**	09/02/2011
Address:	2712 MIDDLEBURG DR STE 107	**Stop Date:**	12/31/9999
City/State/Zip:	COLUMBIA , SC , 29204-2478 , Richland	**Auditor:**	Thressa M. Hinton
Phone:	803-256-4908	**Contact Name:**	STEPHANIE A BROWN
E-Mail:	STEPHANIE.BROWN@PPHSINC.ORG	**Contact Email:**	

Division of Health Licensing
2600 Bull St
Columbia SC 29201-1708

FAX 803-545-4212

REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

Report Notice

ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION

PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:
(1) the actions taken to correct each cited deficiency,
(2) the actions taken to prevent similar recurrences, and
(3) the actual or expected completion dates of those actions.

FOR Each Violation.

PRINT NAME: Stephanie A. Brown, RN

TITLE: Regional Director for Medical Services

SIGNATURE: Stephanie A. Brown, RN, MD

DATE: 9/16/11

RECEIVED DHEC REQUIRED
SEP 19 2011
HEALTH LIC.

Plan of Corrections for DHEC site visit on 09/02/2011

For Planned Parenthood

201.B. A statement of review has been placed in the policy and procedure manual and will be done on an annual basis by administrator or designee. All documentation of required staff training were obtained from HR Department and place in on site personnel records. All trainings such as OSHA infectious control, fire training, and confidentiality will be kept on site effective immediately.

204 B.8. The TB coordinator is designated in writing in the PPHS OSHA manual. Copy is enclosed.

204 B.1. TB screening done annually and will be maintained in each staff members personnel file by Administrator/designee. Enclosed TB testing for 2011.

204.F. Effective immediately all staff will sign a written job description annually and will maintain in each staff members personnel file by Administrator or designee.

Administrator returns a copy of this report (original signature required) with description of corrective actions to: SCDHEC, Division of Health Licensing, 2600 Bull St, Columbia, SC, 29201 Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below: • Plan of Correction is due on September 19, 2011.	
INSPECTION INFORMATION	
What Date Did the Auditor Arrive at the Facility?	9/2/2011
What Time Did the Auditor Arrive at the Facility?	11:45:00 PM
Select the Type of Inspection to be Performed:	General Inspection
Facility Administrator:	Stephanie A. Brown, RN
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	[redacted]
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Does the Facility/Activity Address agree with the Address of Record?	YES
Does the Facility/Activity Telephone Number agree with the Telephone Number of Record?	YES
Does the Facility/Activity E-mail Address agree with the E-mail Address of Record?	YES
Are there any other individuals accompanying the auditor for this visit?	NO
Is this an On-Site Visit?	YES
ADMINISTRATIVE AC	
201.B. Policies and procedures for operation of the facility shall be formulated and reviewed annually by the licensee of the facility. They shall include but not be limited to: (Class II Violation) • At the time of the inspection, there was no documentation of an annual review of the policies and procedures. Additionally, there was no documentation available for review of the proecedure for ensuring that required training listed in Section 204 E, and F of Regulation 61-12, Standards for Liciensing Abortion Clinics to be conducted annually.	OUT
204.B.8. A person shall be designated in writing at each facility to coordinate TB screening of personnel and any other TB control activities. (Class III Violation) • At the time of the inspection, there was no documentation available for review of a person designated in writing at the facility to coordinate TB screening of personnel and any other TB control activities.	OUT
STAFF RECORDS AC	
204.B.1. Persons with negative tuberculin skin tests who have direct contact	

with patients shall have an annual tuberculin skin test. (Class III Violation) • At the time of the inspection there was no documentation available for review of an annual tuberculin skin test for the following employees: [redacted]	OUT
204.F. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: (Class III Violation) • At the time of the inspection, there was no documentation available for review of attendance to inservice training programs planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities.	OUT
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
PROTECTED INFORMATION	
Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, or participant, you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.' (The names of facility/activity staff members are NOT considered CONFIDENTIAL. If required for the audit, list the names of staff members in the citation.) [redacted]	YES

Fire Drill Report

Planned Parenthood of South Carolina
2712 Middleburg Dr. Suite 107
Columbia SC 29204

Reported by: [redacted]

Date: 7-5-11

Communications:

Was discovery of fire reported appropriately to available personnel? (Y) N
Was "Dr. Red" called ? (Y) N
Was "all clear" called following the drill ? (Y) N
How much time elapsed between notification and evacuation ? 1 1/2 mins

Response:

Did personnel evacuate all patients? (Y) N
Was fire department called ? (Y) N
Was fire department met? (Y) N

Containment:

Were all windows and doors closed? (Y) N
Were the proper extinguishers brought to scene to contain fire? (Y) N

Evacuation:

Were proper evacuation methods used? (Y) N
Were bathrooms checked for patients? (Y) N
Were exits and corridors kept clear and free of obstruction? (Y) N
Were patients escorted to a safe area? (Y) N
Are all evacuation routes clearly posted? (Y) N

Recommendations: _____

Planned Parenthood of SC Fire Drill Report

Date 7-5-11
Dr. Red called at 11:24 am
Location of supposed fire Recovery Room
All accounted for at : Mouse Trapp Restaurant

Participants

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

Planned Parenthood®
Health Systems, Inc.

September 6, 2011

I, Stephanie A. Brown, RN, Administrator, Planned Parenthood Columbia Health Center, have reviewed and approved all policy and procedure manuals for this facility.

Stephanie A. Brown, RN, RP

Stephanie A. Brown, RN
Regional Director for Medical Services
Planned Parenthood Health Systems, Inc.
2712 Middleburg Dr. Suite 107
Columbia SC 29204
Phone 803-2564908 Ext 6718
Fax 803-256-4900

Staff Meeting on July 28,2011

ATTENDANCE

[redacted]
Stephanie Brown, RLD
[redacted]

Meeting called to order by [redacted] @ 3pm.

- All staff observed video on Abortion follow up, dose, and after care.
- Welcomed [redacted] back from maternity leave
- Nancy discussed Syncope and client collapse
- HCAs working lab on Family Planning days need to make sure speculums are washed before leaving.
- Confidentiality discussed regarding patients and services. No one is to give out any information over the phone.

Meeting adjourned @ 4:30pm

OSHA TRAINING

FACILITY: Planned Parenthood Health System (Columbia location)
DATE: 8/17/16
TRAINER: LYNNE LACK, INFECTION CONTROL AND OSHA CONSULTANT

RECORDKEEPING
WORKERS' COMP LAW RE: WORKING AT HOME POST ACCIDENT

BLOODBORNE
ANNUAL RISK ASSESSMENT OF SAFETY NEEDLES
DISINFECTION REVISITED
HEPATITIS-TIP OF THE ICEBERG
HEPATITIS OUTBREAKS IN NEVADA, NEW YORK, TENNESSEE, GA.
SPREAD OF HIV TO PATIENTS FROM PROVIDER-IS IT POSSIBLE?

PPE
FINAL RULE ON "PER INSTANCE"
RESPIRATORY MASKS-CDC AND OSHA VS. WHO
DO YOU NEED A RESPIRATORY PROTECTION PLAN

TB
LATEST STATISTICS
NEW TB TEST FASTER THAN CULTURE
XMDRTB – NEW COMBINATION TREATMENT

HAZARD COMMUNICATION
UNIVERSAL LABELS –STAY TUNED
DISPOSAL OF UNUSED DRUGS
NIOSH PROJECT: ALTERNATE DUTIES FOR AT RISK WORKERS

EMERGENCY ACTION PLAN
REVIEW OF PROCEDURES

GENERAL SAFETY
VIOLENCE IN THE WORKPLACE

(OVER)

INFECTION CONTROL

POSITIVE DEVIANCE

JOINT COMMISSION PLANS FOR OFFICES

MRSA – NEW STRAINS

INFLUENZA PLAN

RESISTANT FLU, STAPH, ENTEROCOCCUS AND ENTEROBACTER

DON'T KISS A PIG (OR AN ELEPHANT)

IS YOUR CELL PHONE BUGGED?

HOW TO PROTECT YOURSELF FROM FLU IN THE WORKPLACE

OSHA UPDATE 2010

DATE: 8/17/10

SIGNATURE	JOB POSITION
Stephanie A. Brown RN	Regional Director
[redacted]	

OSHA COMPLIANCE

to certify to all that the office of

Planned Parenthood Health Systems

Has fulfilled the requirements for the current year for

OSHA EDUCATION & TRAINING

Lynne Lack

LYNNE LACK CMA, IC/OH consultant

August 17, 2010

ANNUAL REVIEW

The policies and procedures (work practice controls), engineering controls, PPE and administrative controls in this OSHA manual are reviewed annually and revised as necessary.

The bloodborne policy, in particular, is reviewed annually to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. Annual consideration, documentation and implementation, where appropriate,of commercially available devices designed to eliminate or minimize exposure will be found in the bloodborne policy of this manual and on the quarterly safety report.

The OSHA coordinator is the designated reviewer for this office:

REVIEW DATE	BY (OSHA COORDINATOR)
Brown	3/17/05
Stephanie A. Brown	3/23/06
Stephanie A. Brown	3/19/07
Stephanie A. Brown	3/6/08
Stephanie A. Brown	8/19/09
Stephanie A. Brown	8/17/10

Planned Parenthood Health Systems, Inc.

TB/PPD Testing record for employees of PPHS

Name: Stephanie A. Brown Date: 7/28/11

Date of injection: 7/28/11 Arm: (L) F A

Given by: [redacted]

Return in 48 hours to have test read.

Read on: 7/30/11

Read By: [redacted]

Results: 0 mm

Employee Signature: Stephanie A. Brown, RN, BD

Date: 7/28/11

Planned Parenthood Health Systems, Inc.

TB/PPD Testing record for employees of PPHS

Name: [redacted] Date: 7/28/11

Date of injection: 7/28/11 Arm: (L) FA

Given by: [redacted]

Return in 48 hours to have test read.

Read on: 7/30/11

Read By: [redacted]

Results: 0 mm

Employee Signature: [redacted]

Date: 7/28/11

Planned Parenthood Health Systems, Inc.

TB/PPD Testing record for employees of PPHS

Name: [redacted] Date: 7-28-2011

Date of injection: _____ Arm: _____

Given by: _____

Return in 48 hours to have test read.

Read on: _____

Read By: _____

Results: _____

Not eligible for PAD – Prior Converter - Neg Chest Xray 2009

Employee Signature: [redacted]

Date: 7-28-2011

Planned Parenthood Health Systems, Inc.

TB/PPD Testing record for employees of PPHS

Name: [redacted] Date: 7/28/11

Date of injection: 7/28/11 Arm: (L) F A

Given by: [redacted]

Return in 48 hours to have test read.

Read on: 7/30/11

Read By: [redacted]

Results: 0 mm

Employee Signature: [redacted]

Date: 7/28/11

Planned Parenthood Health Systems, Inc.

TB/PPD Testing record for employees of PPHS

Name: [redacted] Date: 7/28/11

Date of injection: 7/28/11 Arm: (L) FA

Given by: [redacted]

Return in 48 hours to have test read.

Read on: 7/30/11

Read By: [illegible]

Results: Ø mm

Employee Signature [redacted]

Date: 7/28/11

Planned Parenthood Health Systems, Inc.

TB/PPD Testing record for employees of PPHS

Name: [redacted] Date: 7/28/11

Date of injection: 7/28/11 Arm: (L) FA

Given by: [redacted]

Return in 48 hours to have test read.

Read on: 7/30/11

Read By: [redacted]

Results: Ø mm

Employee Signature: [redacted]

Date: 7/28/11

Planned Parenthood Health Systems, Inc.

TB/PPD Testing record for employees of PPHS

Name: [redacted] Date: 7/28/11

Date of injection: 7/28/11 Arm: (N) FA

Given by: [redacted]

Return in 48 hours to have test read.

Read on: 7/30/11

Read By: [redacted]

Results: 0 mm

Employee Signature: [redacted]

Date: 7/28/11

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit Number:	AB-0002	**Audit Name:**	1-RENEW ROV 20120611
Facility Name:	PLANNED PARENTHOOD OF SOUTH CAROLINA-COLUMBIA	**Type:**	L21 Citation By Mail
		Start Date:	10 Aug 2012 08:30 AM
Address:	2712 MIDDLEBURG DR STE 107	**End Date:**	10 Aug 2012 08:32 AM
City/State/Zip:	COLUMBIA, SC 29204-2478 Richland	**Inspector:**	Shara Merritt
Phone 1:	803-256-4908		
Email:	STEPHANIE.BROWN@PPHSINC.ORG		

Overall Score
0.0%

Report Notice

Question ID	Question	Answer
NOTICE01	Division of Health Licensing 2600 Bull St Columbia SC 29201-1708 **LICENSE RENEWAL REQUIREMENTS NOT MET - EXPIRED LICENSE** CITATION: You are being cited for non-compliance with the section of the applicable regulation regarding license renewal requirements as noted in this report. LATE FEES: Late Fees are being assessed against your facility as a result of the citation(s) contained in this report. In accordance with the most recent State Budget Proviso, failure to submit a license renewal application or fee to the department by the license expiration date shall result in a late fee of $75 or 25% of the licensing fee amount, whichever is greater, in addition to the licensing fee. The State Budget Proviso, while in effect, supersedes late fees addressed in regulations and provides for a late fee assessment where omitted from regulations. The First Late fee is assessed on the first day after the license expires. The Second Late Fee is assessed 60 days after the expiration date of the license. 90 days after the assessment of the Second Late Fee, the department may initiate an Enforcement Action for continual failure to submit completed and accurate renewal applications and/or fees by the time period specified. The department may waive any or all of the assessed late fees in extenuating circumstances, as long as it is with public knowledge. INVOICES: Attached to this report is your Annual License Fee invoice, First Late Fee Invoice, and Second Late Fee Invoice (if applicable). Should you have any questions or concerns, please contact our office at (803) 545-4370. Division of Health Licensing Representative: _____	Late Fee Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction includes: (1) Completed or Corrected Application, if applicable (2) Payment of all Licensing Fees, if applicable (3) Payment of all Late Fees assessed, if applicable	POC REQUIRED

(4) Transaction Receipt from L1 Identity Solutions for the Criminal Record Check, if applicable,
(5) Emergency Evacuation Plan, if applicable.

PRINT NAME:_____

TITLE:_____

SIGNATURE:_____

DATE:_____

Administrator returns a copy of this report (original signature required) with required documentation and fees. If you are being assessed a late fee for insufficient funds, payment must be made by cashiers check or money order. If you are not being assessed a late fee for insufficient funds, payment may be made by check, credit card, or money order. Make payments payable to SCDHEC. Pay the total amount due and mail to our office with a copy of the invoice and all other required documentation to:

SCDHEC, Division of Health Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

Comments

- *August 27, 2012*

Renewal Information

Question ID	Question	Answer
ONSITE	Is this an On-Site Visit?	NO
LATE	Type of Late Fee being assessed:	First Late Fee

Regulation Sections

Question ID	Question	Answer
RENEW-01	Type of Healthcare Facility/Activity:	Abortion Clinic
R-61-12-102.H	102.H. License Renewal. Applicants for an annual license renewal shall file an application with the Department... (Class III Violation) **Comments** • Application has not been received prior to the expiration date of the license (1st Late Fee assessed - see attached Invoices).	OUT

Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention

South Carolina Department of Health and Environmental Control

FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit Number:	AB-0002	**Audit Name:**	Abortion Clinic ROV 20121001
Facility Name:	PLANNED PARENTHOOD OF SOUTH CAROLINA-COLUMBIA	**Type:**	L01 Routine
		Start Date:	19 Oct 2012 12:30 PM
Address:	2712 MIDDLEBURG DR STE 107	**End Date:**	19 Oct 2012 03:43 PM
City/State/Zip:	COLUMBIA, SC 29204-2478 Richland	**Inspector:**	Thressa M. Hinton
Phone 1:	803-256-4908		
Email:	STEPHANIE.BROWN@PPHSINC.ORG		

Overall Score
0.0%

Report Notice

Question ID	Question	Answer
NOTICE01	Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708 REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.	Report Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes: (1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions. PRINT NAME:_____ TITLE:_____ SIGNATURE:_____ DATE:_____	POC REQUIRED

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

Comments

- ***The signed Report of Visit, Plan of Correction and any supporting documentation as applicable, is due on November 12, 2012. It may be faxed to 803-545-4212.***

Inspection Information

Question ID	Question	Answer
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	General Inspection
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit?	NO

Administrative AC

Question ID	Question	Answer
R-61-12-204.H	204.H. A personnel file shall be maintained for each employee and for each volunteer. The records shall be completely and accurately documented, readily available, and systematically organized to facilitate the compilation and retrieval of information. The file shall contain a current job description that reflects the individual's responsibilities and work assignments, and documentation of the person's orientation, in-service education, appropriate licensure, if applicable, and TB skin testing. (Class III Violation) **Comments** • ***At the time of the inspection, there was no documentation available for review of annual inservice training for infection control, fire protection, confidentiality, and licensing regulations for*** [redacted]	OUT

Staff Records AC

Question ID	Question	Answer
R-61-12-204.A	204.A. The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate licensure, if applicable, and health and personal background of each employee. (Class III Violation) **Comments** • ***At the time of the inspection, there was no documentation available for review of a background check for*** [redacted] ***and*** [redacted]	OUT
R-61-12-204.B1	204.B.1. Persons with negative tuberculin skin tests who have direct contact with patients shall have an annual tuberculin skin test. (Class III Violation) **Comments** • ***At the time of the inspection, there was no documentation available for review of an annual tuberculin skin test for*** [redacted]	OUT (Repeat)
R-61-12-204.F	204.F. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The	OUT (Repeat)

following training shall be provided at least annually: (Class III Violation)

Comments

- ***At the time of the inspection, there was no documentation available for review of attendance to inservice training programs planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities.***

Facility Walk-Through AC

Question ID	Question	Answer
R-61-12-503.A	503.A. Facility Maintenance. A facility's structure, its component parts, and all equipment such as elevators, furnaces and emergency lights, shall be kept in good repair and operating condition. Areas used by patients shall be maintained in good repair and kept free of hazards. All wooden surfaces shall be sealed with non-lead-based paint, lacquer, varnish, or shellac that will allow sanitization. (Class II Violation) **Comments** • *At the time of the inspection, a quarter inch gap was observed at the top of the back door of the facility. Daylight could be observed. This door is directly across from the procedure room.*	OUT

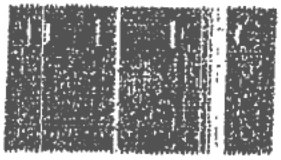
Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention

EJ cls 3/12/13

CH 3-8-13
To Scan

Scanned 3-14-13 CK



Facility Information		Audit Information	
Permit Number:	AE -0002	Audit:	Abortion Clinic ROV 20121001
Permit Type:	HL Abortion Clinic	Type:	L01 Routine
Location Name:	PL NNED PARENTHOOD OF SOUTH CA ROLINA-COLUMBIA	Date:	10/19/2012
Address:	271 2 MIDDLEBURG DR STE 107	Stop Date:	12/31/9999
City/State/Zip:	CC LUMBIA , SC , 29204-2478 , Ric land	Auditor:	Theresa M. Hinton
Phone:	80 256-4908	Contact Name:	STEPHANIE A BROWN RN
E-Mail:	ST PHANIE.BROWN@PPHSINC.ORG	Contact Email:	

Division of Health Licensing
2600 Bull St
Columbia SC 29201-1708

REPORT NOTICE: If applicable, t is Report of Visit includes a detailed description of the conditions, conduct or practices that were foun to be in violation of requirements. This inspection or investigation is not to be construed as a check of ev ry condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicabl standards, regulations and laws. The South Carolina Code of Laws requires this Department to establi and enforce basic standards for the licensure (permitting), maintenance, and operation of healt facilities and services to ensure the safe and adequate treatment of persons served in this State. It also mpowers the Department to require reports and make inspections and investigations as considered necess y. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to ss a monetary penalty against a person or facility for (among other reasons), violating a provision of la or departmental regulations or conduct or practices detrimental to the health or safety of patients, resident , clients, or employees of a facility or service. If applicable to the type of report being made, the signature f the activity representative indicates that all of the items cited were reviewed during the exit discussion f this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Se ions 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

Report Notice

ADMINIST RATOR'S SIGNATURE - PLAN OF CORRECTION

PLAN OF CORRECTION - Admin trators Certification: I certify that the attached plan of correction describes:
(1) the actions taken to correct each ited deficiency,
(2) the actions taken to prevent simi r recurrences, and
(3) the actual or expected completion dates of those actions.

PRINT NAME: Stephani e A. Addison, RN, BSN

TITLE: Regional Director for Medical Services

SIGNATURE: Stephanie A. Addison, RN, BSN

DATE: 11/9/12

POC

* Left VM for Stephanie need correction on POC CH 11-26-12

Any violations cited in this report of visit were observed at the time of the inspection. Administrator returns a copy of this report (original signature required) with description of corrective actions to: SCDHEC, Division of Health Licensing, 2600 Bull St, Columbia, SC, 29201 Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below: **• The signed Report of Visit, Plan of Correction and any supporting documentation as applicable, is due on November 12, 2012. It may be faxed to 803-545-4212.**	REQUIRED
INSPECTION INFORMATION	
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	General Inspection
What Date Did the Auditor Arrive at the Facility?	10/19/2012
What Time Did the Auditor Arrive at the Facility?	12:30:00 PM
Facility Administrator:	STEPHANIE A BROWN RN
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	STEPHANIE A BROWN RN
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit?	NO
ADMINISTRATIVE AC	
204.H. A personnel file shall be maintained for each employee and for each volunteer. The records shall be completely and accurately documented, readily available, and systematically organized to facilitate the compilation and retrieval of information. The file shall contain a current job description that reflects the individual's responsibilities and work assignments, and documentation of the person's orientation, in-service education, appropriate licensure, if applicable, and TB skin testing. (Class III Violation) **• At the time of the inspection, there was no documentation available for review of annual inservice training for infection control, fire protection, confidentiality, and licensing regulations for** [redacted]	OUT
STAFF RECORDS AC	
204.A. The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate licensure, if applicable, and health and personal background of each employee. (Class III Violation) **• At the time of the inspection, there was no documentation available for review of a background check for** [redacted]	OUT
204.B.1. Persons with negative tuberculin skin tests who have direct contact with	

patients shall have an annual tuberculin skin test. (Class III Violation) • **At the time of the inspection, there was no documentation available for review of an annual tuberculin skin test for** [redacted]	OUT (Repeat)
204.F. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: (Class III Violation) • **At the time of the inspection, there was no documentation available for review of attendance to inservice training programs planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities.**	OUT (Repeat)
FACILITY WALK-THROUGH AC	
503.A. Facility Maintenance. A facility's structure, its component parts, and all equipment such as elevators, furnaces and emergency lights, shall be kept in good repair and operating condition. Areas used by patients shall be maintained in good repair and kept free of hazards. All wooden surfaces shall be sealed with non-lead-based paint, lacquer, varnish, or shellac that will allow sanitization. (Class II Violation) • At the time of the inspection, a quarter inch gap was observed at the top of the back door of the facility. Daylight could be observed. This door is directly across from the procedure room.	OUT
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
PROTECTED INFORMATION	
Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, or participant, you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.' (The names of facility/activity staff members are NOT considered CONFIDENTIAL. If required for the audit, list the names of staff members in the citation.)	NO

Auditor Signature: Thressa M. Hinton	**Account Signature:** Sandie Bowers
Thressa M Hinton	X Sandie Bowers X Sandie Bowers

→ Sent email asking for confirmation 2-25-13 RH

Plan of Corrections for DHEC site visit on 10/19/2012

For Planned Parenthood Health Systems

204.H. All documentation of required staff training was completed and placed in on site personnel records. All trainings such as infection control, fire protection, confidentiality, and licensing regulations for [redacted] will be kept on site immediately. This training will be conducted annually by Health Center Manager. ✓

204.A. A background check was obtained through the HR Department for PPHS. Background checks were received from HR for [redacted] and [redacted] Background checks were immediately placed in on site personnel records and will be conducted on each new staff hired. ✓

204.B.1. Although [redacted] has been a converter since 1968 this will be documented annually in her personnel file. Checklist to be done per monthly — ? Not cited on this report OK

204.F. Employees duties and responsibility were signed by each employee and placed in personnel files with Annual Evaluations in April 2012. Will include on checklist for new hires — Prevention OK step ?

503.A. Called placed to Pat Gilliam of Dial Realty (landlord) immediately. Per Pat Gilliam and Robin Dial quarter inch gap at back door will be fixed on Monday November 12, 2012. door fixed on 2-25-2013 — was it fixed Prevention step OK

per phone call w/ Stephanie on 2-25-2013 CPH

CONFIDENTIAL

Staff Monthly Meeting

August 31, 2012

Attendees [redacted]

Meeting called to order by [redacted]

- [redacted] discussed training modules that are required is located on the CAL. Please once again see [redacted] to receive email addresses.
- [redacted] discussed ne phone system that will be implemented.
- When making ap pointments or when pt comes into office and is being registered, make sure that p tients name is spelled correctly and address is correct.
- [redacted] discusse fire protection. Each employee has been designated to a station. If a fire irrupts e eryone is to report to their prospective places.
- [redacted] and staf did a walk through and staff was reminded of where all EXIT signs and all fire extinguishers are located. Fire Drill was conducted after meeting.
- [redacted] s ated to make sure all charge tickets are being filled out correctly and modifiers are be ng added in Next Gen.
- [redacted] Thanked everyone for a job well done and meeting was adjourned at 3:52pm.

CONFIDENTIAL

Fire Drill Report

Planned Parenthood of South Carolina
2712 Middleburg Dr. Suite 107
Columbia SC 29204

Reported by: [redacted]

Date: 8/31/2012

Communications:

Was discovery of fire reported appropriately to available personnel? (Y) N
Was "Dr. Red" called ? (Y) N
Was "all clear" called following the drill ? (Y) N
How much time elapsed between notification and evacuation ? 48 seconds

Response:

Did personnel evacuate all patients? (Y) N
Was fire department called ? (Y) N
Was fire department met? (Y) N

Containment:

Were all windows and doors closed? (Y) N
Were the proper extinguishers brought to scene to contain fire? (Y) N

Evacuation:

Were proper evacuation methods used? (Y) N
Were bathrooms checked for patients? (Y) N
Were exits and corridors kept clear and free of obstruction? (Y) N
Were patients escorted to a safe area? (Y) N
Are all evacuation routes clearly posted? (Y) N

Recommendations: None

CONFIDENTIAL

FIRE DRILL SIGH IN SHEET

DATE: August 21, 2012

Dr. Red called at Red

Location of Supposed Fire Second waiting room

All accounted for at Mouse Trapp Restaurant

NAME

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6. [redacted]
7.

CONFIDENTIAL

Staff Monthly Meeting

October 25, 2012

Attendees: [redacted]

Meeting called to order by [redacted]

- [redacted] discussed new phone system that has been implemented. She stated that we are still having some issues with printing slow that home office is aware of. New phone will also be placed in chart room.

- Staff told to never give out patient information to anyone. Patient information shall remain confidential. Any patient requesting medical records must have a signed medical release and present identification. All staff signed

- [redacted] gave presentation regarding infection control and demonstrated to staff how to properly remove gloves and all other protective equipment. Ex. Shoe covers, masks, protective gowns, and goggles. Sandie told staff to always use Universal Precautions.

- [redacted] told staff the importance of properly disposing of needles. All needles should be placed in sharps container. Sandie also told staff of the perspective places where there are located.

- [redacted] gave staff information on licensing regulation for and staff was told where the booklet is kept. Staff told take time to review book in its entirety

- [redacted] told staff that family planning appointments need to get better. Effective immediately all FP appointments need to be confirmed. All voicemails should be checked and call returned. At the end of the day there should not be any voicemails left.

CONFIDENTIAL

- [redacted] thanked everyone for a job well done and meeting was adjourned at 12:20pm.

Planned Parenthood Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Aven
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

AGREEMENT OF CONFIDENTIALITY

Client Information All information pertaining to clients, whether indirectly or directly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of information to the Public Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Signed [redacted]

Date 10/25/2012

Witness [redacted]

PPHS 11/04

CONFIDENTIAL

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Aven
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

AGREEMENT OF CONFIDENTIALITY

Client Information. All information pertaining to clients, whether indirectly or directly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of information to the Public Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Signed [redacted]

Date 10-25-12

Witness [redacted]

PPHS 11/04

CONFIDENTIAL

Planned Parenthood Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Aven
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

AGREEMENT OF CONFIDENTIALITY

Client Information All information pertaining to clients, whether indirectly or directly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of information to the Public Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Signed [redacted]

Date 10/25/12

Witness [redacted]

PPHS 11/04

CONFIDENTIAL

Planned Parenthood Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services.
100 South Boylan Aven
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

AGREEMENT OF CONFIDENTIALITY

Client Information All information pertaining to clients, whether indirectly or directly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of information to the Public Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Signed [redacted]

Date 10/25/12

Witness [redacted]

PPHS 11/04

CONFIDENTIAL

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Aven
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

AGREEMENT OF CONFIDENTIALITY

Client Information All information pertaining to clients, whether indirectly or directly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of information to the Public Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Signed [redacted]

Date 10/25/12

Witness [redacted]

PPHS 11/04

CONFIDENTIAL

Planned Parenthood Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Aven
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

AGREEMENT OF CONFIDENTIALITY

Client Information All information pertaining to clients, whether indirectly or directly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of information to the Public Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Signed [redacted]

Date 10-25-12

Witness [redacted]

PPHS 11/04

CONFIDENTIAL

Planned Parenthood®
Health Systems, Inc.

JOB TITLE: Clinician

STATUS: FULL-TIME/PART-TIME EXEMPT

GENERAL SUPERVISION RECEIVED: Health Center Manager

CLINICAL SUPERVISION RECEIVED: Affiliate Medical Director

GENERAL DESCRIPTION: In collaboration with local health center staff, the lead clinician (LC), affiliate medical director (AMD) and local back up physician, the Clinician functions in an expanded role in the area of ambulatory reproductive health care. Within the context of PPHS medical protocols, s/he will provide primary reproductive health care for women of all ages, limited reproductive services for men of all ages, and limited primary care for men and women of all ages.

DUTIES AND RESPONSIBILITIES:

General:

1. Practices in accordance with established PPHS policies and procedures (Medical, Laboratory, Quality & Risk Management, OSHA / Infection Control).
2. Secures a complete health history, including obstetric, gynecologic, contraceptive, medical, surgical, sexual, family health, and psychosocial; and records findings accurately and succinctly.
3. Performs physical examinations with special emphasis on the reproductive system, including breast examination, pelvic examination, cancer screening tests, diagnosis of sexually transmitted infections (STIs), and other types of more specialized procedures such as endometrial biopsies and colposcopies, as may be indicated by medical policy and clinical privileging.
4. Performs, orders, and interprets diagnostic studies as indicated and permitted by PPHS medical protocols.
5. Recognizes and treats minor deviations from the normal, using prescribed protocols and consulting with the physician as needed.
6. Provides relevant health instruction to include family planning, nutrition, sexuality, and principles of health promotion and maintenance.
7. Prescribes, dispenses and administers appropriate contraceptives to clients in accordance with PPHS policies and procedures.
8. In centers providing surgical abortion, provides client and physician support, as well as routine and abnormal medical follow up for clients.
9. In centers providing medication abortion, provides direct services in collaboration with supervising physician and affiliate medical director, and in accordance with state laws and regulations.
10. Applies current CPT and ICD-9 coding principles to all medical visits rendered.
11. Participates in PPHS After Hours Call Program for abortion services clients.
12. Participates in PPHS Quality & Risk Management Program.
13. Collaborates within PPHS's medical services department, with health center teams, workgroups and other community agencies and resources (e.g., physicians, local health departments, social service, nutritionists, dentists, and parent education groups), through joint planning and coordination of activities, in providing comprehensive care.
14. Maintains current knowledge of medical practice in the reproductive health field.
15. Interprets scientific studies based on knowledge of basic research principles.

Specific:

1. Obtains a general health history, performs a general screening physical examination, and obtains and/or interprets appropriate diagnostic procedures and laboratory tests.
2. Provides general health supervision, health maintenance, education, and counseling to women during the life cycle.
3. Recognizes common non-gynecological medical problems and other deviations from normal and provides management or referrals as appropriate.
4. Obtains a gynecological history, performs a gynecological examination, and obtains diagnostic studies and laboratory tests relevant to gynecology.
5. Recognizes gynecological deviations from normal, formulates a diagnosis in collaboration with a physician, and provides education and management, or refers when appropriate.
6. Provides education and appropriate management for women and men in need of reproductive related services, including fertility control, infertility, and sexually transmitted infections.
7. In centers providing surgical abortion, provides client and physician support, including but not limited to lab testing, sonography, informed consent, POC evaluation, medication administration, recovery oversight and discharge for clients, post abortion follow up communications and office visits.
8. In centers providing medication abortion, provides direct services in collaboration with supervising physician and affiliate medical director, and in accordance with state laws and regulations, including but not limited to lab testing, sonography, informed consent, prescribing, administering and dispensing of medications, discharge for clients, post abortion follow up communications and office visits.
9. Participates in after- hours call duty for abortion- related emergencies, based on a rotating schedule with other RNs and Clinicians, in accordance with PPHS policy & procedure.
10. Conducts quality control tests, clinical proficiency tests, QM audits and activities according to annual PPHS QRM Plan.
11. Ensures that all abnormal medical complications are followed according to PPHS Referral & Follow Up protocol.
12. Meets or exceeds minimum standards established by PPHS for quality, clinical care, customer service and center productivity.
13. Assists in development & annual revision of medical referral sources for health center/s assigned.
14. Assumes responsibilities of other medical staff as needed and when appropriate, as directed by Health Center Manager.
15. Assumes leadership role in event of medical emergency.
16. Acts as an instructor and resource for staff training and development, in-services and meetings, as directed by Health Center Manager.
17. Recognizes ethical, legal and professional issues inherent in providing care to women throughout the life cycle.
18. Other duties, as assigned by the Health Center Manager.

CONFIDENTIAL

QUALIFICATIONS NEEDED:

Education, Licensure and Certification: License or certification for physician, advanced practice nurse/ physician's assistant practice within the state of health center/s assigned: North Carolina, South Carolina, Virginia, West Virginia. Physician, Nurse practitioner, Physician's

Assistant, Certified Nurse Midwife training and subsequent experience in reproductive health care. NCC certification (or certification by another recognized body) recommended, but not required. CPR certification must be kept up to date throughout employment.

Experience: 1-5 years relevant medical experience, preferably in family planning/ gynecology.

Personal: Understanding of and commitment to goals and mission of PPHS. Excellent communication skills, "bedside manner" & ability to establish professional rapport with clients, coworkers and communities of diverse backgrounds. Eager to grow professionally and personally; Willing to learn new skills, apply new techniques, technologies and approaches in pursuit of quality, innovation, efficiency and customer satisfaction. Able to work effectively independently and as part of a team. Must be willing to respond to changing needs of the health center, department, organization and community.

Vision, Hearing and Speaking : Required to read and analyze data daily. Required to diagnose clients and interpret lab test results. Required to communicate with staff, clients and public daily in person and on phone.

Agility and Dexterity: Required to perform written communication daily. Required to operate office and lab equipment necessary to perform job duties (telephone, copier, computers, exam table, lab and medical equipment).

Mental: ability to read, comprehend and analyze data daily.

I have read and understand this job description.

[redacted]

8-31-12
Date

CONFIDENTIAL

Planned Parenthood®
Health Systems, Inc.

JOB TITLE: Health Center Manager

STATUS: PART/FULL-TIME EXEMPT

RESPONSIBLE TO: Regional Director

DESCRIPTION OF DUTIES:

1. Provide direct management of the center. Responsible for overall efficient operations, fiscal performance, professional environment, staff selection and development, and maintenance of equipment, supplies and facility.

2. Conduct periodic patient flow assessments for quality improvements.

3. Provide direct patient care as appropriate.

4. Hire, train, schedule, and evaluate non-clinician and volunteer personnel.

5. Participate with Vice President for Medical Services (VPMS), Lead Clinician, Regional Director and Medical Director in the hiring, training and evaluation of clinician staff. Directly supervise clinicians in all areas except medical judgment, which is to be evaluated by the Medical Director.

6. Delegate responsibilities among center personnel. Authorize all personnel- related actions, including time sheets. Conduct periodic and annual performance evaluations and competency reviews.

7. Determine patient, clinician and employee schedules for effective and efficient health center operations and patient services within affiliate standards and guidelines.

8. Assess and recommend staffing patterns and periodically reassess needs for adequate staffing of health center operations.

CONFIDENTIAL

9. Train and interpret new services policies for staff, volunteers and patients.

10. Ensure staff productivity via prospective performance tracking, and provide ongoing supervision and training to achieve productivity standards.

11. Demonstrate ability to manage and supervise people, giving support, evaluating, and holding employees accountable while maintaining high morale and productivity.

12. Develop annual budget and business plan, under instruction of the VPMS. Monitor and adhere to established budgets through reports, justifications and action plans to address variances in operations and related information at the center level.

13. Oversee insurance billing procedures, adhering to affiliate standards and resolving overdue accounts in a timely manner.

14. Participate in PPHS's Quality Management Committee. Maintain PPHS quality management guidelines for lab and medical services.

15. Monitor quality of patient care provided by health center staff. Evaluate customer concerns on a regular basis, addressing complaints as required.

16. Manage abnormal pap smear follow-up/ referral system in accordance with PPHS guidelines.

17. Complete patient statistical reports, as requested.

QUALIFICATIONS NEEDED:

Education: Bachelor's degree, preferably in management

Experience: 3-5 years supervisory/ management experience, with one year in a health care environment preferred.

Personal: Ability to manage multiple program services and tasks; Attention to detail; Ability to respond appropriately to changing situations; Great communication skills, both oral and written; Ability to relate to diverse constituencies; Ability to self-motivate, work independently and as a team member; Commitment to department goals regarding quality, productivity and customer service; Willingness to work evenings and Saturdays; Commitment to the mission and philosophy of Planned Parenthood

Vision, Hearing, and Speaking: Must be able to read and analyze data daily. Required to hear telephone and communicate with staff and public daily via telephone and in person.

Agility and Dexterity: Must be able to input and retrieve data daily. Required to perform written communication and use office equipment necessary to the performance of job duties (computer, printer, fax, telephone, calculator, postage meter, copy machine).

Mental: Ability to read, comprehend and analyze data daily.

CONFIDENTIAL

I have received a copy of this job description, which I have read and understand.

[redacted]

Employee Signature [redacted]

8/30/2012
Date

Planned Parenthood®
Health Systems, Inc.

JOB TITLE: Regional Director of Medical Services

STATUS: FULL-TIME EXEMPT

RESPONSIBLE TO: VP for Medical Services

GENERAL SUMMARY

The Regional Director of Health Services is responsible for operations, medical compliance and financial position of all health centers within the designated region. One center within assigned region is identified as the home site, and direct supervision for this site and staff is provided. 75% of her/ his time is spent in this role. 25% of her/ his time is focused on supervision and support for the Health Center Managers assigned to the other sites within the region. The Regional Director also supervises a Lead Clinician and Health Center Assistant to provide support for all centers in the region. The Regional Director reports directly to the Vice President for Medical Services.

ESSENTIAL DUTIES & RESPONSIBILITIES

Health Center Performance Management

- Recruit, hire, train, develop and supervise Health Center Managers in assigned region.
- Assume management of staff and center in absence or vacancy of Health Center Manager.
- Establish goals for all centers within region based on organizational, departmental and regional strategic objectives.
- Develop budgets for centers in region based upon established goals and objectives.
- Monitor health center performance relative to operational, medical, quality and fiscal standards.
- Supervise and assist staff in achieving goals and managing operation within budget
- Optimize staffing levels to ensure smooth client flow and center access
- Ensure center and staff schedule meets needs of clients and target communities.
- Provide leadership in communicating PPHS policies and administrative processes through staff meetings and other communications.
- Respond to staff and client grievances.
- Assume leadership with peers on process improvement initiatives within health centers, focusing on improved customer satisfaction, compliance with medical policies and procedures, health center efficiency and productivity.
- Develop strong community presence in designated area as a Planned Parenthood representative for the purpose of establishing the organization as a leader in the provision of education, information and health services.
- Create partnerships with community organizations that can help Planned Parenthood tailor education or clinical services to meet the needs of specific populations.

CONFIDENTIAL

Project Management

- Supports VPMS in the development of change management plans, new program implementation plans, performance plans for individual staff members, departmental teams, committees, workgroups.
- Participates in coordination of specialized projects such as Clinical Management Software, Web Based Health Services, Off-Site Services, Health Center expansions/ transitions, as assigned.
- Participates in planning, implementation and evaluation of new services for PPHS. Remains updated on similar projects outside PPHS in order to measure and maintain the success of new projects/ services at PPHS.
- Participates in the coordination and oversight of transition/ turnaround workplans and projects for underperforming centers and staff within region.

Quality and Risk Management

- Participates in the Q/RM program to ensure high quality, efficient, customer-driven service delivery, following approved protocols and health center practices.
- Assists in reviewing, updating and developing new Q/RM audit tools and checklists.
- Participates in monitoring of Q/RM activities as needed.
- Organizes, compiles and reports data for all incidents as needed for staff training and meetings.
- Participates in review and compilation of occurrence reports for annual summary for measurement and reporting on outcomes, trends, for training purposes and quality improvement efforts.
- Coordinates Q/RM committee meetings, including requesting and confirming presenters, arranging logistics, set up and clean up of meeting space and other arrangements as needed.

Budget Planning

- Participates in annual budgeting process, to present a plan that will support the region for the fiscal year.

Miscellaneous

- Performs other duties as needed or directed by VPMS.
- Due to changing organizational needs, duties and responsibilities may be added, changed or deleted at any time at the discretion of management.

QUALIFICATIONS

CONFIDENTIAL

Education: Position requires minimally a Bachelor's Degree.

Experience: A minimum of 2 years training experience, 2 years experience in a family planning center, abortion services experience, or equivalent. Must have 2 years management or supervision in health care or customer service business. Experience developing, implementing and evaluating operational plans highly desirable. Education should encompass some or all of

the following: information sharing, education/ training, women's health, sexuality, public health, laboratory science. Ability to use CMS accurately. Proficiency with email and Microsoft Office applications including Outlook, Word, Excel and Powerpoint.

Personal: Understanding of and commitment to PPHS goals and mission. Must be able to prioritize and have good communication and organizational skills. Ability to function as both a leader and a team member. Ability to perform effectively in a constantly changing, high-stress environment.

Vision, Hearing, and Speaking: Must be able to read and analyze data daily. Required to hear telephone and communicate with staff and public daily via telephone and in person.

Agility and Dexterity: Must be able to input and retrieve data daily. Required to perform written communication and use office equipment necessary to the performance of job duties (computer, printer, fax, telephone, calculator, postage meter, copy machine).

Mental: Ability to read, comprehend and analyze data daily.

I have received a copy of this job description, which I have read and understand.

[redacted]
Employee Signature

8/31/12
Date

CONFIDENTIAL

Planned Parenthood®
Health Systems, Inc.

JOB TITLE: Health Center Assistant III

STATUS: Full-Time/Part-Time, Non-Exempt

RESPONSIBLE TO: Health Center Manager

DUTIES AND RESPONSIBILITIES ALL HCA LEVELS:

1. Provides excellent customer service, eliciting client needs, and educating clients on Planned Parenthood services & community resources.
2. Provides education in a non-judgmental manner to patients by providing support and information on reproductive and sexual health issues, including birth control methods, pregnancy options including abortion, STI's/HIV and safer sex.
3. Provides telephone coverage for incoming calls, request for Center appointments and also other information calls that may require education about PP services and/or appropriate referrals, within or outside Planned Parenthood.
4. Performs receptionist duties for the Center by following the established appointment schedule system, greeting patients in a welcoming and courteous manner, maintaining the patient log, preparing medical records, and answering incoming telephone calls.
5. Verify insurance coverage and benefits.
6. Responsible for patient fee receipts; reconciliation of computer journal sheet with daily deposits and timely reporting of same to Finance Department.
7. Conducts patient interviews and completes all necessary forms and records for patient services in an efficient and accurate manner.
8. Perform finger sticks and collect urine specimens; performs IM injections under supervision of Clinician.
9. Prepares patients for exams for and assist with family planning, abortion, and IUD procedures.
10. Assists in completing patient work-ups, i.e., blood pressure, weight/height, temp, medical history, etc. and use sound judgment in the triage of patient concerns and complaints.
11. Follows Center procedures for the completion and follow-up of lab work including the provision of results to patients.
12. Clean and sterilize instruments.
13. Follows center procedures for the processing and provision of OTC and prescription medications and birth control supplies.
14. Assists in assuring the Center remains in working order by maintaining an adequate stock of Center supplies.
15. Assists in maintaining an attractive and comfortable appearance of the Center.
16. Participates in maintaining uniform patient record systems, e.g. computer data, patient filing system.

CONFIDENTIAL

17. Works as a team member to meet or exceed center productivity and customer satisfaction goals.
18. Educate patients on abortion procedures and obtain informed consent for medical and surgical abortions.*
19. Participates in routine upkeep and regular housekeeping of center.
20. Collect, process and provide results of STI lab work.
21. Perform blood draws
22. Prepare patients for and assist provider with Colposcopy.
23. Run and document lab controls and maintain temperature logs for refrigerators.
24. Participates in developing and implementing non-medical procedures for operation of Center, (e.g. medical records management, billing, waste management, quality and risk management, informed consent, marketing, education and outreach
25. Bank deposits
26. Able to examine, identify and properly dispose of POC*
27. Special projects/ other duties as assigned by Center Manager.

In addition to 1 YEAR of continuous service at PPHS as an HCA II, employee must independently perform 3 of the 5 functions listed below:

1. Privileged by Ultrasound Program Director or Designee to perform ultrasound for abortion patients*
2. Must be willing to travel between sites to fill in when centers are short staffed
3. Provide abnormal lab/pap results to patients, maintain follow-up logs and follow-up with Clinicians in a timely manner as assigned by Center Manager.
4. Standing in for HCA I during absence -Participates in departmental and interdepartmental committees, which affect or determine policies and procedures related to the delivery of reproductive health care to the consumer and to the success of PPHS
5. Assists Center Manager in the development and implementation of new staff training

QUALIFICATIONS

Education: Minimum--High school diploma or GED

Experience: CMA or 6 months medical experience **PLUS a minimum of 1 year of continuous service at PPHS.** Able to obtain and maintain CPR certification.

CONFIDENTIAL

Personal: Understanding of and commitment to PPHS goals and mission. Must be able to prioritize and have good communication and organizational skills. Must be able to work independently as well as part of a team. Demonstrated ability to relate to persons of diverse backgrounds and ability to communicate effectively with others.
Vision, Hearing, and Speaking: Must be able to read and analyze data daily. Required to hear telephone and communicate with staff and public daily via telephone and in person. **Bilingual in English and Spanish preferred.**

Agility and Dexterity: Must be able to input and retrieve data daily. Required to perform written communication and use office equipment necessary to the performance of job duties (computer, printer, fax, telephone, calculator, postage meter, copy machine).

Mental: Ability to read comprehend and analyze data daily.

[redacted]

Employee Signature

4/5/12
Date

CONFIDENTIAL

Planned Parenthood®
Health Systems Inc.

JOB TITLE: Health Center Assistant III

STATUS: Full-Time/Part-Time, Non-Exempt

RESPONSIBLE TO: Health Center Manager

DUTIES AND RESPONSIBILITIES ALL HCA LEVELS:

1. Provides excellent customer service, eliciting client needs, and educating clients on Planned Parenthood services & community resources.
2. Provides education in a non-judgmental manner to patients by providing support and information on reproductive and sexual health issues, including birth control methods, pregnancy options including abortion, STI's/HIV and safer sex.
3. Provides telephone coverage for incoming calls, request for Center appointments and also other information calls that may require education about PP services and/or appropriate referrals, within or outside Planned Parenthood.
4. Performs receptionist duties for the Center by following the established appointment schedule system, greeting patients in a welcoming and courteous manner, maintaining the patient log, preparing medical records, and answering incoming telephone calls.
5. Verify insurance coverage and benefits.
6. Responsible for patient fee receipts; reconciliation of computer journal sheet with daily deposits and timely reporting of same to Finance Department.
7. Conducts patient interviews and completes all necessary forms and records for patient services in an efficient and accurate manner.
8. Perform finger sticks and collect urine specimens; performs IM injections under supervision of Clinician.
9. Prepares patient for exams for and assist with family planning, abortion, and IUD procedures.
10. Assists in completing patient work-ups, i.e., blood pressure, weight/height, temp, medical history, etc. and use sound judgment in the triage of patient concerns and complaints.
11. Follows Center procedures for the completion and follow-up of lab work including the provision of results to patients.
12. Clean and sterilize instruments.
13. Follows center procedures for the processing and provision of OTC and prescription medications and birth control supplies.
14. Assists in assuring the Center remains in working order by maintaining an adequate stock of Center supplies.
15. Assists in maintaining an attractive and comfortable appearance of the Center.
16. Participates in maintaining uniform patient record systems, e.g. computer data, patient filing system.

17. Works as a team member to meet or exceed center productivity and customer satisfaction goals.
18. Educate patients on abortion procedures and obtain informed consent for medical and surgical abortions.*
19. Participates in routine upkeep and regular housekeeping of center.
20. Collect, process and provide results of STI lab work.
21. Perform blood draws
22. Prepare patients for and assist provider with Colposcopy.
23. Run and document lab controls and maintain temperature logs for refrigerators.
24. Participates in developing and implementing non-medical procedures for operation of Center, (e.g. medical records management, billing, waste management, quality and risk management, informed consent, marketing, education and outreach
25. Bank deposits
26. Able to examine, identify and properly dispose of POC*
27. Special projects/ other duties as assigned by Center Manager.

In addition to 1 YEAR of continuous service at PPHS as an HCA II, employee must independently perform 3 of the 5 functions listed below:

1. Privileged by Ultrasound Program Director or Designee to perform ultrasound for abortion patients*
2. Must be willing to travel between sites to fill in when centers are short staffed
3. Provide abnormal lab/pap results to patients, maintain follow-up logs and follow-up with Clinicians in a timely manner as assigned by Center Manager.
4. Standing in for LCM during absence -Participates in departmental and interdepartmental committees, which affect or determine policies and procedures related to the delivery of reproductive health care to the consumer and to the success of PPHS
5. Assists Center Manager in the development and implementation of new staff training

QUALIFICATIONS

Education: Minimum--High school diploma or GED

Experience: CMA or 6 months medical experience **PLUS a minimum of 1 year of continuous service at PPHS.** Able to obtain and maintain CPR certification.

Personal: Understanding of and commitment to PPHS goals and mission. Must be able to prioritize and have good communication and organizational skills. Must be able to work independently as well as part of a team. Demonstrated ability to relate to persons of diverse backgrounds and ability to communicate effectively with others.
Vision, Hearing, and Speaking: Must be able to read and analyze data daily. Required to hear telephone and communicate with staff and public daily via telephone and in person. **Bilingual in English and Spanish preferred.**

Agility and Dexterity: Must be able to input and retrieve data daily. Required to perform written communication and use office equipment necessary to the performance of job duties (computer, printer, fax, telephone, calculator, postage meter, copy machine).

Mental: Ability to read, comprehend and analyze data daily.

[redacted] 4-19-12

Employee Signature Date

CONFIDENTIAL

Planned Parenthood®
Health Systems, Inc.

JOB TITLE: Health Center Assistant III

STATUS: Full-Time/Part-Time, Non-Exempt

RESPONSIBLE TO: Health Center Manager

DUTIES AND RESPONSIBILITIES ALL HCA LEVELS:

1. Provides excellent customer service, eliciting client needs, and educating clients on Planned Parenthood services & community resources.
2. Provides education in a non-judgmental manner to patients by providing support and information on reproductive and sexual health issues, including birth control methods, pregnancy options including abortion, STI's/HIV and safer sex.
3. Provides telephone coverage for incoming calls, request for Center appointments and also other information calls that may require education about PP services and/or appropriate referrals, within or outside Planned Parenthood.
4. Performs receptionist duties for the Center by following the established appointment schedule system, greeting patients in a welcoming and courteous manner, maintaining the patient log, preparing medical records, and answering incoming telephone calls.
5. Verify insurance coverage and benefits.
6. Responsible for patient fee receipts; reconciliation of computer journal sheet with daily deposits and timely reporting of same to Finance Department.
7. Conducts patient interviews and completes all necessary forms and records for patient services in an efficient and accurate manner.
8. Perform finger sticks and collect urine specimens; performs IM injections under supervision of Clinician.
9. Prepares patients for exams for and assist with family planning, abortion, and IUD procedures.
10. Assists in completing patient work-ups, i.e., blood pressure, weight/height, temp, medical history etc. and use sound judgment in the triage of patient concerns and complaints.
11. Follows Center procedures for the completion and follow-up of lab work including the provision of results to patients.
12. Clean and sterilize instruments.
13. Follows center procedures for the processing and provision of OTC and prescription medications and birth control supplies.
14. Assists in assuring the Center remains in working order by maintaining an adequate stock of Center supplies.
15. Assists in maintaining an attractive and comfortable appearance of the Center.
16. Participates in maintaining uniform patient record systems, e.g. computer data, patient filing system.

CONFIDENTIAL

17. Works as a team member to meet or exceed center productivity and customer satisfaction goals.
18. Educates patients on abortion procedures and obtain informed consent for medical and surgical abortions.*
19. Participates in routine upkeep and regular housekeeping of center.
20. Collect, process and provide results of STI lab work.
21. Perform blood draws
22. Prepare patients for and assist provider with Colposcopy.
23. Run and document lab controls and maintain temperature logs for refrigerators.
24. Participates in developing and implementing non-medical procedures for operation of Center, (e.g. medical records management, billing, waste management, quality and risk management, informed consent, marketing, education and outreach
25. Bank deposits
26. Able to examine, identify and properly dispose of POC*
27. Special projects / other duties as assigned by Center Manager.

In addition to 1 YEAR of continuous service at PPHS as an HCA II, employee must independently perform 3 of the 5 functions listed below:

1. Privileged by Ultrasound Program Director or Designee to perform ultrasound for abortion patients*
2. Must be willing to travel between sites to fill in when centers are short staffed
3. Provide abnormal lab/pap results to patients, maintain follow-up logs and follow-up with Clinicians in a timely manner as assigned by Center Manager.
4. Standing in for RCM during absence -Participates in departmental and interdepartmental committees, which affect or determine policies and procedures related to the delivery of reproductive health care to the consumer and to the success of PPHS
5. Assists Center Manager in the development and implementation of new staff training

QUALIFICATIONS

Education: Minimum- High school diploma or GED

Experience: CMA or 6 months medical experience **PLUS a minimum of 1 year of continuous service at PPHS.** Able to obtain and maintain CPR certification.

Personal: Understanding of and commitment to PPHS goals and mission. Must be able to prioritize and have good communication and organizational skills. Must be able to work independently as well as part of a team. Demonstrated ability to relate to persons of diverse backgrounds and ability to communicate effectively with others.
Vision, Hearing, and Speaking: Must be able to read and analyze data daily. Required to hear telephone and communicate with staff and public daily via telephone and in person. **Bilingual in English and Spanish preferred.**

CONFIDENTIAL

Agility and Dexterity Must be able to input and retrieve data daily. Required to perform written communication and use office equipment necessary to the performance of job duties (computer, printer, fax, telephone, calculator, postage meter, copy machine).

Mental: Ability to read, comprehend and analyze data daily.

[redacted] 4-5-12

Employee Signature Date

CONFIDENTIAL

Planned Parenthood Health Systems, Inc.

TB/PPD Testing record for employees of PPHS

Name: [redacted] Date: 10-19-12

Date of injection: _____ Am: _____

Given by: _____

Return in 48 hours to have test read.

Read on: _____

Read By: _____

Results: _____

I decline testing. I converted to PPD in 1968. Neg Chest Xrays since. Last Chest Xray 4½ years ago.

Employee Signature: [redacted]

Date: 10-19-12

CONFIDENTIAL

South Carolina Department of Health and Environmental Control

FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit Number:	AB-0002	**Audit Name:**	Abortion Clinic ROV 20140627
Facility Name:	PLANNED PARENTHOOD OF SOUTH CAROLINA-COLUMBIA	**Type:**	L01 Routine
Address:	2712 MIDDLEBURG DR STE 107	**Start Date:**	17 Oct 2014 12:30 PM
City/State/Zip:	COLUMBIA, SC 29204-2478 Richland	**End Date:**	17 Oct 2014 12:31 PM
Phone 1:	803-256-4908	**Inspector:**	Heather Liafsha
Email:	STEPHANIE.BROWN@PPHSINC.ORG	**Approved Date:**	Heather Liafsha
Contact Name:	SANDIE BOWERS		
Contact Email:	STEPHANIE.BROWN@PPHSINC.ORG		

Overall Score
0.0%

Report Notice

Question ID	Question	Answer
NOTICE01	Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708 REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.	Report Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes: (1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions. PRINT NAME:_____ TITLE:_____	POC REQUIRED

SIGNATURE:_____

DATE:_____

Any violations cited in this report of visit were observed at the time of the inspection.

Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FLSC	Inspection Includes Fire & Life Safety:	NO
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit? **Comments** • *Eva Johnson*	YES

AC Regulation Parts I-VII 61-12

Question ID	Question	Answer
R-61-12-204.B	204.B. Prior to performing job duties, all employees, to include volunteers who have direct patient contact within the clinic, shall have tuberculin skin testing conducted unless a previously positive reaction is documented in millimeters. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is to be used. For employees/volunteers who have no documentation of a negative PPD result during the preceding 12 months, then the two-step procedure (one PPD test with negative result followed one to three weeks later by another PPD test) is required to establish a reliable baseline. If employees/volunteers have complete documentation of a negative PPD during the preceding 12 months (may be a single PPD or a two-step PPD), then a single PPD is acceptable to establish the baseline for current employment. (Class III Violation) **Comments** • *Employee ML had 1 step TST on 7/16/14. (New hire). No documentation of previous negative TST within the preceding 12 months. Therefore, two-step TST is required.*	OUT (Repeat)

Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention

FEES COLLECTED BY SCDHEC FROM ABORTION FACILITIES

July 01, 2010 - November 03, 2015

	PLANNED PARENTHOOD SOUTH ATLANTIC				GREENVILLE WOMEN'S CLINIC PA			SC WOMEN'S CENTER * WOMEN'S MEDICAL CENTER *		
	License / Inspection / Late Fees	Penalty Payment	Infectious Waste Annual Permit Fee	Drug Control Fee	License / Inspection / Late Fees	Penalty Payment	Infectious Waste Annual Permit Fee	License / Inspection / Late Fees	Infectious Waste Annual Permit Fee	TOTAL FEES COLLECTED
07/01/15 - 11/03/15	$0	$7,500	$150	$0	$0	$2,750	$150	$0	$150	$10,700
SFY'2015	$900		$150	$125	$925		$150	$925	$150	$3,325
SFY'2014	$500		$150	$125	$500		$150	$500	$150	$2,075
SFY'2013	$625		$150	$125	$500		$150	$500	$150	$2,200
SFY'2012	$500		$150	$125	$500		$150	$500	$150	$2,075
SFY'2011	$500		$150	$125	$500		$150	$500	$150	$2,075
	$3,025	$7,500	$900	$625	$2,925	$2,750	$900	$2,925	$900	$22,450

Note: *SC Women's Center's invoices are billed to: Charleston Women's Medical Center.
Charleston Women's Medical Center is the facility name and SC Women's Center is the licensee name.

FEES COLLECTED BY SCDHEC FROM PLANNED PARENTHOOD SOUTH ATLANTIC

July 01, 2010 - November 03, 2015

	PLANNED PARENTHOOD SOUTH ATLANTIC				
	License / Inspection / Late Fees	Penalty Payment	Infectious Waste Annual Permit Fee	Drug Control Fee	TOTAL FEES COLLECTED
07/01/15 - 11/03/15	$0	$7,500	$150	$0	$7,650
SFY'2015	$900		$150	$125	$1,175
SFY'2014	$500		$150	$125	$775
SFY'2013	$625		$150	$125	$900
SFY'2012	$500		$150	$125	$775
SFY'2011	$500		$150	$125	$775
	$3,025	$7,500	$900	$625	$12,050

D H E C
PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director
Promoting and protecting the health of the public and the environment

CERTIFIED MAIL
Article No. 9214 8969 0099 9790 1402 8082 39

November 6, 2015

Kathy Adams
Greenville Women's Clinic PA
1142 Grove Road
Greenville, SC 29605-4692

RE: **Proposed Consent Order**
Greenville Women's Clinic PA
SC23-0410G
Greenville County, South Carolina

Dear Ms. Adams:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than **Friday, November 20, 2015.**

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to Greenville Women's Clinic PA for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of Greenville Women's Clinic PA, in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at caswellh@dhec.sc.gov.

Respectfully,

Robert S. McDaniel II
Manager, Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

Attachment

THE STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: GREENVILLE WOMEN'S CLINIC PA
SC23-0410G
GREENVILLE COUNTY

CONSENT ORDER
15 – 08 – IW

Greenville Women's Clinic PA (Greenville Women's) is a large quantity generator of infectious waste located in Greenville, South Carolina. Greenville Women's is responsible for compliance with the applicable statutes and regulations governing the management of infectious waste. Greenville Women's must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

FINDINGS OF FACT

1. Greenville Women's provides services at its facility located at 1142 Grove Road, Greenville, South Carolina, and has been registered in South Carolina as a generator of infectious waste since December 5, 1992.
2. Greenville Women's registration with the South Carolina Department of Health and Environmental Control (Department) states that it generates between 50 and 999 pounds of infectious waste in a calendar month. Therefore, it is a large quantity generator.

3. On September 2, 2015, representatives of the Department conducted an inspection of Greenville Women's to determine compliance with the applicable statutes and regulations. During the inspection, the Department observed and documented the following:

   a. During the review of Greenville Women's infectious waste protocol, the Department discovered that the protocol did not address how containers of infectious waste would be labeled with the facility's registration number and date of storage and/or pick up date;

   b. The Department observed a small reusable biohazard container in the autoclave room. The Department's inspectors asked about this container, and a representative of Greenville Women's stated that the container is not disinfected prior to the replacement of the biohazard bag lining the container; and,

   c. During the review of the manifests and the weight records, the Department discovered that shipments of pathological waste containing products of conception were picked up by Stericycle, Inc. (Stericycle) on March 17, 2014, October 20, 2014, and July 20, 2015, and were treated by steam sterilization instead of incineration.

4. On September 11, 2015, the Department issued Greenville Women's a Notice of Alleged Violation/Notice of Enforcement Conference. The enforcement conference was held on September 28, 2015.

5. Prior to and subsequent to the enforcement conference, Greenville Women's provided the following to the Department:

   a. An updated infectious waste protocol;

   b. An updated Stericycle infectious waste contract;

   c. Copies of manifests, contracts and invoices for services provided by Stericycle;

d. A letter from Stericycle dated September 17, 2015, regarding altered manifests and updating Greenville Women's account to "Incinerate Only" in order to ensure that the proper processing stamp is applied to manifests;

e. Weight records for infectious waste shipped offsite; and,

f. Documentation for staff training conducted on September 20, 2015.

6. Subsequent to the enforcement conference, the Department performed a thorough review of the information and documentation provided by Greenville Women's and Stericycle, the transporter for the disposal of Greenville Women's infectious waste, which includes "products of conception," and found the following:

a. Greenville Women's contract with Stericycle from 2007 through August 2015 did not specify that pathological wastes that include "products of conception" were required to be either incinerated, cremated, interred, or donated for medical research;

b. Greenville Women's entered into a new contract with Stericycle in September 2015 for pathological wastes that include "products of conception," and provided that Greenville Women's account was changed to "Incinerate Only" to ensure proper treatment; and,

c. Stericycle's invoices for Greenville Women's show an increase in costs from $206.56 in August 2015, under the old contract, to $575.12 in October 2015, under the new contract. These invoices support the finding that the more expensive treatment of incineration began after September 2015.

APPLICABLE LAW

STATUTES:

1. S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."
2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."
3. S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

REGULATIONS:

1. R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."
2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."

3. R.61-105(D)(1)(z) provides: "'Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."

4. R.61-105(D)(1)(ff) provides: "'Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."

5. Pursuant to R.61-105(E)(1)(d), "pathological waste" includes "all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."

6. R.61-105(F)(5) provides: "Each generator must have a designated infection control committee with the authority and responsibility for infectious waste management. This committee must develop or adopt a written protocol to manage the infectious waste stream from generation until offered for transport. If the generator treats infectious waste onsite, the written protocol must include contingency plans and a Quality Assurance program to monitor these onsite treatment procedures. Small quantity generators are not required to have an infection control committee or a written protocol."

7. R.61-105(I)(9) provides: "Reusable or disposable containers are acceptable. Reusable containers must be properly disinfected after each use as outlined in Section L of this regulation."

8. R.61-105(T)(9) provides: "Products of conception must be incinerated, cremated, interred, or donated for medical research."

CONCLUSIONS OF LAW

Based upon the above findings, the Department concludes that Greenville Women's has violated the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

1. Pursuant to Findings of Fact #3a, Greenville Women's has violated R.61-105.F(5), by failing to have a written protocol to manage the infectious waste stream from generation until offered for transport;
2. Pursuant to Findings of Fact #3b, Greenville Women's has violated R.61-105.I(9), by failing to properly disinfect, after each use as outlined in Section L of this regulation, reusable containers; and,
3. Pursuant to Findings of Facts #3.c., and #6., Greenville Women's has violated R. 61-105.T(9), by failing to incinerate, cremate, inter, or donate for medical research, products of conception.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), Greenville Women's shall:

1. Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
2. Now, and in the future, manage infectious waste in accordance with R.61-105 Subpart F – Generator Requirements;
3. Now, and in the future, in accordance with R.61-105 Subpart I – Packaging Requirements, properly disinfect reusable containers;

4. Now, and in the future, manage products of conception in accordance with R.61-105 Subpart T – Infectious Waste Treatment; and,

5. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion)*. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs.

The payment of the penalty amount must be in the form of a check payable to SCDHEC with the number of the Order (15-08-IW), and Registration #SC23-0410G written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM
Division of Compliance and Enforcement
Enforcement Section
Attn: Lorria Caswell
2600 Bull Street, Columbia, SC 29201-1708.

IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and Greenville Women's with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

FOR THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

_____ Date: _____
Myra C. Reece
Interim Director of Environmental Affairs

_____ Date: _____
Daphne G. Neel, Chief
Bureau of Land and Waste Management

_____ Date: _____
Van Keisler, P.G., Director
Division of Compliance and Enforcement

Reviewed By:

_____ Date: _____
Attorney
Office of General Counsel

WITH CONSENT:

GREENVILLE WOMEN'S CLINIC PA

_____ Date: _____
Name:
Title:

_____ Date: _____
Name:
Title:

D H E C
PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director
Promoting and protecting the health of the public and the environment

CERTIFIED MAIL
Article No. 9214 8969 0099 9790 1402 8080 17

November 6, 2015

Pamela Baker
McNair Law Firm, P.A.
1221 Main Street, Suite 1800
Columbia, SC 29201

RE: **Proposed Consent Order**
Planned Parenthood South Atlantic
SC40-0333G
Richland County, South Carolina

Dear Ms. Baker:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than **Friday, November 20, 2015**.

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to Planned Parenthood South Atlantic for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of Planned Parenthood South Atlantic, in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at caswellh@dhec.sc.gov.

Respectfully,

Robert S. McDaniel II
Manager, Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

Attachment

cc: Emily Adams – Planned Parenthood, 1765 Dobbins Drive, Chapel Hill, NC 27514
certified article #9214 8969 0099 9790 1402 8081 09

THE STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: PLANNED PARENTHOOD SOUTH ATLANTIC
SC40-0333G
RICHLAND COUNTY

CONSENT ORDER
15 – 07 – IW

Planned Parenthood South Atlantic (Planned Parenthood) is a large quantity generator of infectious waste and is located in Columbia, South Carolina. Planned Parenthood is responsible for compliance with the applicable statutes and regulations governing the management of infectious waste. Planned Parenthood must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

FINDINGS OF FACT

1. Planned Parenthood provides services at its facility located at 2712 Middleburg Drive, Suite 107, Columbia, South Carolina, and has been registered in South Carolina as a generator of infectious waste since June 15, 1992.
2. Planned Parenthood's registration with the South Carolina Department of Health and Environmental Control (Department) states that it generates between 50-999 pounds of infectious waste in a calendar month. Therefore, it is a large quantity generator.
3. On August 31, 2015, representatives of the Department conducted an inspection of Planned Parenthood to determine compliance with the applicable statutes and regulations.

During the inspection, the Department observed and documented the following:

a. During the review of the infectious waste protocol, the Department discovered that the Planned Parenthood protocol did not address how containers of infectious waste would be labeled with the facility's registration number and the date of storage prior to being shipped offsite;

b. The Department observed one (1) biohazard bag of pathological waste stored in the refrigerator. The bag was not packaged in a rigid or semi-rigid, leak-resistant container;

c. Stericycle, Inc. (Stericycle) transported infectious waste that included "products of conception" for Planned Parenthood from January 2013 until January 2015. According to the following seven (7) Manifests: MDAU007LGX, MDAU007MMX, MDAU008095, MDAU0085W3, MDAU00870V, MDAU0089T5 and MDAU008ADF, the original treatment stamp on these manifests indicated that these infectious wastes, which included "products of conception," were steam sterilized rather than incinerated, cremated, interred, or donated for medical research;

d. MedSharps East LLC DBA Ecomed Solutions and MedSharps (MedSharps) transported infectious waste that included "products of conception" for Planned Parenthood from January 2015 until July 2015. According to the following Manifests: 124161, 129737, 134899, 141354, 147633, 154365, 161605, 168341, 176674, 183033, 189750, 196916 and 205790, Planned Parenthood did not include the following required information on each manifest prior to offering its infectious waste for shipment: the generator's registration number, the

transporter's registration number, and the weight or volume for the waste shipped offsite;

e. During the inspection, Planned Parenthood did not have weight records for the thirteen (13) shipments mentioned in item 3d; and,

f. During the inspection, Planned Parenthood did not have records of treatment for the thirteen (13) shipments mentioned in item 3d.

4. On September 11, 2015, the Department issued Planned Parenthood a Notice of Alleged Violation/Notice of Enforcement Conference. The enforcement conference was held on September 28, 2015.

5. During and subsequent to the enforcement conference, Planned Parenthood provided the following to the Department:

a. An updated infectious waste protocol;

b. A manifest checklist;

c. Copies of manifests for Stericycle and MedSharps;

d. Copies of contracts and invoices for services provided by Stericycle and MedSharps; and,

e. Documentation for staff training conducted on September 24, 2015.

6. During and subsequent to an enforcement conference that was held with Stericycle on September 29, 2015, Stericycle provided the following to the Department:

a. Contracts (in draft form and executed) between Stericycle and Planned Parenthood; and,

b. Invoices issued by Stericycle to Planned Parenthood.

7. During and subsequent to an enforcement conference that was held with MedSharps on September 29, 2015, MedSharps provided the following to the Department:

   a. A fully-executed contract for Planned Parenthood signed on January 30, 2015;

   b. Infectious Waste manifests, which are referenced in #3.d. above; and,

   c. A PowerPoint presentation on its manifest system.

8. Subsequent to the Planned Parenthood enforcement conference, the Department performed a review of the information and documentation provided by Planned Parenthood, Stericycle, and MedSharps, and found the following:

   a. According to the treatment stamp on the manifests submitted at the enforcement conferences by both Planned Parenthood and MedSharps, the method of treatment used for each shipment containing products of conception from January 2015 until July 2015, was steam sterilization instead of incineration, cremation, interment, or donation for medical research.

   b. Planned Parenthood provided the Department a copy of a contract between its facility and MedSharps that was signed by authorized representatives of both companies on January 28, 2015, but had been altered, and the alterations had not been initialed by either party to the contract. MedSharps does not acknowledge the January 28th contract as valid. In the generator's profile section on the contract provided by Planned Parenthood, the "Waste Stream Information Common Waste Name," had been changed from "Regulated Medical Waste" to "Regulated Medical Waste Incineration Waste." "Incineration Waste" was handwritten and not initialed. Also, the answer to the question on the contract

provided by Planned Parenthood that stated "Is Waste Pathological Waste?" was changed from an indication of "No" to "Yes" ("Yes" was handwritten and also not initialed). MedSharps provided the Department with a contract that had been signed by both parties on January 30, 2015, that did not include pathological waste, and did not provide that the infectious waste would be incinerated. Based on the foregoing, the Department concluded that the January 30, 2015, contract was the applicable contract for the purposes of the violations cited in this Consent Order.

APPLICABLE LAW

STATUTES:

1. S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."
2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."
3. S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

REGULATIONS:

1. R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."

2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."

3. R.61-105(D)(1)(z) provides: "'Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."

4. R.61-105(D)(1)(ff) provides: "'Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."

5. Pursuant to R.61-105(E)(1)(d), "'Pathological Waste' includes all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."

6. R.61-105(F)(5) provides: "Each generator must have a designated infection control committee with the authority and responsibility for infectious waste management. This committee must develop or adopt a written protocol to manage the infectious waste stream from generation until offered for transport. If the generator treats infectious waste

onsite, the written protocol must include contingency plans and a Quality Assurance program to monitor these onsite treatment procedures. Small quantity generators are not required to have an infection control committee or a written protocol."

7. R.61-105(I)(3) provides: "All other types of infectious waste must be placed, stored, and maintained before and during transport in a rigid or semi-rigid, leak resistant container which is impervious to moisture."

8. R.61-105(T)(9) provides: "Products of conception must be incinerated, cremated, interred, or donated for medical research."

9. R.61-105(F)(6)(j) provides: "Each generator must: . . . [o]btain and record accurate weight of waste within fifty (50) days of shipment. Unabsorbed liquid waste produced during the embalming process is exempt from this requirement."

10. R.61-105(M)(1)(b) provides: "A generator who transports, or offers for transport, infectious waste for offsite treatment, storage, or disposal, must prepare a manifest using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility. The manifest form will include, but is not limited to: . . . the Department identification number (if applicable)."

11. R.61-105(M)(1)(f) provides: "A generator who transports, or offers for transport, infectious waste for offsite treatment, storage, or disposal, must prepare a manifest using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility. The manifest form will

include, but is not limited to: . . . the weight or volume (accurate to within ten (10) percent)."

12. R.61-105(M)(1)(j) provides: "A generator who transports, or offers for transport, infectious waste for offsite treatment, storage, or disposal, must prepare a manifest using DHEC Form 2116 or another Department approved form and filled out in a legible manner according to the instructions for that form. The manifest form must accompany the waste at all times after leaving the generator's facility. The manifest form will include, but is not limited to: . . . the name of the transporter who receives the waste from the generator or subsequent transporter and that transporter's Department issued transporter registration number."

13. R.61-105(AA)(3) provides: "If the waste is no longer infectious because of treatment, the generator or permitted facility shall maintain a record of the treatment for two (2) years afterward to include the date and type of treatment, amount of waste treated, and the individual operating the treatment. Records for onsite treatment shall be maintained by the generator for a minimum of two (2) years in a location easily accessible to the Department and shall be provided to the Department upon request. Records may be maintained in paper form or electronically."

CONCLUSIONS OF LAW

Based upon the above findings, the Department concludes that Planned Parenthood has violated the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (Supp. 2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

1. Pursuant to Findings of Fact #3.a., Planned Parenthood has violated R.61-105(F)(5), by failing to have a written protocol to manage the infectious waste stream from generation until offered for transport;

2. Pursuant to Findings of Fact #3.b., Planned Parenthood has violated R.61-105(I)(3), by failing to place, store, and maintain, before and during transport, all other types of infectious waste in a rigid or semi-rigid, leak resistant container, which is impervious to moisture;

3. Pursuant to Findings of Facts #3.c., 3.f., and 8., Planned Parenthood has violated R.61-105(T)(9), by failing to incinerate, cremate, inter, or donate for medical research, products of conception;

4. Pursuant to Findings of Fact #3.e., Planned Parenthood has violated R.61-105(F)(6)(j), by failing to obtain and record the accurate weight of waste within fifty (50) days of shipment;

5. Pursuant to Findings of Fact #3.d., Planned Parenthood has violated R.61-105(M)(1)(b), by failing to prepare manifests using DHEC Form 2116 or another Department approved form, in a legible manner, to include the Department identification number;

6. Pursuant to Findings of Fact #3.d., Planned Parenthood has violated R.61-105(M)(1)(f), by failing to prepare manifests using DHEC Form 2116 or another Department approved form, in a legible manner, to include the weight or volume (accurate to within ten (10) percent);

7. Pursuant to Findings of Fact #3.d., Planned Parenthood has violated R.61-105(M)(1)(j), by failing to prepare manifests using DHEC Form 2116 or another Department approved form, in a legible manner, to include the name of the transporter who receives the waste

from the generator or subsequent transporter, and that transporter's Department-issued transporter registration number; and,

8. Pursuant to Findings of Facts #3.e., and #3.f., Planned Parenthood has violated R.61-105(AA)(3), by failing to maintain for two (2) years a record of the treatment of waste that had been previously treated, to include the date and type of treatment, amount of waste treated, and the individual operating the treatment.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), Planned Parenthood shall:

1. Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
2. Now, and in the future, manage infectious waste in accordance with R.61-105 Subpart F – Generator Requirements;
3. Now, and in the future, store and maintain infectious waste in accordance with R.61-105 Subpart I – Packaging Requirements;
4. Now, and in the future, prepare manifests in accordance with R.61-105 Subpart M – Manifest Requirements For Generators;
5. Now, and in the future, manage products of conception in accordance with R.61-105 Subpart T – Infectious Waste Treatment;
6. Now, and in the future, maintain treatment records of infectious waste in accordance with R.61-105 Subpart AA – Record Keeping; and,

7. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion)*. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs.

The payment of the penalty amount must be in the form of a check payable to SCDHEC, with the number of the Order (15-07-IW), and Registration #SC40-0333G written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM
Division of Compliance and Enforcement
Enforcement Section
Attn: Lorria Caswell
2600 Bull Street, Columbia, SC 29201-1708.

IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and Planned Parenthood with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

Signature page follows

FOR THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

_____ Date: _____
Myra C. Reece
Interim Director of Environmental Affairs

_____ Date: _____
Daphne G. Neel, Chief
Bureau of Land and Waste Management

_____ Date: _____
Van Keisler, P.G., Director
Division of Compliance and Enforcement

Reviewed By:

_____ Date: _____
Attorney
Office of General Counsel

WITH CONSENT:

PLANNED PARENTHOOD SOUTH ATLANTIC

_____ Date: _____
Name:
Title:

_____ Date: _____
Name:
Title:

D H E C
PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director
Promoting and protecting the health of the public and the environment

CERTIFIED MAIL
Article No. 9214 8969 0099 9790 1402 8083 45

November 6, 2015

Bill Jewett
MedSharps East LLC DBA EcoMed Solutions and MedSharps
PO Box 91139
San Antonio, TX, 78209

RE: **Proposed Consent Order**
MedSharps East LLC DBA EcoMed Solutions and MedSharps
SC19- 01T
Out-of-State Transporter

Dear Mr. Jewett:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than **Friday, November 20, 2015**.

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to MedSharps East LLC DBA EcoMed Solutions and MedSharps for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of MedSharps East LLC DBA EcoMed Solutions and MedSharps, in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at caswellh@dhec.sc.gov.

Respectfully,

Robert S. McDaniel II
Manager, Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

Attachment

THE STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: MEDSHARPS EAST LLC DBA ECOMED SOLUTIONS AND MEDSHARPS
SC19-01T
OUT- OF-STATE

CONSENT ORDER
15 – 06 – IW

MedSharps East LLC DBA Ecomed Solutions and MedSharps (MedSharps) is a registered South Carolina infectious waste transporter with operations located in Schertz, Texas. MedSharps is responsible for compliance with the applicable South Carolina statutes and regulations governing the management of infectious waste with regard to infectious waste it transports from South Carolina. MedSharps must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

FINDINGS OF FACT

1. MedSharps operates from its facility located at 17340 Bell North Drive, Schertz, Texas, and has been registered in South Carolina as a transporter of infectious waste since July 13, 2013.

2. MedSharps' registration, issued by the Department on July 30, 2014, and expiring on July 15, 2015, stated that MedSharps would transport infectious waste to Assured Waste

Solutions in Gastonia, North Carolina. This treatment facility steam sterilizes infectious waste.

3. MedSharps' renewed registration, issued by the Department on August 6, 2015, and expiring on August 5, 2016, incorporates by reference MedSharps' registration form, which states that MedSharps would transport infectious waste to Assured Waste Solutions in Gastonia, North Carolina, and Curtis Bay in Woodstock, Georgia. These treatment facilities steam sterilize infectious waste.

4. On August 31, 2015, representatives of the Department conducted an inspection of Planned Parenthood South Atlantic (Planned Parenthood) at its facility located at 2712 Middleburg Drive, Suite 107, Columbia, South Carolina, to determine compliance with the applicable statutes and regulations. As a result of the inspection, the Department documented the following, which applies to MedSharps as the infectious waste transporter for Planned Parenthood:

   a. MedSharps transported infectious waste containing "products of conception" for Planned Parenthood from January 2015 until July 2015. The following Manifests: 124161, 129737, 134899, 141354, 147633, 154365, 161605, 168341, 176674, 183033, 189750, 196916 and 205790, did not include the following required information prior to the waste being transported by MedSharps: the generator's registration number, the transporter's registration number, and the weight or volume for the waste shipped offsite; and,

   b. According to the treatment stamp placed on the manifests referenced above in item 4.a., the waste was steam sterilized instead of being incinerated, cremated, interred, or donated for medical research.

5. On September 11, 2015, the Department issued MedSharps a Notice of Alleged Violation/Notice of Enforcement Conference. The enforcement conference was held on September 29, 2015.

6. During the enforcement conference, MedSharps provided the following to the Department:

   a. A PowerPoint presentation on its manifest system;

   b. A copy of a revised manifest that will be used for future transport in South Carolina;

   c. Documentation for staff training conducted on September 24, 2015;

   d. A fully-executed contract for Planned Parenthood, signed January 30, 2015, which answered "No" to question #A.6. on page 2 of the "Regulated Waste Service Agreement," which asked if the regulated medical waste "is . . . Pathological Waste;" and,

   e. Thirteen (13) infectious waste manifests, which are listed above in item 4.a. Additionally, MedSharps (through its CEO, Bill Jewett) acknowledged that all thirteen (13) shipments were treated by steam sterilization.

APPLICABLE LAW

STATUTES:

1. S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."

2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."

3. S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

REGULATIONS:

1. R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."

2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."

3. R.61-105(D)(1)(z) provides: "'Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."

4. R.61-105(D)(1)(ff) provides: "'Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."

5. Pursuant to R.61-105(E)(1)(d), "pathological waste" includes "all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding

tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."

6. R.61-105(R)(1) provides: "No transporter shall accept a shipment of infectious waste which is to be transported within South Carolina unless it is accompanied by an infectious waste manifest which has been completed according to the instructions for the Department approved form and signed by the generator."

7. R.61-105(T)(9) provides: "Products of conception must be incinerated, cremated, interred, or donated for medical research."

CONCLUSIONS OF LAW

Based upon the above findings, the Department concludes that MedSharps has violated the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

1. Pursuant to Findings of Facts #4.a and #6., MedSharps has violated R.61-105(R)(1), by accepting shipments of infectious waste which were transported within South Carolina, without being accompanied by infectious waste manifests that were completed in accordance with instructions for the Department approved form, in that the manifests did not include the generator's registration number, the transporter's registration number, or the weight or volume for the waste being transported.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), MedSharps shall:

1. Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
2. Now, and in the future, transport infectious waste in accordance with R.61-105 Subpart R - Manifest Requirements For Transporters;
3. Within fifteen (15) days of the effective date of this Order, submit a copy of the manifest form that will accompany waste transported within South Carolina to the Department for review and approval. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs;
4. Within fifteen (15) days of the effective date of this Order, submit to the Department a written protocol of the process for providing generators with documentation that shows the method of treatment for the waste transported;
5. Within fifteen (15) days of the effective date of this Order, submit to the Department an Infectious Waste Transporter Registration Form to update any outdated information on file with the Department; and,
6. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion)*.

The payment of the penalty amount must be in the form of a check payable to SCDHEC, with the number of the Order (15-06-IW), and Registration #SC19-01T written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM
Division of Compliance and Enforcement
Enforcement Section
Attn: Lorria Caswell
2600 Bull Street, Columbia, SC 29201-1708.

IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and MedSharps with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

Signature page follows

FOR THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

_____ Date: _____
Myra C. Reece
Interim Director of Environmental Affairs

_____ Date: _____
Daphne G. Neel, Chief
Bureau of Land and Waste Management

_____ Date: _____
Van Keisler, P.G., Director
Division of Compliance and Enforcement

Reviewed By:

_____ Date: _____
Attorney
Office of General Counsel

WITH CONSENT:

MEDSHARPS EAST LLC DBA ECOMED SOLUTIONS AND MEDSHARPS

_____ Date: _____
Name:
Title:

_____ Date: _____
Name:
Title:

D H E C
PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director
Promoting and protecting the health of the public and the environment

CERTIFIED MAIL
Article No. 9214 8969 0099 9790 1402 8081 54

November 6, 2015

Thomas C. Jessee
Jessee & Jessee Attorneys At Law
PO Box 997
Johnson City, TN 37605-0997

RE: **Proposed Consent Order**
Charleston Women's Medical Center
SC10-0168G
Charleston County, South Carolina

Dear Mr. Jessee:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than **Friday, November 20, 2015**.

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to Charleston Women's Medical Center for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of Charleston Women's Medical Center, in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at caswellh@dhec.sc.gov.

Respectfully,

Robert S. McDaniel II
Manager, Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

Attachment

cc: Leisa Boyle – Charleston Women's, 1312 Ashley River Road, Charleston, SC 29407-5365
certified article #9214 8969 0099 9790 1402 8081 92

THE STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: CHARLESTON WOMEN'S MEDICAL CENTER
SC10-0168G
CHARLESTON COUNTY

CONSENT ORDER
15 – 05 – IW

Charleston Women's Medical Center (Charleston Women's) is a large quantity generator of infectious waste located in Charleston, South Carolina. Charleston Women's is responsible for compliance with applicable statutes and regulations governing the management of infectious waste. Charleston Women's must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

FINDINGS OF FACT

1. Charleston Women's provides services at its facility located at 1312 Ashley River Road, Charleston, South Carolina, and has been registered in South Carolina as a generator of infectious waste since September 18, 1991.
2. Charleston Women's generates between 50 and 999 pounds of infectious waste in a calendar month. Therefore, it is a large quantity generator.
3. Renewal of the facility's registration is required every three (3) years.

4. A Renewal Notice was sent to Charleston Women's in February 2013, which listed the categories and corresponding amounts of waste generated, by category. The categories were as follows: sharps; micro; blood; path (pathological waste); animal; isolation; and other.

5. On February 22, 2013, the Department received the Renewal Notice from Charleston Women's, certifying the category amounts as correct. The reported amount of pathological waste generated on average, per month, was certified as zero.

6. On September 3, 2015, Department staff conducted an inspection of Charleston Women's to determine compliance with the applicable statutes and regulations.

7. Since Charleston Women's had previously reported the amount of pathological waste generated each month was zero, and because Charleston Women's is a generator of products of conception, which fall into the pathological waste category, the Department's inspectors asked about this discrepancy during the inspection. In response, a representative of Charleston Women's stated that the estimated amount of pathological waste generated per month is twenty (20) pounds.

8. On September 11, 2015, the Department issued a Notice of Alleged Violation/Notice of Enforcement Conference to Charleston Women's. The enforcement conference was held on September 29, 2015.

9. Prior to the enforcement conference, Charleston Women's provided to the Department letters dated September 17 and September 24, 2015, explaining its position and corrective actions taken to address the violation of failing to report the amount of pathological waste generated. Charleston Women's developed and provided a copy of the infectious waste log to be used in the future to record pathological waste generated on a monthly basis.

APPLICABLE LAW

STATUTES:

1. S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."
2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."
3. S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

REGULATIONS:

1. R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."
2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."

3. R.61-105(D)(1)(z) provides: "'Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."

4. R.61-105(D)(1)(ff) provides: "'Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."

5. Pursuant to R.61-105(E)(1)(d), "Pathological Waste" includes "all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."

6. R.61-105(F)(1)(g) provides: "All in-state generators of infectious waste shall register with the Department in writing on a Department approved form. Registration will be in a manner prescribed by the Department. Registration notices will include at a minimum: . . . the categories and corresponding amount of infectious waste generated annually (estimated within plus or minus (+ or -) twenty (20) percent."

7. R.61-105(F)(3) provides: "Renewal of registration will be every three (3) years for all generators. Registered generators will be notified of renewal requirements by the Department."

CONCLUSIONS OF LAW

Based upon the above Findings of Facts, the Department concludes that Charleston Women's has violated the South Carolina Infectious Waste Management Regulations, 8 S.C.

Code Ann. Regs. 61-105 (2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

1. Pursuant to Findings of Fact #5. and 7., Charleston Women's has violated R.61-105(F)(1)(g), by failing to notify the Department in writing of the corresponding amount of infectious waste generated annually (estimated within plus or minus (+ or -) twenty (20) percent), for the category of "path" (pathological waste) on the February 2013 Renewal Notice.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), Charleston Women's shall:

1. Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
2. Now, and in the future, accurately report, in accordance with R.61-105(F), Generator Requirements, the categories and accurate corresponding amounts of infectious waste;
3. Within fifteen (15) days of the effective date of this Order, submit a revised Registration Renewal form to the Department to include the categories and corresponding amounts of infectious waste generated for the last twelve (12) months. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs; and
4. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion).*

The payment of the penalty amount must be in the form of a check payable to SCDHEC, with the number of the Order (15-05-IW), and Registration #SC10-0168G written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM
Division of Compliance and Enforcement
Enforcement Section
Attn: Lorria Caswell
2600 Bull Street, Columbia, SC 29201-1708.

IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and Charleston Women's with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

Signature page follows

FOR THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

_____ Date: _____
Myra C. Reece
Interim Director of Environmental Affairs

_____ Date: _____
Daphne G. Neel, Chief
Bureau of Land and Waste Management

_____ Date: _____
Van Keisler, P.G., Director
Division of Compliance and Enforcement

Reviewed By:

_____ Date: _____
Attorney
Office of General Counsel

WITH CONSENT:

CHARLESTON WOMEN'S MEDICAL CENTER

_____ Date: _____
Name:
Title:

_____ Date: _____
Name:
Title:

D H E C
PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director

Promoting and protecting the health of the public and the environment

CERTIFIED MAIL
Article No. 9214 8969 0099 9790 1402 8082 60

November 6, 2015

W. Thomas Lavender, Jr.
Nexsen Pruet
1230 Main Street, Suite 700
Columbia, SC 29201

RE: **Proposed Consent Order**
Stericycle, Inc.
SC14-02T
Out-of-State Transporter

Dear Mr. Lavender:

Please find enclosed a Consent Order for your consideration. Please note that the amount of the civil penalty is not included in the Order. If there are revisions to the Order that you would like the Department to consider, please email them to me. All revisions should be submitted by no later than **Friday, November 20, 2015.**

After you have reviewed the Order, please contact me and we will discuss the penalty. Once all negotiations are complete, a Consent Order will be mailed to Stericycle, Inc. for signatures.

Failure to notify me of a desire to continue discussions on or before the stated deadline may result in the issuance of an Administrative Order without the consent of Stericycle, Inc., in which case the Administrative Order will become effective on the date that the Department's Director of Environmental Affairs signs it and a copy of the fully executed Administrative Order will be returned for your records.

If you have any questions regarding this matter, please contact Lorria Caswell at (803) 898-0490 or via email at caswellh@dhec.sc.gov.

Respectfully,

Robert S. McDaniel II
Manager, Enforcement Section
Division of Compliance and Enforcement
Bureau of Land and Waste Management

Attachment

cc: Craig Edwards – Stericycle, Inc., 4403 Republic Court, Concord, NC 27258
certified article #9214 8969 0099 9790 1402 8082 84

THE STATE OF SOUTH CAROLINA
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE: STERICYCLE, INC.
SC14-02T
OUT-OF-STATE

CONSENT ORDER
15 – 09 – IW

Stericycle, Inc. (Stericycle) is a registered South Carolina infectious waste transporter with operations located in Concord, North Carolina. Stericycle is responsible for compliance with the applicable South Carolina statutes and regulations governing the management of infectious waste. Stericycle must comply with the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), and the South Carolina Infectious Waste Management Regulations (hereinafter referred to as SCIWMR), 8 S.C. Code Ann. Regs. 61-105 (2012) (hereinafter referred to as R.61-105).

FINDINGS OF FACT

1. Stericycle operates from its facility located at 4403 Republic Court, Concord, North Carolina, and has been registered in South Carolina as a transporter of infectious waste since January 1, 1997.

2. Representatives of the Department conducted an inspection of Planned Parenthood South Atlantic (Planned Parenthood) on August 31, 2015, at its facility located at 2712 Middleburg Drive, Suite 107, Columbia, South Carolina. On September 2, 2015, the Department conducted an inspection of Greenville Women's, PA (Greenville Women's) at its facility located at 1142 Grove Road, Greenville, South Carolina. These inspections

were conducted to determine compliance with the applicable statutes and regulations. As a result of these inspections, the Department documented the following, which apply to Stericycle as the infectious waste transporter for Planned Parenthood and Greenville Women's:

a. Stericycle transported infectious waste that included "products of conception" for Planned Parenthood from January 2013 until January 2015. According to the following seven (7) Manifests: MDAU007LGX (February 7, 2014), MDAU007MMX (February 21, 2014), MDAU008095 (August 8, 2014), MDAU0085W3 (October 17, 2014), MDAU00870V (October 31, 2014), MDAU0089T5 (December 5, 2014) and MDAU008ADF (December 12, 2014), Stericycle transported infectious wastes from Planned Parenthood that included "products of conception," that were treated by steam sterilization instead of being incinerated, cremated, interred, or donated for medical research; and,

b. Stericycle has transported infectious waste for Greenville Women's since 2007. According to the following three (3) Manifests: MDCA00C50U (March 17, 2014), MDCA00CZD4 (October 20, 2014), and MDCA00E2N2 (July 20, 2015), Stericycle transported infectious wastes from Greenville Women's that included "products of conception" that were treated by steam sterilization instead of being incinerated, cremated, interred, or donated for medical research.

3. On September 11, 2015, the Department issued Stericycle a Notice of Alleged Violation/Notice of Enforcement Conference. The enforcement conference was held on September 29, 2015.

4. On September 30, 2015, the Department sent a letter to Stericycle, via e-mail, requesting additional documentation. Specifically, the Department requested the following information:

   a. Contracts with Planned Parenthood and Greenville Women's;

   b. Invoices sent to Planned Parenthood between January 1, 2013, and January 9, 2015;

   c. Invoices sent to Greenville Women's between January 1, 2013, and August 31, 2015;

   d. An exception report for the shipment dated July 20, 2015, along with the process and protocol used to track errors and discrepancies;

   e. Documentation for the staff training conducted in September 2015, to include, but not be limited to, the number of staff trained, type of training given and who conducted the training; and,

   f. Manifests for Planned Parenthood and Greenville Women's for the last two years.

5. During and subsequent to the enforcement conference, Stericycle provided the following to the Department:

   a. Contracts from Planned Parenthood and Greenville Women's;

   b. Invoices from Planned Parenthood and Greenville Women's;

   c. An exception document for the shipment from Greenville Women's, dated July 20, 2015;

   d. A future manifest review process;

   e. Copies of future labels that will be provided to Greenville Women's; and,

   f. Documentation for staff training conducted on September 30, 2015.

6. During and subsequent to an enforcement conference that was held with Planned Parenthood on September 28, 2015, Planned Parenthood provided the following to the Department:

   a. An updated infectious waste protocol;

   b. A manifest checklist;

   c. Copies of manifests for Stericycle; and,

   d. Copies of contracts and invoices for services provided by Stericycle.

7. During and subsequent to an enforcement conference that was held with Greenville Women's on September 28, 2015, Greenville Women's provided the following to the Department:

   a. An updated infectious waste protocol;

   b. An updated Stericycle infectious waste contract;

   c. Copies of manifests, contracts, and invoices for services provided by Stericycle;

   d. A letter from Stericycle dated September 17, 2015, regarding the altered manifests, which stated that all infectious waste shipments were incinerated and that Stericycle had updated Greenville Women's account to "Incinerate Only" in order to ensure that the proper processing stamp is applied to manifests.

      Additionally Stericycle's letter stated that it would affix a yellow label on each container, assuring that Greenville Women's infectious waste is incinerated; and,

   e. Weight records for infectious waste shipped offsite.

8. Subsequent to the enforcement conferences, the Department performed a review of the information and documentation provided by Stericycle, Greenville Women's, and Planned Parenthood and found the following:

a. Stericycle's submitted documentation included an exception document for an infectious waste shipment from Greenville Women's, dated July 20, 2015, which indicated that the waste stream was consolidated into a new shipment without including the original manifest with the new manifest and the consolidation log.

b. Stericycle's submitted documentation also included altered manifests for Greenville Women's and Planned Parenthood that were altered in September 2015, after these facilities were inspected. Stericycle did not provide a written protocol showing procedures for manifest alterations -"re-manifesting." Specifically, Stericycle failed to provide documentation showing how a manifest that was finalized months earlier could be changed to correctly reflect a different method of treatment for the transported waste, and why the claimed incorrect manifests were not discovered and corrected prior to the Department's inspection;

c. Stericycle's contracts with Greenville Women's from 2007 through August 2015 did not specifically cover the treatment of pathological wastes, which includes "products of conception";

d. Stericycle entered into a new contract with Greenville Women's in September 2015, that specifically covers the treatment of pathological wastes and includes "products of conception"; and,

e. Stericycle's invoices for Greenville Women's reflected an increase in costs from $206.56 per month in August 2015, under the old contract, to $575.12 per month in October 2015, under the new contract that specifically provides for treatment for pathological waste.

9. Based upon the Findings of Facts above, the Department finds that Stericycle's infectious waste management, as it relates to manifesting, contracts, and invoicing, did not provide assurance that infectious waste shipments that contained "products of conception" were transported from Greenville Women's and Planned Parenthood to be incinerated, cremated, interred, or donated for medical research. The alteration of original manifests after these clinics were inspected by the Department indicates deficiencies in Stericycle's treatment and manifesting of infectious waste shipments.

APPLICABLE LAW

STATUTES:

1. S.C. Code Ann. § 44-93-140 provides: "Following the promulgation of the regulations required pursuant to Section 44-93-30, it is unlawful for a person to fail to comply with this chapter or with a procedure or requirement set forth in the regulations."
2. S.C. Code Ann. § 44-93-150(A) provides: "Whenever the department finds that a person is in violation of a permit, regulation, standard, or requirement under this chapter, the department may issue an order requiring the person to comply . . . . The Department also may invoke civil penalties as provided in this section for violations of the provisions of this chapter, including an order, permit, regulation, or standard."
3. S.C. Code Ann. § 44-93-150(B) provides: "A person who violates a provision of § 44-93-140 is liable for a civil penalty not to exceed ten thousand dollars a day of violation."

REGULATIONS:

1. R.61-105(A)(1) provides: "The purpose of this regulation is to establish a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended."

2. R.61-105(A)(3) provides: "Generators, transporters, owners/operators of intermediate handling facilities and treatment facilities, or any other persons who generate, store, contain, transport, transfer, treat, destroy, dispose, or otherwise manage infectious waste in South Carolina shall comply with this regulation."

3. R.61-105(D)(1)(z) provides: "'Infectious waste management' means the systematic control of the collection, source separation, storage, transportation, treatment, and disposal of infectious waste."

4. R.61-105(D)(1)(ff) provides: "'Products of conception' means fetal tissues and embryonic tissues resulting from implantation in the uterus."

5. Pursuant to R.61-105(E)(1)(d), "pathological waste" includes "all tissues, organs, limbs, products of conception, and other body parts removed from the whole body, excluding tissues which have been preserved with formaldehyde or other approved preserving agents, and the body fluids which may be infectious due to blood borne pathogens. These body fluids are: cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal/cervical secretions."

6. R.61-105(R)(3) provides: "The transporter, transfer facility operator, and/or intermediate handling facility operator shall ensure that the manifest form accompanies the infectious waste at all times until unloaded for treatment."

7. R.61-105(R)(7)(a-b) provides: "All transporters and/or management companies which list themselves as the generator on the manifest or a consolidated manifest must assume full responsibility of the generator(s) and must: (a) attach a copy of the completed new manifest form to the original manifest form and retain a copy of the new and original

manifest form; and (b) maintain a transporter consolidation log indicating all shipments that have been consolidated."

8. R.61-105(T)(9) provides: "Products of conception must be incinerated, cremated, interred, or donated for medical research."

CONCLUSIONS OF LAW

Based upon the above findings, the Department concludes that Stericycle has violated the South Carolina Infectious Waste Management Regulations, 8 S.C. Code Ann. Regs. 61-105 (2012), promulgated pursuant to the South Carolina Infectious Waste Management Act, S.C. Code Ann. § 44-93-10, et seq. (2002), as follows:

1. Pursuant to Findings of Fact #8.a., Stericycle has violated R.61-105.R(3), by failing to have the manifest form for Greenville Women's accompany, at all times, the infectious waste transported from Greenville Women's until unloaded for treatment;

2. Pursuant to Findings of Fact #8.a., Stericycle has violated R.61-105.R(7)(a-b), by failing to (a) attach a copy of the completed new manifest form to the original manifest form; and (b) maintain a transporter consolidation log indicating all shipments that have been consolidated, after it assumed Greenville Women's role as a generator of the infectious waste transported from Greenville Women's; and,

3. Pursuant to Findings of Facts #2., 8., and 9., the Department concludes that Stericycle has violated R.61-105(T)(9), by failing to incinerate, cremate, inter, or donate for medical research, products of conception.

NOW, THEREFORE, IT IS ORDERED, that pursuant to S.C. Code Ann. §§ 44-93-140 and 44-93-150(A), Stericycle shall:

1. Now, and in the future, comply with the South Carolina Infectious Waste Management Act and Regulations;
2. Now, and in the future, transport infectious waste in accordance with R.61-105 Subpart R – Manifest Requirements For Transporters;
3. Now, and in the future, manage products of conception in accordance with R.61-105 Subpart T – Infectious Waste Treatment;
4. Within fifteen (15) days of the effective date of this Order, submit to the Department a written protocol for how Stericycle will obtain adequate information from generators and provide for the proper method of treatment. The effective date shall be the date this Consent Order is signed by the Interim Director of Environmental Affairs; and,
5. Within thirty (30) days of the effective date of this Order, pay a civil penalty in the amount of *(under discussion).*

The payment of the penalty amount must be in the form of a check payable to SCDHEC, with the number of the Order (15-09-IW), and Registration #SC14-02T written on the check. All communication regarding this Order and its requirements shall be addressed to:

SCDHEC – BLWM
Division of Compliance and Enforcement
Enforcement Section
Attn: Lorria Caswell
2600 Bull Street, Columbia, SC 29201-1708.

IT IS FURTHER ORDERED AND AGREED that this Consent Order governs only the civil liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and Stericycle with respect to the resolution and settlement of these civil matters. The parties are not relying upon any representations, promises, understandings or agreements, except as expressly set forth within this Consent Order.

IT IS FURTHER ORDERED AND AGREED that failure to meet the deadlines established herein, or any other violation of the provisions of this Order, shall be deemed a violation of the South Carolina Infectious Waste Management Act. Upon ascertaining any such violation, the Department may initiate appropriate action to obtain compliance with both this Order and the aforesaid Act.

Signature page follows

FOR THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

_____ Date: _____
Myra C. Reece
Interim Director of Environmental Affairs

_____ Date: _____
Daphne G. Neel, Chief
Bureau of Land and Waste Management

_____ Date: _____
Van Keisler, P.G., Director
Division of Compliance and Enforcement

Reviewed By:

_____ Date: _____
Attorney
Office of General Counsel

WITH CONSENT:

STERICYCLE, INC.

_____ Date: _____
Name:
Title:

_____ Date: _____
Name:
Title:

corrected Routine POC for PPSAT.

Crum, Liz <LCrum@MCNAIR.NET>

Wed 10/14/2015 12:26 PM

To:Johnson, Eva <johnsoec@dhec.sc.gov>; Biggers, Ashley <biggerac@dhec.sc.gov>;

Cc:Emily Adams <emily.adams@ppsat.org>; Baker, Pam <PBaker@MCNAIR.NET>;

1 attachment (370 KB)

2952_001.pdf;

Eva, per our conversation yesterday afternoon, please find attached the corrected POC for the Routine Inspection. We added 204.A to the end of the document and for 204.C we corrected the preventative action to reflect 204.C instead of 204.A. I would appreciate your substituting this corrected POC for the one submitted on 10/12/15. As I understand it, the POC for the Investigation is acceptable. We look forward to hearing from you'll as to what, if anything, else we need to do to satisfy the Administrative Order. We submitted the check in the amount of $7500 for the total fine amount with our initial POC submittals. Best, Liz

McNair

M. Elizabeth Crum
Shareholder
lcrum@mcnair.net | 803 753 3240 Direct

McNair Law Firm, P.A.
Columbia Office 1221 Main Street | Suite 1800 | Columbia, SC 29201
803 799 9800 Main | 803 753 3278 Fax
Mailing Post Office Box 11390 | Columbia, SC 29211
VCard | Bio URL | Web site

COPY

MCNAIR
ATTORNEYS

48246-3

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

RECEIVED
OCT 12 2015
HEALTH LIC.

October 12, 2015

Via E-mail and Hand Delivery

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities
Licensing
301 Gervais St.,
Columbia,, SC 29201

Re: Amended Plans of Correction—Planned Parenthood South Atlantic
Columbia Facility

Dear Ms. Thompson:

Enclosed please find an amended Plan of Correction ("POC") for the Routine Inspection for Planned Parenthood South Atlantic Columbia Facility ("PPSAT") for Reg. 61-12 §§ 204.C, 204.E, 208, 401.A.1, 304.H and 605.D and an amended POC for the Investigation for PPSAT for Reg. 61-12 §§ 401.A.1, 204.H, 304.H and 605.D. For each of the amended sections, where there is a notation that there are attachments, the attachments are the same as those added to the POCs previously filed with the Bureau of Health Facilities Licensing.

Please do not hesitate to contact me with any questions. Thank you for your attention this matter.

Sincerely,

M. Elizabeth Crum

MEC:df

cc: Shelly B. Kelly, Esq.
Ashley C. Biggers, Esq.
Eva C. Johnson
Emily Adams

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 10/12/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L01 ROUTINE*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

10/12//2015 Completion Date (Actual or Expected)

Section: 204.C

Corrective Action: Staff A and C completed the CPR certifications on 9/19/15 and 9/17/15 respectively. Staff B had a current CPR certification, completed 11/10/14, which is attached.

Preventive Action: The health center manager will continue to ensure that staff maintain CPR certification through annual training. The health center manager will also ensure that documentation of CPR certification is maintained in staff member's personnel files and will use the PPSAT annual training calendar and personnel checklist to monitor compliance. A copy of the annual training calendar is attached. The Director of Human Resources will audit training records annually for compliance.

10/12/15 Completion Date (Actual or Expected)

Section: 204.E

Corrective Action: Documentation of Clinical Staff Orientation conducted on 1/14/14 was in the central file in Raleigh for Staff A, B and C. On 9/26/15, the Medical Director reviewed the revised checklist with the current physicians. Attached is the current Physician on-site orientation checklist.

Preventive Action: The Physician orientation checklist has been revised and updated. The Medical Director will use the revised Physician on-site orientation checklist for new providers.

10/12/15 Completion Date (Actual or Expected)

Section: 208

Corrective Action: As to Patients A, B, and E, the time recorded in the patient records reflects that following the completion of the ultrasound, the ultrasound image was scanned into the Electronic Health Record ("EHR"). The record also reflects the start of the Miso time. For Patient A, the time difference was 62 minutes-- Patient B – 62 minutes and Patient E – 56 minutes. Furthermore, these times are conservative because they do not reflect the additional time that inherently exists in the process at both the ultrasound and procedure ends. Specifically, these times do not include the time required for completion of the ultrasound until the results were scanned into the EHR. Following the completion of the ultrasound, the technician assists the patient and prints the ultrasound image which are then scanned into the EHR. (Attachment hereto describes these steps which takes a minimum of 5 minutes

to complete.) Additionally, the times do not include the time lapse from the start of the Miso administration until the procedure actually commences.

As to Patients C and D, the records evidence a minimum of 42 and 44 minutes wait time, but neither reflects the inherent additional time within the process that is described above.

In addition to the above, Staff determined the ultrasound machine was improperly calibrated such that the time printed on the ultrasound image was at least 12 minutes fast. This miscalibration led to erroneous time stamping. The ultrasound time stamping issue was identified and was recalibrated the first week of August by a staff member. We have implemented several new processes to address and document the 60 minute waiting period. Staff will ensure the ultrasound is properly calibrated at the beginning of each session where abortions are provided. Staff will record the time of the ultrasound completion on the "SC Right to Know" form and the physician will review and attest to the 60 minute waiting period on this form. All staff have been retrained to ensure that procedure is delayed for at least 60 minutes after the ultrasound. Procedures will not occur before 60 minutes has elapsed from the ultrasound.

Preventive Action: PPSAT form CO-14 ("SC Right to Know") will be signed by the physician and reviewed by the clinical assistant prior to the procedure beginning to ensure compliance with the 60 minute waiting period. The health center manager will include reviewing the CO-14 form in the Abortion Monthly Chart Completion Audit. Copies of the CO-14 form, the Abortion Monthly Chart Completion Audit form, the attestation of calibration of the ultrasound and photo's demonstrating calibration are attached.

10/12//2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT maintained documentation that included the names of minor's parents, where known. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record. PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

10/12/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was actually treated in accordance with the requirements. These manifests are attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in

compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

10/12/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was actually treated in accordance with the requirements. These manifests are attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

10/12/2015 Completion Date (Actual or Expected)

Section: 204.A

Corrective Action: During the on-site inspection, PPSAT staff provided copies of the completed credentialing applications that constitute the application of employment for Staff A and B. These applications contain all of the necessary documentation required by the law. Attached are the redacted credentialing applications and the ARMS Practitioner Applications. Unfortunately, health center administrative staff failed to point out or provide copies of the Staff A and B Employee Health Forms, dated 11/7/09 and 3/16/09, respectively, which forms were in the Staff A and B files while DHEC was on site. Copies of the 2009 Employee Health Forms, which were in the files on site are attached hereto.

Preventive Action: Human Resources will continue to monitor employee files for completeness. Furthermore, to supplement the existing information in each employee's file, PPSAT has developed a new Employee Health Questionnaire, a copy of which is attached hereto. Staff A and B will complete the new Health Form by 10/2/15. Employees for the health center will complete the new Health Form by 10/15/15.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☒ No ☐

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

   Administrators Name: Enter your name in the space provided.

   E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

   Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

RECEIVED
OCT 12 2015
HEALTH LIC.

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 10/12/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L01 ROUTINE*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☒ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

10/12//2015 Completion Date (Actual or Expected)

Section: 204.C

Corrective Action: Staff A and C completed the CPR certifications on 9/19/15 and 9/17/15 respectively. Staff B had a current CPR certification, completed 11/10/14, which is attached.

Preventive Action: Human Resources will continue to monitor employee files for completeness. Furthermore, to supplement the existing information in each employee's file, PPSAT has developed a new Employee Health Questionnaire, a copy of which is attached hereto. Staff A and B will complete the new Health Form by 10/2/15. Employees for the health center will complete the new Health Form by 10/15/15.

10/12/15 Completion Date (Actual or Expected)

Section: 204.E

Corrective Action: Documentation of Clinical Staff Orientation conducted on 1/14/14 was in the central file in Raleigh for Staff A, B and C. On 9/26/15, the Medical Director reviewed the revised checklist with the current physicians. Attached is the current Physician on-site orientation checklist.

Preventive Action: The Physician orientation checklist has been revised and updated. The Medical Director will use the revised Physician on-site orientation checklist for new providers.

10/12/15 Completion Date (Actual or Expected)

Section: 208

Corrective Action: As to Patients A, B, and E, the time recorded in the patient records reflects that following the completion of the ultrasound, the ultrasound image was scanned into the Electronic Health Record ("EHR"). The record also reflects the start of the Miso time. For Patient A, the time difference was 62 minutes-- Patient B – 62 minutes and Patient E – 56 minutes. Furthermore, these times are conservative because they do not reflect the additional time that inherently exists in the process at both the ultrasound and procedure ends. Specifically, these times do not include the time required for completion of the ultrasound until the results were scanned into the EHR. Following the completion of the ultrasound, the technician assists the patient and prints the ultrasound image which are then scanned into the EHR. (Attachment hereto describes these steps which takes a minimum of 5 minutes

to complete.) Additionally, the times do not include the time lapse from the start of the Miso administration until the procedure actually commences.

As to Patients C and D, the records evidence a minimum of 42 and 44 minutes wait time, but neither reflects the inherent additional time within the process that is described above.

In addition to the above, Staff determined the ultrasound machine was improperly calibrated such that the time printed on the ultrasound image was at least 12 minutes fast. This miscalibration led to erroneous time stamping. The ultrasound time stamping issue was identified and was recalibrated the first week of August by a staff member. We have implemented several new processes to address and document the 60 minute waiting period. Staff will ensure the ultrasound is properly calibrated at the beginning of each session where abortions are provided. Staff will record the time of the ultrasound completion on the "SC Right to Know" form and the physician will review and attest to the 60 minute waiting period on this form. All staff have been retrained to ensure that procedure is delayed for at least 60 minutes after the ultrasound. Procedures will not occur before 60 minutes has elapsed from the ultrasound.

Preventive Action: PPSAT form CO-14 ("SC Right to Know") will be signed by the physician and reviewed by the clinical assistant prior to the procedure beginning to ensure compliance with the 60 minute waiting period. The health center manager will include reviewing the CO-14 form in the Abortion Monthly Chart Completion Audit. Copies of the CO-14 form, the Abortion Monthly Chart Completion Audit form, the attestation of calibration of the ultrasound and photo's demonstrating calibration are attached.

10/12//2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT maintained documentation that included the names of minor's parents, where known. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record. PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

10/12/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was actually treated in accordance with the requirements. These manifests are attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in

compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

10/12/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was actually treated in accordance with the requirements. These manifests are attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☒ No ☐

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or

activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

October 1, 2015

Via Hand Delivery

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities Licensing
301 Gervais Street
Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Per our conversation with Ms. Eva Johnson and Ms. Michelle Hatcher, RN, yesterday afternoon, please find attached additional information provided as part of the supplemental POC and related attachments. Per the Department's request, we have provided unredacted information containing personal health information ("PHI"), as the same is defined by HIPAA. We understand that the Department has access to this information pursuant to HIPAA and South Carolina statutes and regulations. We further understand that the Department, pursuant to the HIPAA requirements, will not release the PHI, but will redact the PHI from any document prior to its release.

Additionally, as to certain citations, addition information was requested that did not result in a change in the POC. However, PPSAT is providing addition documentation, as listed below.

For the Routine POC:

204.G.1—the unredacted job descriptions are attached for [redacted] and [redacted]

204.H—Exhibit 43, unredacted Appendix A for [redacted]

208—the unredacted training forms for staff

208—Exhibit 38, revised Abortion Monthly Chart Completion Audit Form

303.A.1—Exhibit 33, RQM-82, Infection Prevention Rounds Check List

303.C— Exhibit 33A, RQM-82, Infection Prevention Rounds Check List

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

MCNAIR
ATTORNEYS

401.A.1—Exhibit 49, unredacted information showing names of minor parents, when available

401.A.12— Exhibit 38A, RQM-82, Infection Prevention Rounds Check List

602.B—Exhibit 38B, RQM-82, Infection Prevention Rounds Check List

808.A—Exhibit 40A—Paperwork from Cook Plumbing Company evidencing plumbing work on setting the water temperature.

808.A—Exhibit 40B—Log regarding checking water temperature monthly.

For Investigation POC:

401.A.12— Exhibit 50A, RQM-82, Infection Prevention Rounds Check List

403.A.1—Exhibit 51 South Carolina Reports of Induced Termination and Fetal Death Reports

We appreciate the Department's professionalism in this matter. With best wishes.

Sincerely,

M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq.
Ashley C. Biggers, Esq.
Eva C. Johnson
Emily Adams

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

October 1, 2015

Via Hand Delivery and E-Mail

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities Licensing
301 Gervais Street
Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Enclosed please find materials which should be substituted for the existing exhibit 808.A – Exhibit 40B, which was submitted via hand delivery this morning. We would appreciate your substituting the attached PPSAT SC – Water Temperature Log for Exhibit 40B that was submitted this morning.

Further, although my cover letter this morning stated "please find attached additional information provided as part of the supplemental POC and related attachments", we inadvertently did not enclose the supplemental Routing and the Investigation POCs.

We appreciate the Department's professionalism in this matter. With best wishes.

Sincerely,

M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq.
Ashley C. Biggers, Esq.
Eva C. Johnson
Emily Adams

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

October 1, 2015

Via Hand Delivery and E-Mail

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities Licensing
301 Gervais Street
Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Enclosed please find materials which should be substituted for the existing exhibit 808.A – Exhibit 40B, which was submitted via hand delivery this morning. We would appreciate your substituting the attached PPSAT SC – Water Temperature Log for Exhibit 40B that was submitted this morning.

Further, although my cover letter this morning stated "please find attached additional information provided as part of the supplemental POC and related attachments", we inadvertently did not enclose the supplemental Routing and the Investigation POCs.

We appreciate the Department's professionalism in this matter. With best wishes.

Sincerely,

M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq.
Ashley C. Biggers, Esq.
Eva C. Johnson
Emily Adams

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

RECEIVED

RECEIVED

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

OCT 01 2015
HEALTH LIC.

PLAN OF CORRECTION

OCT 01 2015
HEALTH LIC.

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L01 ROUTINE*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

10/1/2015 Completion Date (Actual or Expected)

Section: 301.K

Corrective Action: Reports of Fetal Death, which are required for situations involving 20 weeks or more of completed gestation are ordinarily not required for the limited types of procedures performed at PPSAT. Nevertheless, in the event that such a case were to present, PPSAT has developed a policy for the registration of reports of fetal death or death certificates. A copy of the policy is attached.

Preventive Action: The Health Center Manager will train staff on this policy during new staff orientation and annually thereafter. Staff will review and sign off on this policy.

10/1/2015 Completion Date (Actual or Expected)

Section: 303.C

Corrective Action: The nursing director immediately, on 8/31/1515, disposed of expired medicines per established protocol. Prior to administration all medications are reviewed for expiration. There is no indication any expired medications were used on patients.

Preventive Action: The health center manager will review monthly medicine and supply expirations and will remove all outdated medicines or supplies from the patient care areas and the pharmacy. This review will be documented on RQM-82, the Infection-Free Environmental Rounds Checklist, a copy of which is attached. The Health Center Manager will document the completion of this survey on the Monthly Health Center Manager RQM-82 Checklist which is reviewed by the Regional Director.

10/1/15 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. PPSAT maintained documentation of the names of minors' parents, where known, for 6 of the 8 minors. See attached documentation. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document

on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

10/1/15 Completion Date (Actual or Expected)

Section: 808.A

Corrective Action:

Upon discovery of the issue during the inspection, PPSAT contacted the landlord on 9/4/15 requesting that a plumber be sent immediately to reset the water temperature. The landlord sent a plumber who, on 9/21/15 adjusted the water temperature to ensure that no hand washing sinks go above 125 degree Fahrenheit. The water temperature was adjusted to 120 degrees Fahrenheit on the water heater to allow for fluctuation in heating.

Preventive Action: Director of Facilities will measure water temperature during annual site visits and document on the annual site visit audit form to ensure that all hand washing sinks are between 100 and 125 degrees Fahrenheit. The health center manager cause the water temperature to be checked monthly. In the event the water temperature is out of accepted range, the Director of Facilities will ensure the landlord makes the required adjustments to bring water temperature into compliance. Attached is the PPSAT SC – Water Temperature Log that will document water temperature checks.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☒ No ☐

2 Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L01 ROUTINE*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

10/1/2015 Completion Date (Actual or Expected)

Section: 301.K

Corrective Action: Reports of Fetal Death, which are required for situations involving 20 weeks or more of completed gestation are ordinarily not required for the limited types of procedures performed at PPSAT. Nevertheless, in the event that such a case were to present, PPSAT has developed a policy for the registration of reports of fetal death or death certificates. A copy of the policy is attached.

Preventive Action: The Health Center Manager will train staff on this policy during new staff orientation and annually thereafter. Staff will review and sign off on this policy.

10/1/2015 Completion Date (Actual or Expected)

Section: 303.C

Corrective Action: The nursing director immediately, on 8/31/1515, disposed of expired medicines per established protocol. Prior to administration all medications are reviewed for expiration. There is no indication any expired medications were used on patients.

Preventive Action: The health center manager will review monthly medicine and supply expirations and will remove all outdated medicines or supplies from the patient care areas and the pharmacy. This review will be documented on RQM-82, the Infection-Free Environmental Rounds Checklist, a copy of which is attached. The Health Center Manager will document the completion of this survey on the Monthly Health Center Manager RQM-82 Checklist which is reviewed by the Regional Director.

10/1/15 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. PPSAT maintained documentation of the names of minors' parents, where known, for 6 of the 8 minors. See attached documentation. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document

on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

10/1/15 Completion Date (Actual or Expected)

Section: 808.A

Corrective Action:

Upon discovery of the issue during the inspection, PPSAT contacted the landlord on 9/4/15 requesting that a plumber be sent immediately to reset the water temperature. The landlord sent a plumber who, on 9/21/15 adjusted the water temperature to ensure that no hand washing sinks go above 125 degree Fahrenheit. The water temperature was adjusted to 120 degrees Fahrenheit on the water heater to allow for fluctuation in heating.

Preventive Action: Director of Facilities will measure water temperature during annual site visits and document on the annual site visit audit form to ensure that all hand washing sinks are between 100 and 125 degrees Fahrenheit. The health center manager cause the water temperature to be checked monthly. In the event the water temperature is out of accepted range, the Director of Facilities will ensure the landlord makes the required adjustments to bring water temperature into compliance. Attached is the PPSAT SC – Water Temperature Log that will document water temperature checks.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☒ No ☐

2 Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

S.C. Code Regs. 204.G.1

Unredacted job description for [redacted]

Exhibit 4

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

Job Title: Abortion Physician
Reports To: Medical Director and VP for Patient Services
Department: Patient Services
FLSA Status: Non-exempt
Access to ePHI: Full
Revision Date: 06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
4. Perform surgical and medication abortion procedures.
5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
6. Order post-operative medication, including contraceptives.
7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.

3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail** - Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity** - Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: [redacted] **Date:** 6-25-2015

Print Na [redacted]

Copies to:
- ❑ **Employee**
- ❑ **Human Resources File**

S.C. Code Regs. 204.G.1

Unredacted job description for [redacted]

Exhibit 5

Planned Parenthood
Care. No matter what.

Planned Parenthood South Atlantic

Job Title: Abortion Physician
Reports To: Medical Director and VP for Patient Services
Department: Patient Services
FLSA Status: Non-exempt
Access to ePHI: Full
Revision Date: 06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
4. Perform surgical and medication abortion procedures.
5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
6. Order post-operative medication, including contraceptives.
7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.

3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail** - Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity** - Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature [redacted] **Date:** 9-15-15

Print Name: [redacted]

Copies to: **Employee**
Human Resources File

S.C. Code Regs. 208

Revised Abortion Monthly Chart

Completion Audit Form - AC

Exhibit 38

Planned Parenthood South Atlantic, Inc.
Center:_____

Abortion Monthly Chart Completion Audit Form - SC
Period covered by Review: _____ to _____

Criteria	Encounter # (10 charts)										Results	
											# charts in compliance	% charts in compliance
1. SC Women's Right to know Completed and Scanned to encounter (CO-14)												
2. Minor Face Sheet completed and scanned to encounter (if applicable)												
3. SC Report of Induced Termination of Pregnancy completed and scanned to encounter												
4. Clinical Assistants for procedures recorded on visit document												
5. Ultrasound picture scanned to encounter												
6. US completed time on visit document matches US time on picture												
7. US is completed at least 60 minutes prior to the procedure												
8. All required service- specific consent forms and CIICs are signed electronically by patient & witness												
9. Patient Education is documented												
10. Hemoglobin and Rh ordered and completed												
11. Rh negative pts Rhogam ordered and completed (if applicable)												
12. BCM at end of visit is completed												
13. Encounter is named correctly												
14. CT/GC ordered for all pts. Pap/RPR offered to pt. (pt declines RPR/Pap recorded on visit document if not ordered)												
15. RTC timeframe is documented for all patients												
16. Lot #/Exp date recorded for all medications dispensed												
17. Allergies noted with reactions or NKA checked												
18. Vitals documented for all pts												
19. IPV screening done on all pts (AB specific questions answered)												
20. Decision Assessment completed												
21. Visit Summary is generated, accurate, complete and signed off by clinician												
Results # of criteria items noted in compliance for this chart												

Summary of Findings: _____

Plan for Correction: (if indicated, include actions taken and date for follow up)_____

_____

_____

_____ _____ _____

Completed By / Title / Date | Health Center Manager/ Date | Lead Clinician / Date

Key: **Y** = compliant **N** = non-compliant **N/A** = non-applicable

S.C. Code Regs. 208

Undredacted Training Forms

Exhibit 30

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Sig [redacted] Date 9/24/15

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: MCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 09/25/15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: RN

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/25/15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: MEA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name [redacted] Title: Hem

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Nam[redacted] Title: WHNP

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/24/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-25-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-25-15

Signature Date

S.C. Code Regs. 303.A.1

RQM-82 Infection Prevention Rounds Checklist

Exhibit 33

Infection-Free Environmental Rounds Checklist: performed monthly by HCM, filed in RQM Binder			
Topic	**Compliant**	**N/A**	**Comments**
Clean and dirty utility separated			
No dirty items stored in clean utility	Y N		
No clean items stored in dirty utility	Y N		
Items not stored under sink	Y N		
Items off floor	Y N		
Trash Containment			
Covered and appropriately placed	Y N		
Sharps containers easily accessible	Y N		
Sharps containers not overfilled	Y N		
No white bag trash in biohazard	Y N		
No biohazard in white bag trash	Y N		
Trash removed at least daily	Y N		
Refrigerators			
Patient and employee food separated and labeled	Y N		
Food, med, and biologicals separated and labeled	Y N		
Temps checked daily; 2x for vaccine(s)	Y N		
No outdated items	Y N		
Generally clean	Y N		
Locked if storing medications	Y N		
Handwashing facilities			
Easily accessible	Y N		
Soap dispensers filled	Y N		
Antimicrobial hand rinse available	Y N		
Meds			
Multi-dose vials dated when opened (28 day limit)	Y N		
Water and saline one time use only	Y N		
No outdated items	Y N		
Items checked for outdates			
Lab collection tubes	Y N		
Sutures	Y N		
Sterile supplies that are dated, 1st in, 1st out observed	Y N		
Steam Sterilizers			
Log maintained	Y N		
Biologicals run weekly (daily in SC if autoclave used)	Y N		
Verbalizes actions taken if problems	Y N		
Repeat run	Y N		
If still problem	Y N		
Inform IC?	Y N		
Recall instruments and rerun	Y N		
PPE's available	Y N		
Infection prevention policies available	Y N		
Written	Y N		
Electronic	Y N		
Safety needles available, used consistently, correctly	Y N		
Facility cleaned as per ARMS' Infection Prevention	Y N		
Facility free of dirt, dust, debris	Y N		
Name:	**Title:**		
Center:	**Date:**		
Signature of reviewer:			

PPSAT

Corrected to 303.C.

S.C. Code Regs. 303.A.1

RQM-82 Infection Prevention Rounds Checklist

Exhibit 33(A)

Infection-Free Environmental Rounds Checklist: performed monthly by HCM, filed in RQM Binder			
Topic	**Compliant**	**N/A**	**Comments**
Clean and dirty utility separated			
No dirty items stored in clean utility	Y N		
No clean items stored in dirty utility	Y N		
Items not stored under sink	Y N		
Items off floor	Y N		
Trash Containment			
Covered and appropriately placed	Y N		
Sharps containers easily accessible	Y N		
Sharps containers not overfilled	Y N		
No white bag trash in biohazard	Y N		
No biohazard in white bag trash	Y N		
Trash removed at least daily	Y N		
Refrigerators			
Patient and employee food separated and labeled	Y N		
Food, med, and biologicals separated and labeled	Y N		
Temps checked daily, 2x for vaccine(s)	Y N		
No outdated items	Y N		
Generally clean	Y N		
Locked if storing medications	Y N		
Handwashing facilities			
Easily accessible	Y N		
Soap dispensers filled	Y N		
Antimicrobial hand rinse available	Y N		
Meds			
Multi-dose vials dated when opened (28 day limit)	Y N		
Water and saline one time use only	Y N		
No outdated items	Y N		
Items checked for outdates			
Lab collection tubes	Y N		
Sutures	Y N		
Sterile supplies that are dated, 1st in, 1st out observed	Y N		
Steam Sterilizers			
Log maintained	Y N		
Biologicals run weekly (daily in SC if autoclave used)	Y N		
Verbalizes actions taken if problems	Y N		
Repeat run	Y N		
If still problem	Y N		
Inform IC?	Y N		
Recall instruments and rerun	Y N		
PPE's available	Y N		
Infection prevention policies available	Y N		
Written	Y N		
Electronic	Y N		
Safety needles available, used consistently, correctly	Y N		
Facility cleaned as per ARMS' Infection Prevention	Y N		
Facility free of dirt, dust, debris			
Name:	**Title:**		
Center:	**Date:**		
Signature of reviewer:			

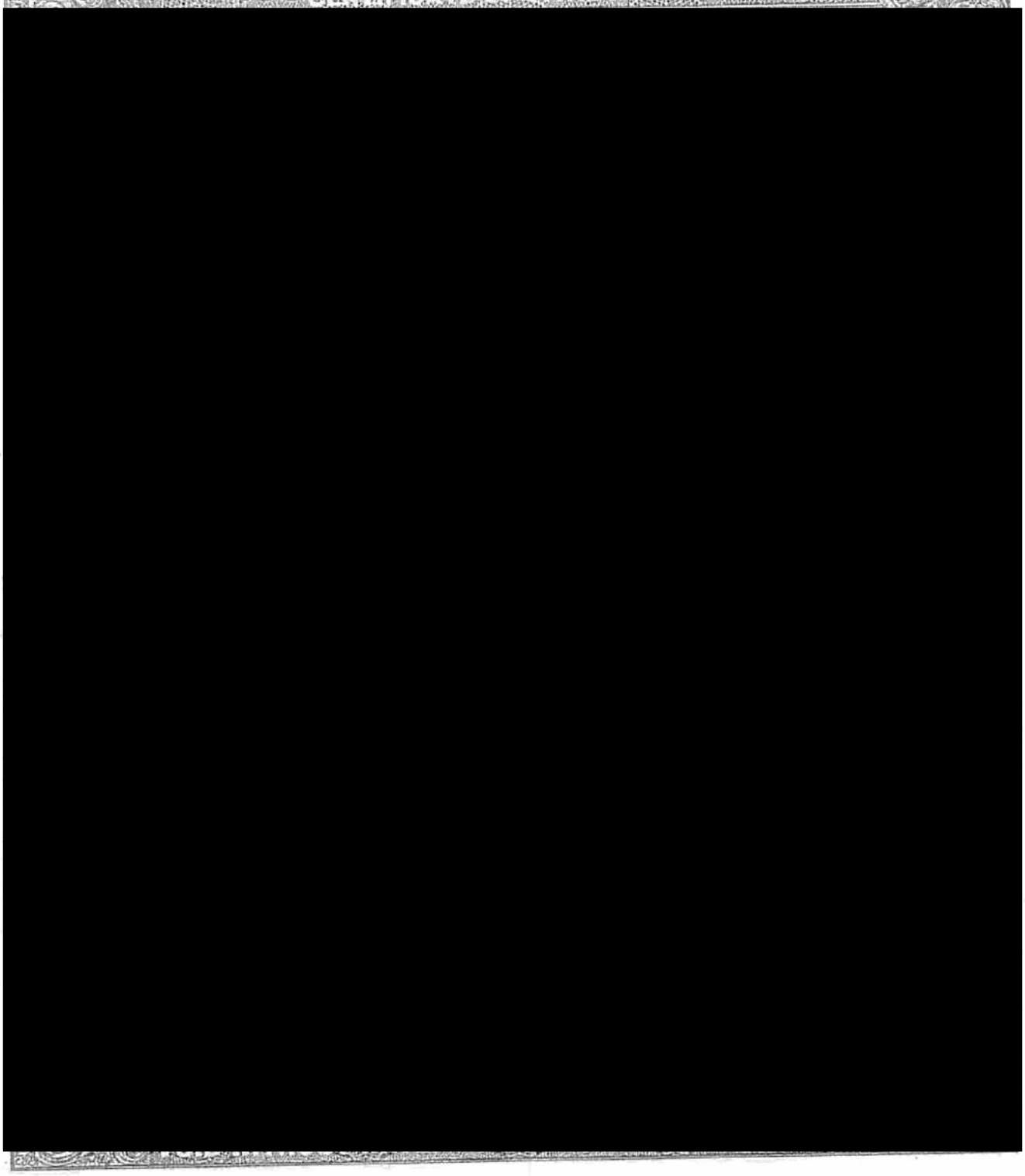
PPSAT

S.C. Code Regs. 401.A.1

Undredacted Birth Certificates

Exhibit 49

CERTIFICATE OF VITAL RECORD

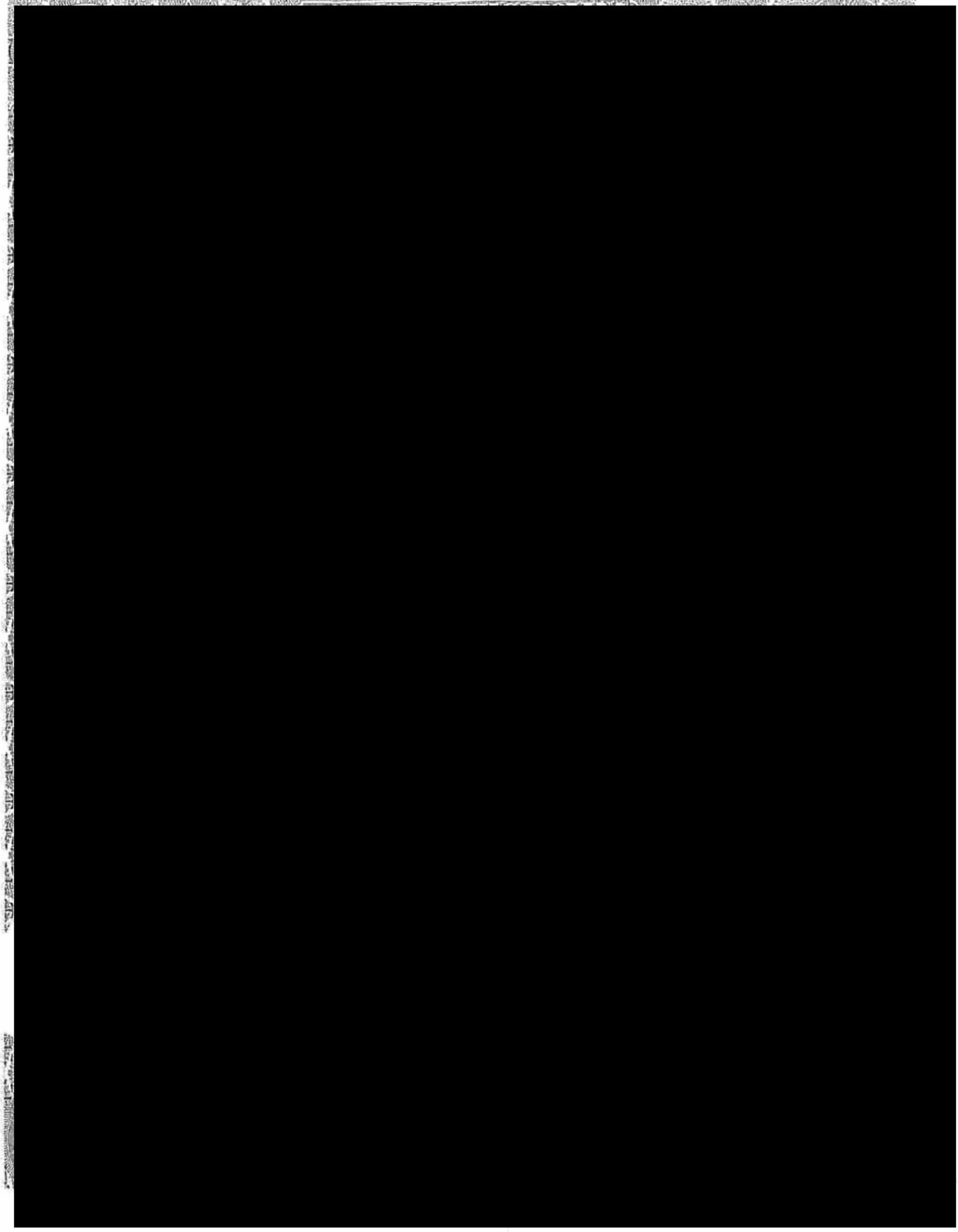


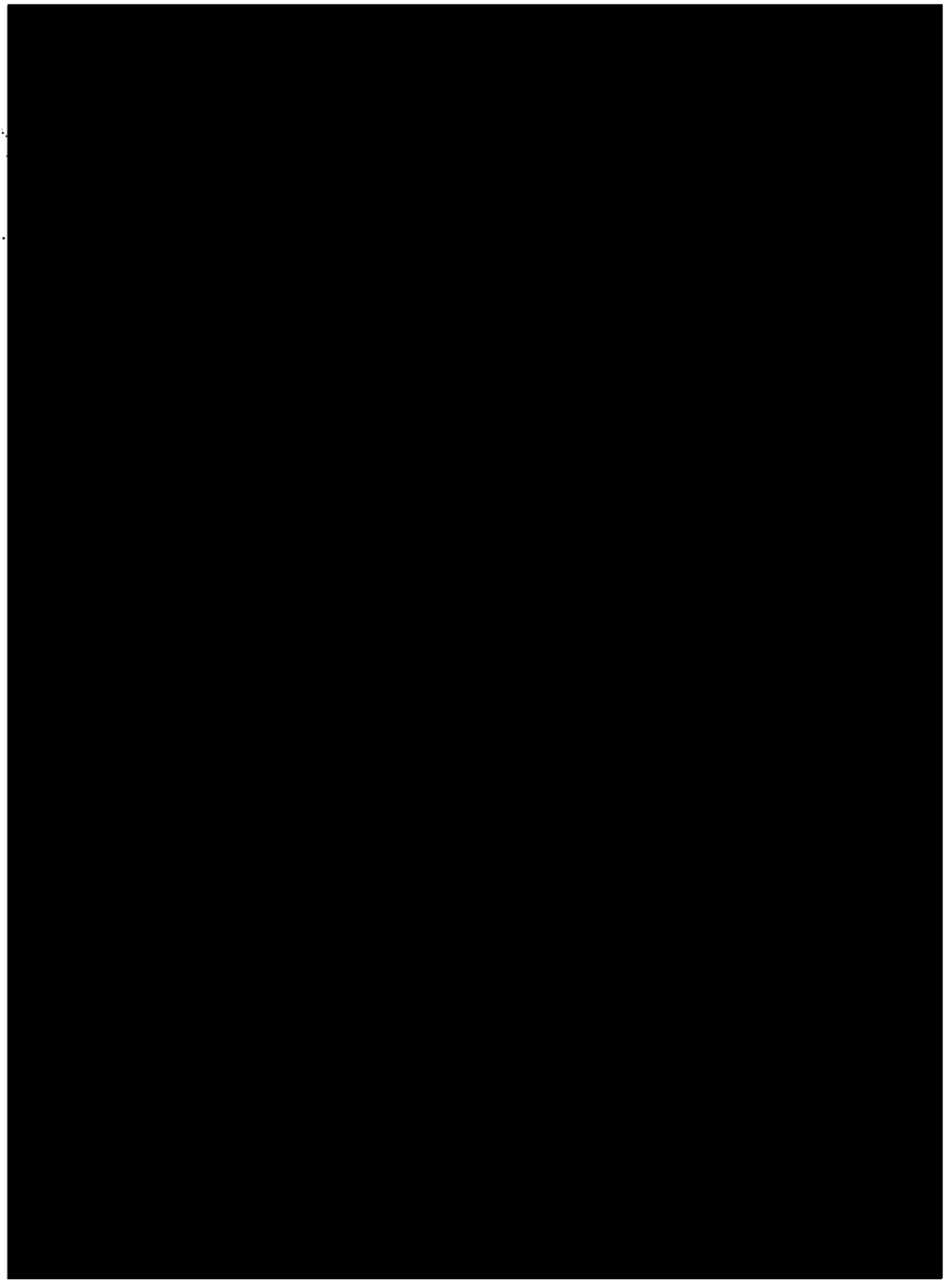
CERTIFICATE OF LIVE BIRTH

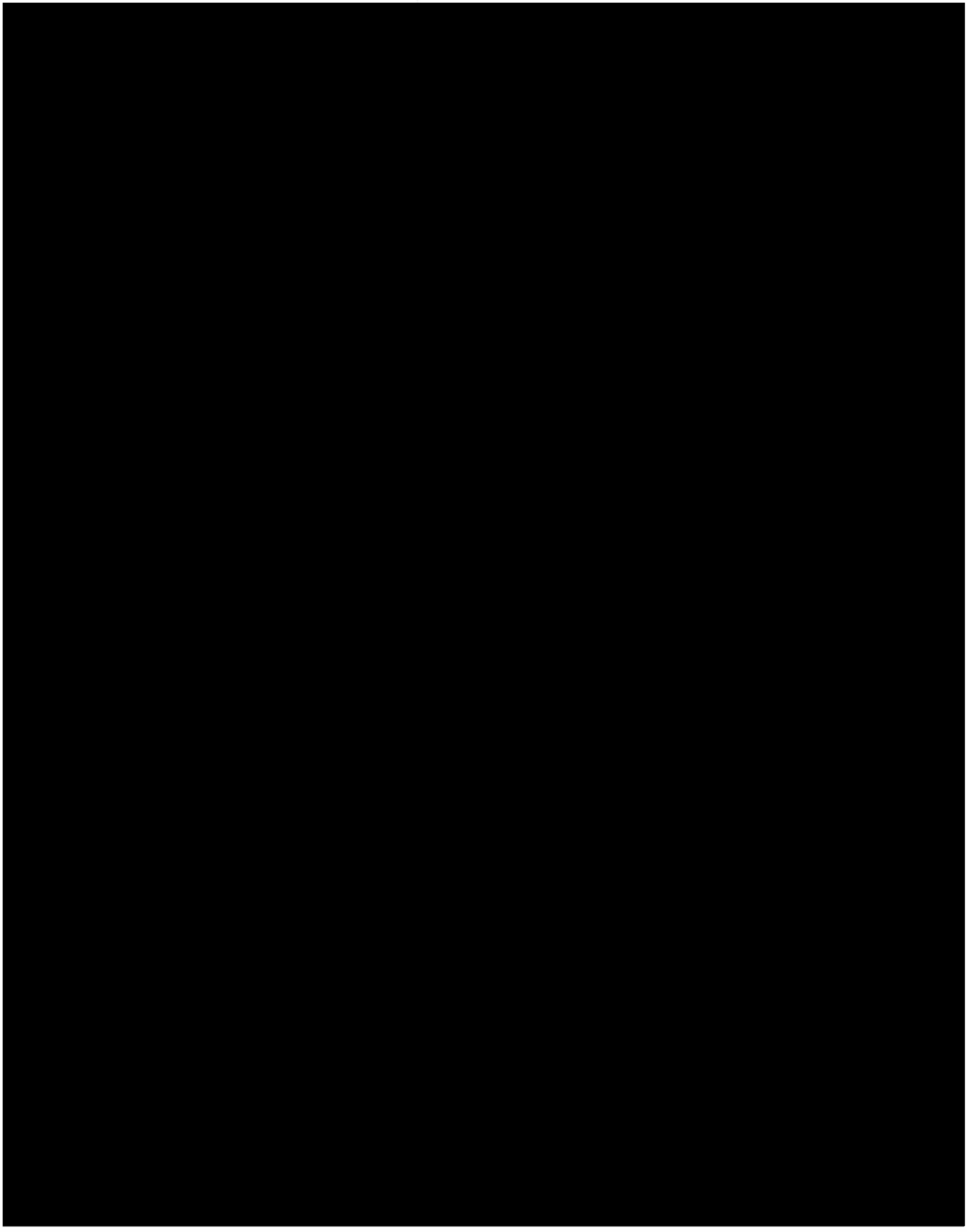
[redacted]

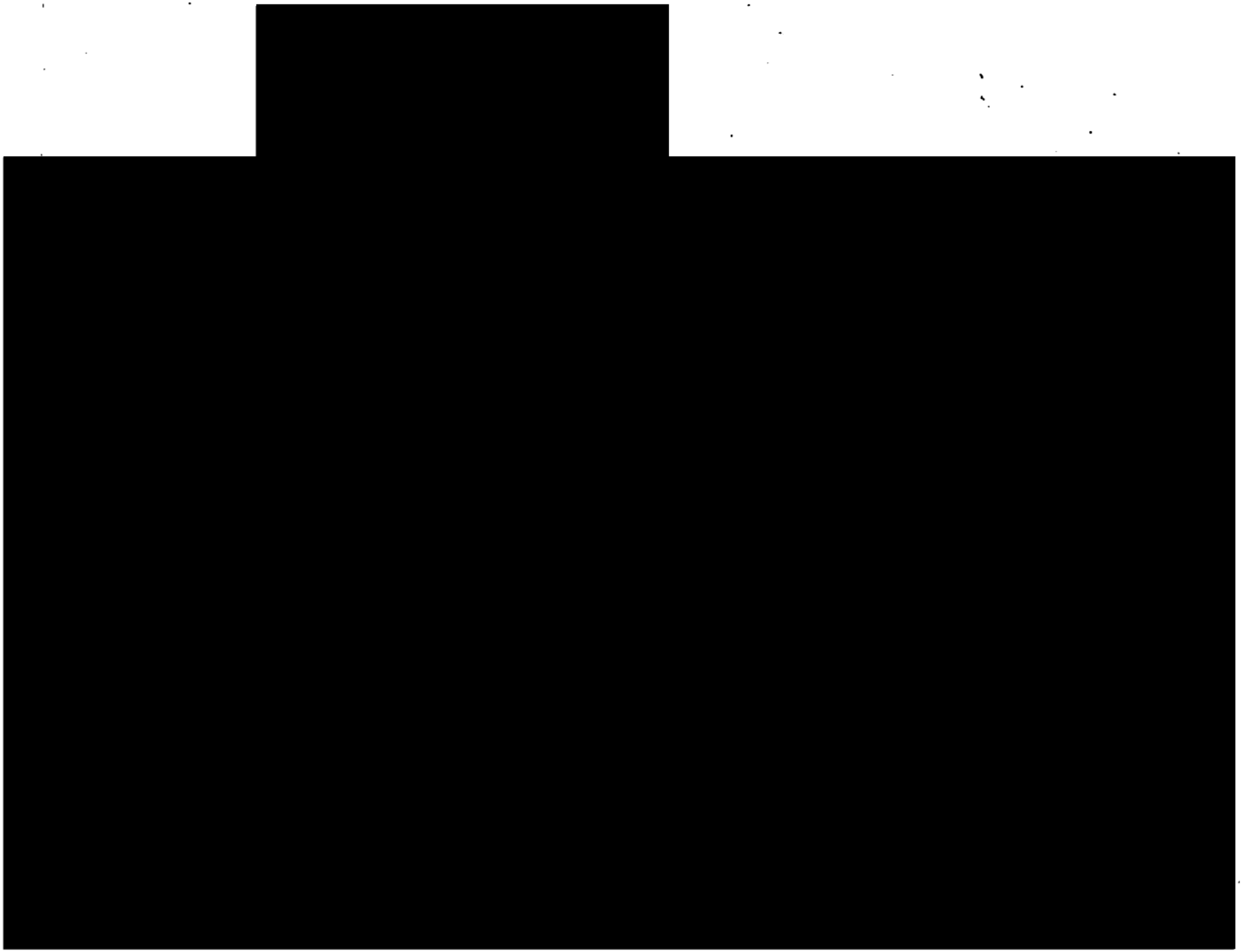
PATIENT REGISTRATION FORM

[redacted]









Corrected to 401.A.12

S.C. Code Regs. 303.A.1

RQM-82 Infection Prevention Rounds Checklist

Exhibit 38(A)

Infection-Free Environmental Rounds Checklist: performed monthly by HCM, filed in RQM Binder			
Topic	**Compliant**	**N/A**	**Comments**
Clean and dirty utility separated			
No dirty items stored in clean utility	Y N		
No clean items stored in dirty utility	Y N		
Items not stored under sink	Y N		
Items off floor	Y N		
Trash Containment			
Covered and appropriately placed	Y N		
Sharps containers easily accessible	Y N		
Sharps containers not overfilled	Y N		
No white bag trash in biohazard	Y N		
No biohazard in white bag trash	Y N		
Trash removed at least daily	Y N		
Refrigerators			
Patient and employee food separated and labeled	Y N		
Food, med, and biologicals separated and labeled	Y N		
Temps checked daily; 2x for vaccine(s)	Y N		
No outdated items	Y N		
Generally clean	Y N		
Locked if storing medications	Y N		
Handwashing facilities			
Easily accessible	Y N		
Soap dispensers filled	Y N		
Antimicrobial hand rinse available	Y N		
Meds			
Multi-dose vials dated when opened (28 day limit)	Y N		
Water and saline one time use only	Y N		
No outdated items	Y N		
Items checked for outdates			
Lab collection tubes	Y N		
Sutures	Y N		
Sterile supplies that are dated, 1st in, 1st out observed	Y N		
Steam Sterilizers			
Log maintained	Y N		
Biologicals run weekly (daily in SC if autoclave used)	Y N		
Verbalizes actions taken if problems	Y N		
Repeat run	Y N		
If still problem	Y N		
Inform IC?	Y N		
Recall instruments and rerun	Y N		
PPE's available	Y N		
Infection prevention policies available	Y N		
Written	Y N		
Electronic	Y N		
Safety needles available, used consistently, correctly	Y N		
Facility cleaned as per ARMS' Infection Prevention	Y N		
Facility free of dirt, dust, debris	Y N		
Name:	**Title:**		
Center:	**Date:**		
Signature of reviewer:			

PPSAT

Corrected to 602.B

S.C. Code Regs. 303.A.1

RQM-82 Infection Prevention Rounds Checklist

Exhibit 38(B)

Infection-Free Environmental Rounds Checklist: performed monthly by HCM, filed in RQM Binder			
Topic	**Compliant**	**N/A**	**Comments**
Clean and dirty utility separated			
No dirty items stored in clean utility	Y N		
No clean items stored in dirty utility	Y N		
Items not stored under sink	Y N		
Items off floor	Y N		
Trash Containment			
Covered and appropriately placed	Y N		
Sharps containers easily accessible	Y N		
Sharps containers not overfilled	Y N		
No white bag trash in biohazard	Y N		
No biohazard in white bag trash	Y N		
Trash removed at least daily	Y N		
Refrigerators			
Patient and employee food separated and labeled	Y N		
Food, med, and biologicals separated and labeled	Y N		
Temps checked daily; 2x for vaccine(s)	Y N		
No outdated items	Y N		
Generally clean	Y N		
Locked if storing medications	Y N		
Handwashing facilities			
Easily accessible	Y N		
Soap dispensers filled	Y N		
Antimicrobial hand rinse available	Y N		
Meds			
Multi-dose vials dated when opened (28 day limit)	Y N		
Water and saline one time use only	Y N		
No outdated items	Y N		
Items checked for outdates			
Lab collection tubes	Y N		
Sutures	Y N		
Sterile supplies that are dated, 1st in, 1st out observed	Y N		
Steam Sterilizers			
Log maintained	Y N		
Biologicals run weekly (daily in SC if autoclave used)	Y N		
Verbalizes actions taken if problems	Y N		
Repeat run	Y N		
If still problem	Y N		
Inform IC?	Y N		
Recall instruments and rerun	Y N		
PPE's available	Y N		
Infection prevention policies available	Y N		
Written	Y N		
Electronic	Y N		
Safety needles available, used consistently, correctly	Y N		
Facility cleaned as per ARMS' Infection Prevention	Y N		
Facility free of dirt, dust, debris			
Name:	**Title:**		
Center:	**Date:**		
Signature of reviewer:			

PPSAT

S.C. Code Regs. 808.A

Paperwork from Office Manager

Exhibit 40(A)

C P C | COOK PLUMBING COMPANY, LLC

P.O. Box 6317, Columbia, SC 29260 • OFFICE (803) 782-6422 • FAX (803) 333-0827

WORK ORDER/INVOICE NO. 21435

BILLING ☑ COD ☐ RESIDENTIAL ☐

AM SERVICE ☑ PM SERVICE ☐ COMMERCIAL ☑

ESTIMATE ☐ WARRANTY ☐

DATE OF ORDER:	STARTING DATE:	COMPLETION DATE:	ORDER TAKEN BY:
9/28/15	9/21/15	9/28/15	

HOME PHONE:	WORK PHONE:	MOBILE PHONE:

CUSTOMER NAME:	BILL TO:
Maund Lee Hall	
ADDRESS OF JOB:	ADDRESS:
2712 Middleburg Rd	

CITY:	MAP PAGE	CITY:	STATE	ZIP CODE
Col			SC	

Description of Plumbing Concern / Work Proposed:

Description of Work Performed:

Set Electric water htr. Thermostat to 110°-115°
Checked temp at water heater at temp was 112°

Service Charge - Tax Exempt

NO WARRANTY	30 DAYS	90 DAYS	1 YR.	2 YR.
☑	☐	☐	☐	☐

I have the authority to order the above work for the amount of $_____ and do so order as outlined above. It is agreed that the seller will retain title to any equipment or material furnished until final payment is made. The seller shall have the right to remove same and the seller will not be held responsible for any damage resulting from the removal thereof.

Authorized Signature Date

If any unforseen problem occurs necessitating additional charges, tech will notify owner or agent for additional authorization.

AMOUNT OF COMPLETED WORK $ 105

DATE COMPLETED: 9/28/15

I hereby accept the above performed service and charges, as being satisfactory and acknowledge that the equipment has been left in satisfactory condition. Cook Plumbing accepts no product liability. There is a $45.00 charge on all returned checks.

CUSTOMER SIGNATURE: [redacted]

PAYMENT METHOD

CASH ☐ M/C ☐ VISA ☐

CHECK ☐ CHECK # ☐

ACCOUNT NUMBER:_____

EXPIRATION DATE:_____

AUTHORIZATION #:_____

TECHNICIANS SIGNATURE: Dwt

CARD IMPRINT

S.C. Code Regs. 808.A

Water Temperature Log

Exhibit 40(B)

PPSAT SC - Water Temperature Log

Site:_____ Year:_____

Temperature must be checked and recorded at least once per month. Abnormal readings must be recorded in RED ink. If the temp is out of range, staff should make attempts to correct and recheck. If value does not return to range, notify supervisor. For each date, document the Day in 1st column, Temp in 2nd and staff initials in 3rd.

☐ Staff Lavatory ☐ Procedure Room 1 ☐ Procedure Room 2

Temp Range: 100-125° F

JAN			FEB			MAR			APR			MAY			JUN			JUL			AUG			SEP			OCT			NOV			DEC		

Date	Out of Range / Action Taken / Correction Verified	Staff Initials

Quarterly Review by HCM:

Date	Comments	Signature

RECEIVED
OCT 01 2015
HEALTH LIC.

PPS/

Date	Out of Ra

Quarterly Review by HCM:

Date	

RQM 46 Rev 09/15

PPSAT SC - Water Temperature Log

Site:_____ Year:_____

Temperature must be checked and recorded at least once per month. Abnormal readings must be recorded in RED ink. If the temp is out of range, staff should make attempts to correct and recheck. If value does not return to range, notify supervisor. For each date, document the Time in 1st column, Temp in 2nd and staff initials in 3rd.

☐ Staff Lavatory ☐ Procedure Room 1 ☐ Procedure Room 2

Temp Range: 100-125° F

JAN			FEB			MAR			APR			MAY			JUN			JUL			AUG			SEP			OCT			NOV			DEC		

Date	Out of Range / Action Taken / Correction Verified	Staff Initials

Quarterly Review by HCM:

Date	Comments	Signature

PPSAT SC - Water Temperature Log

(make additional copies as needed)

Date	Out of Range / Action Taken / Correction Verified	Staff Initials

Quarterly Review by HCM:

Date	Comments	Signature

PPSAT SC - Water Temperature Log

Site:_____ **Year:**_____

Temperature must be checked and recorded at least once per month. Abnormal readings must be recorded in RED ink. If the temp is out of range, staff should make attempts to correct and recheck. If value does not return to range, notify supervisor. For each date, document the Day in 1st column, Temp in 2nd and staff initials in 3rd.

☐ **Staff Lavatory** ☐ **Procedure Room 1** ☐ **Procedure Room 2**

Temp Range: 100-125° F

JAN			FEB			MAR			APR			MAY			JUN			JUL			AUG			SEP			OCT			NOV			DEC		

Date	Out of Range / Action Taken / Correction Verified	Staff Initials

Quarterly Review by HCM:

Date	Comments	Signature

RECEIVED

SEP 28 2015

HEALTH LIC.

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L01 ROUTINE*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

9/1/2015 Completion Date (Actual or Expected)

Section: 204.A

Corrective Action: PPSAT was in fact in compliance with Section 204.A. During the on-site inspection, PPSAT staff provided copies of the completed credentialing applications that constitute the application of employment for Staff A and B. These applications contain all of the necessary documentation required by the law. Attached are the redacted credentialing applications and the ARMS Practitioner Applications. Unfortunately, health center administrative staff failed to point out or provide copies of the Staff A and B Employee Health Forms, dated 11/7/09 and 3/16/09, respectively, which forms were in the Staff A and B files while DHEC was on site. Copies of the 2009 Employee Health Forms, which were in the files on site are attached hereto.

Preventive Action: Human Resources will continue to monitor employee files for completeness. Furthermore, to supplement the existing information in each employee's file, PPSAT has developed a new Employee Health Questionnaire, a copy of which is attached hereto. Staff A and B will complete the new Health Form by 10/2/15. Employees for the health center will complete the new Health Form by 10/15/15.

9/19/2015 Completion Date (Actual or Expected)

Section: 204.C

Corrective Action: PPSAT was in fact in compliance with Section 204.C as to Staff B who had a current CPR certification, completed 11/10/14, which is attached. Staff A and C completed the CPR certifications on 9/19/15 and 9/17/15 respectively.

Preventive Action: The health center manager will continue to ensure that staff maintain CPR certification through annual training. The health center manager will also ensure that documentation of CPR certification is maintained in staff member's personnel files and will use the PPSAT annual training calendar and personnel checklist to monitor compliance. A copy of the annual training calendar is attached. The Director of Human Resources will audit training records annually for compliance.

1/14/2014 Completion Date (Actual or Expected)

Section: 204.E

Corrective Action: PPSAT was in fact in compliance with Section 204.E. Documentation of Clinical Staff Orientation conducted on 1/14/14 was in the central file in Raleigh for Staff A, B and C. In addition, the Physician orientation checklist has been revised and updated. On 9/26/15, the Medical Director reviewed the revised checklist with the current physicians. Attached is the current Physician on-site orientation checklist.

Preventive Action: The Medical Director will use the revised Physician on-site orientation checklist for new providers.

9/19/2015 Completion Date (Actual or Expected)

Section: 204.F.1

Corrective Action: Staff A and B completed the annual Infection Prevention training. Staff A and B completed the annual Infection Prevention Training on 9/16/2015 and 9/17/2015 respectively. See attached attestation forms.

Preventive Action: Health Center Manager will ensure that all staff receives initial and annual Infection Prevention Training.

Prevention training per PPSAT annual training calendar, which is attached with materials for Section 204.C. The Director of Human Resources will audit training records annually for compliance.

9/28/2015 Completion Date (Actual or Expected)

Section: 204.F.2

Corrective Action: Staff A, B, and C completed the annual fire protection training/drills on 9/14/2015. The director of facilities and security conducted the Staff training on the fire drill and fire extinguishers on 9/14/15. On 9/22/15, Bengie Leverette, Deputy Fire Marshal City of Columbia, 1612 Bull Street, Columbia SC 29201 conducted the fire extinguisher safety training for the Staff. On 9/22/15. Attached are copies of the training certifications.

Preventive Action: Health Center Manager will ensure that all staff receives initial and annual fire protection training/drills per PPSAT annual training calendar which is attached with materials for Section 204.C. The Director of Human Resources will audit training records annually for compliance. See attachment.

9/17/2015 Completion Date (Actual or Expected)

Section: 204.F.3

Corrective Action: Staff C completed annual HIPAA training on 9/17/15. Training attestation is attached.

Preventive Action: Health Center Manager will ensure that all staff receives initial and annual HIPAA training per PPSAT annual training calendar. The Director of Human Resources will audit training records annually for compliance. See attached screen shots of the on-line HIPAA training that Staff C completed.

9/28/2015 Completion Date (Actual or Expected)

Section: 204.F.4

Corrective Action: Staff C completed training in licensing regulations on 9/18/2015. See attached attestation.

Preventive Action: Health Center Manager will ensure that all staff receives initial and annual licensing regulation training per PPSAT annual training calendar which is attached with materials for Section 204.C. The Director of Risk and Quality Management will audit training records annually for compliance.

9/15/2015 Completion Date (Actual or Expected)

Section: 204.G.1

Corrective Action: Staff A (signed 6/25/15) and B (signed 9/15/15) had signed job descriptions in the central personnel file in Raleigh. A copy has been placed in the site file in Columbia.

Preventive Action: The Director of Human Resources will ensure that all job descriptions are reviewed and signed annually and a copy will be readily available.
You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☒ No ☐
Page Number (if you answered Yes to the question above)
Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

   Administrators Name: Enter your name in the space provided.

   E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

   Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

RECEIVED

SEP 28 2015

HEALTH LIC.

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L01 ROUTINE*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

9/28/2015 Completion Date (Actual or Expected)

Section: 208

Corrective Action: PPSAT clearly complied with the 60 minute waiting period as to Patients A, B, and E. The time recorded in the patient records reflects that following the completion of the ultrasound, the ultrasound image was scanned into the Electronic Health Record ("EHR"). The record also reflects the start of the Miso time. For Patient A, the time difference was 62 minutes-- Patient B – 62 minutes and Patient E – 56 minutes. Furthermore, these times are conservative because they do not reflect the additional time that inherently exists in the process at both the ultrasound and procedure ends. Specifically, these times do not include the time required for completion of the ultrasound until the results were scanned into the EHR. Following the completion of the ultrasound, the technician assists the patient and prints the ultrasound image which are then scanned into the EHR. (Attachment hereto describes these steps which takes a minimum of 5 minutes to complete.) Additionally, the times do not include the time lapse from the start of the Miso administration until the procedure actually commences.

As to Patients C and D, the records evidence a minimum of 42 and 44 minutes wait time, but neither reflects the inherent additional time within the process that is described above.

In addition to the above, Staff determined the ultrasound machine was improperly calibrated such that the time printed on the ultrasound image was at least 12 minutes fast. This miscalibration led to erroneous time stamping. The ultrasound time stamping issue was identified and was recalibrated the first week of August by a staff member. We have implemented several new processes to address and document the 60 minute waiting period. Staff will ensure the ultrasound is properly calibrated at the beginning of each session where abortions are provided. Staff will record the time of the ultrasound completion on the "SC Right to Know" form and the physician will review and attest to the 60 minute waiting period on this form. All staff have been retrained to ensure that procedure is delayed for at least 60 minutes after the ultrasound. Procedures will not occur before 60 minutes has elapsed from the ultrasound.

Preventive Action: PPSAT form CO-14 ("SC Right to Know") will be signed by the physician and reviewed by the clinical assistant prior to the procedure beginning to ensure compliance with the 60 minute waiting period. The health center manager will include reviewing the CO-14 form in the Abortion Monthly Chart Completion Audit. Copies of the CO-14 form, the Abortion Monthly Chart Completion Audit form, the attestation of calibration of the ultrasound and photo's demonstrating calibration are attached.

9/28/2015 Completion Date (Actual or Expected)

Section: 301.K

Corrective Action: To our knowledge, PPSAT has never performed a procedure which required the filing of Reports of Fetal Death because PPSAT does not perform abortion procedures past 13.6 weeks of gestation. Thus, filing of Reports of Fetal Death, which are required for situations involving 20 weeks or more of completed gestation are ordinarily not required for the limited types of procedures performed at PPSAT. Nevertheless, in the event that such a case were to present, PPSAT has developed a policy for the registration of reports of fetal death or death certificates. A copy of the policy is attached.

Preventive Action: Staff will receive training on this policy during new staff orientation and annually thereafter. Staff will review and sign off on this policy.

9/18/2015 Completion Date (Actual or Expected)

Section: 303.A.1

Corrective Action: PPSAT previously maintained, separately, an emergency box with medications and a cart that contained various emergency supplies. At the time of inspection, the emergency box contents list was located insider the box and was up to date. In some cases, the physical inventory exceeded the recommended minimum amounts on the list. None of the physical inventory was less than that on the list. To enhance our current process, the emergency cart and box contents have been combined into a single, larger cart. The list has been updated and now also includes the location of the supplies within the cart. The content list is maintained on top of the cart.

The cart has a key lock system to meet security requirements. The keys will be maintained by the Recovery Room nurse and the health center manager. Abortion procedures are prescheduled and the emergency cart keys will be kept by the RN working and stationed in the Recovery Room during procedures. The Recovery Room is in close proximity to the Procedure Room. In the event that the RN is absent from the Recovery Room, the Health Center Manager will also have a second set of keys. The Health Center Manager and Nurse will coordinate their schedules so that when abortion procedures are being performed, one of them will always be available with the key. The keys are kept in the safe prior to opening of clinic. The RN on duty receives the keys from Health Center Manager and keeps then on her person all day. At the end of the day the keys are returned to the Health Center Manager and returned to the safe. The clinical assistant for the physician will retrieve the keys and any medical items ordered by the physician from the emergency cart.

Preventive Action: During the monthly medication expiration audit, the health center manager will ensure that the emergency cart contents match, if not exceed, the contents list of the cart. The health center manager will document that there are no outdated supplies on RQM-82, the Infection-Free Environmental Rounds Checklist, a copy of which is attached. A copy of the emergency cart inventory and a photo of the cart are attached.

9/1/2015 Completion Date (Actual or Expected)

Section: 303.C

Corrective Action: The nursing director immediately, on 8/31/15, disposed of expired medicines per established protocol. Prior to administration all medications are reviewed for expiration. There is no indication any expired medications were used on patients.

Preventive Action: The health center manager will review monthly medicine and supply expirations and will remove any outdated medicines or supplies. This review will be documented on RQM-82, the Infection-Free Environmental Rounds Checklist, a copy of which is attached. The Health Center Manager will document the completion of this survey on the Monthly Health Center Manager RQM-82 Checklist which is reviewed by the Regional Director.

8/27/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: PPSAT was in fact in compliance with Section 304.H regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

9/18/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

9/1/2015 Completion Date (Actual or Expected)

Section: 401.A.12

Corrective Action: A new Electronic Health Record system was implemented in October 2014. Staff immediately revised the electronic documentation to add the field for persons in attendance, if any, during the procedure. Inspectors reported that this solution met requirements.

Preventive Action: Health Center Manager will audit electronic health records to ensure that staff are documenting clinical assistants present, if any, during the abortion procedure. This field will be reviewed as part of the monthly Abortion Chart Completion Audit, a copy of which is attached. The health center manager will complete and document on the Health Center Manager RQM-82 the Infection-Free Environmental Rounds Checklist, a copy of which is attached, that is reviewed by the Regional Director.

10/1/15 Completion Date (Actual or Expected)

Section: 602.B

Corrective Action: Sterile supplies are sealed and stored in a dust proof and moisture free unit. The gloves DHEC found were removed from the cabinet on 8/31/15, the day of the inspection. Cabinets with sterile supplies are clearly labeled.

Preventive Action: Health Center Manager will ensure that sterile and nonsterile supplies are stored separately during the monthly Infection Prevention check and will be documented on RQM-82 the Infection-Free Environmental Rounds Checklist, a copy of which is attached, that is reviewed by the Regional Director. Staff training will be conducted 10/1/15.

8/27/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT was in fact in compliance with Section 605.D regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced the reputable waste management company. A copy of the contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that it is in compliance with R.61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be returned to the waste management vendor for correction and/or supplementation. This monthly review will be documented on the Infectious Waste Manifest Checklist.

9/21/2015 Completion Date (Actual or Expected)

Section: 808.A

Corrective Action: Upon discovery of the issue during the inspection, PPSAT contacted the landlord on 9/4/15 requesting that a plumber be sent immediately to reset the water temperature. The landlord sent a plumber who, on 9/21/15 adjusted the water temperature to ensure that no hand washing sinks go above 125 degree Fahrenheit. The water temperature was adjusted to 120 degrees Fahrenheit on the water heater to allow for fluctuation in heating.

Preventive Action: Director of Facilities will measure water temperature during annual site visits and document on the annual site visit audit form to ensure that all hand washing sinks are between 100 and 125 degrees Fahrenheit. The health center manager cause the water temperature to be checked monthly. In the event the water temperature is out of accepted range, the Director of Facilities will ensure the landlord makes the required adjustments to bring water temperature into compliance.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☒ No ☐

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

   Administrators Name: Enter your name in the space provided.

   E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

   Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

PLAN OF CORRECTION

204.A ▪ 204.C ▪ 204.E ▪ 204.F.1 ▪
204.F.2 ▪ 204.F.3 ▪ 204.F.4 ▪ 204.G.1

EXHIBITS FOR 204.A

EXHIBIT NO	DESCRIPTION
1	Revised Employee Health Questionnaire
2	Redacted Staff A Employee Health Form
3	Redacted Staff B Employee Health Form
4	Staff A Redacted Credentials
5	Staff B Redacted Credentials
6	ARMS Practitioner Application

EXHIBITS FOR 204.C

EXHIBIT NO	DESCRIPTION
7	Staff A, B, and C CPR Certifications
8	Training Calendar

EXHIBITS FOR 204.E

EXHIBIT NO	DESCRIPTION
9	Physician Orientation Checklist ("Clinical Staff Orientation")
10	Physician On-Site Orientation Checklist
11	Physician Pre-Service Orientation Checklist

EXHIBITS FOR 204.F.1

EXHIBIT NO	DESCRIPTION
12	Screen shot HIPAA 101: Protecting Patient Privacy
13	Screen shot Infection Prevention 1: Blood Borne Pathogens
14	Screen shot Infection Prevention 2: Clean and Sterile Technique
15	Screen shot Infection Prevention 3: Cleaning, Disinfection and Sterlization
16	Staff A Training Documentation
17	Staff B Training Documentation
18	Staff C Training Documentation

EXHIBITS FOR 204.F.2

EXHIBIT NO	DESCRIPTION
19	September 14, 2015 Fire Drill Report and September 22, 2015 Fire Extinguisher and Safety Report

EXHIBITS FOR 204.F.3

EXHIBIT NO	DESCRIPTION
20	Staff A Redacted Training Documentation
21	Staff B Redacted Training Documentation
22	Staff C Redacted Training Documentation

EXHIBITS FOR 204.F.4

EXHIBIT NO	DESCRIPTION
23	Staff A Redacted Training Documentation
24	Staff B Redacted Training Documentation
25	Staff C Redacted Training Documentation

EXHIBITS FOR 204.G.1

EXHIBIT NO	DESCRIPTION
26	Staff A Redacted Job Description
27	Staff B Redacted Job Description

PLAN OF CORRECTION

208 ▪ 301.K ▪ 303.A.1 ▪ 303.C ▪ 304.H ▪
401.A.1 ▪ 401.A.12 ▪ 602.B ▪ 605.D ▪
808.A

EXHIBITS FOR 208

EXHIBIT NO	DESCRIPTION
28	September 25, 2015 Attestation of [redacted] HCA and executed Training of Form Updates of Employees.
29	Photograph of calibration
30	Training of Form Updates, Abortion Regulations and Infectious Waste with attached Form CO-14

EXHIBITS FOR 301.K

NO ATTACHMENTS

EXHIBITS FOR 303.A.1

EXHIBIT NO	DESCRIPTION
31	Monthly Emergency Box Inventory for Centers Providing Surgical Services
32	Photographs of Cart (2)
33	Infection Prevention Monthly Checklist, RQM Form 82 (HCM Monthly RQM Checklist)

EXHIBITS FOR 303.C

NO ATTACHMENTS

EXHIBITS FOR 304.H

EXHIBIT NO	DESCRIPTION
34	Revised Manifests • Manifest MDAU0085W3 dated 10/17/14 • Manifest MDAU00870V dated 10/31/2014 • Manifest MDAU0089T5 dated 12/5/2014 • Manifest MDAU008ADF dated 10/12/2014
35	8/27/2015 Advanced Environmental Options, Inc. Agreement

EXHIBITS FOR 401.A.1

EXHIBIT NO	DESCRIPTION
36	South Carolina Minor Demographic Face Sheet
37	Series of redacted Birth Certificates

EXHIBITS FOR 401.A.12

EXHIBIT NO	DESCRIPTION
38	EHR SC Abortion Chart Completeness Audit Tool

EXHIBITS FOR 602.B

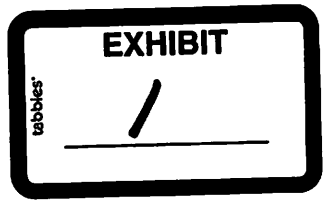
NO ATTACHMENTS

EXHIBITS FOR 605.D

EXHIBIT NO	DESCRIPTION
39	Revised Manifests • Manifest MDAU0085W3 dated 10/17/14 • Manifest MDAU00870V dated 10/31/2014 • Manifest MDAU0089T5 dated 12/5/2014 • Manifest MDAU008ADF dated 10/12/2014
40	8/27/2015 Advanced Environmental Options, Inc. Agreement

EXHIBITS FOR 808.A

NO ATTACHMENTS



Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

EMPLOYEE HEALTH QUESTIONNAIRE

All employees, contractors, and volunteers whose functions require or necessitate contact with patients shall complete a health questionnaire.

Employee Name: _____ **Date:** _____

Title: _____

1. Do you have any serious health problems or illnesses that may be contagious to others around you?

☐ NO ☐ YES If yes, please provide details below or you may ask to speak to HR.

_____

_____

_____

_____

2. Do you have any limitations on your ability to perform the work described in your job description?

☐ NO ☐ YES If yes, please provide details below or you may ask to speak to HR.

_____

_____

_____

_____

3. Do you have any health conditions that would create a hazard to clients or other staff?

☐ NO ☐ YES If yes, please provide details below or you may ask to speak to HR.

_____

_____

_____

_____

I declare that the above information is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Redacted Staff A Employee Health Form

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

EMPLOYEE HEALTH FORM

NAME [redacted] DATE 11/2/09

GENERAL MEDICAL/SURGICAL HISTORY [redacted]

SIGNIFICANT FAMILY HISTORY [redacted]

CURRENT MEDICATIONS [redacted]

ALLERGIES [redacted]

SOURCE OF MEDICAL CARE [redacted]

DATE OF LAST PHYSICAL EXAM 1yr

IMMUNIZATIONS/VACCINATIONS

TB: TINE _____ or PPD _____ DATE 11-2-09

RESULT _____ CHEST X-RAY _____

RUBELLA IMMUNITY STATUS N/A

TETANUS TOXOID—YEAR RECEIVED 2005

HEPATITIS VACCINE 2005

EMERGENCY CONTACT [redacted]

Name

Address

Phone Numbers

PPHS 11/04

EXHIBIT
tabbies
2

Redacted Staff B Employee Health Form

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Aven
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

EMPLOYEE HEALTH FORM

NAME [redacted] DATE 3-16-09

GENERAL MEDICAL/SURGICAL HISTORY [redacted]

SIGNIFICANT FAMILY HISTORY [redacted]

CURRENT MEDICATIONS [redacted]

ALLERGIE[redacted]

SOURCE OF MEDICAL CARE [redacted]

DATE OF LAST PHYSICAL EXAM 1/09

IMMUNIZATIONS/VACCINATIONS
TB: TINE_____ or PPD neg 5/08 DATE_____
RESULT_____ CHEST X-RAY_____

RUBELLA IMMUNITY STATUS immune

TETANUS TOXOID—YEAR RECEIVED 2007 booster

HEPATITIS VACCINE received - immune

EMERGENCY CONTACT
Name [redacted]
Address
Phone Numbers

PPHS 11/04

EXHIBIT
tabbies
3

Verified Profile

File Status:	
File Issue Reason	**File Review Reason**
None	None

Practitioner Name:	[redacted]	**Practitioner Type:**	MD
Social Security No.:	[redacted]	**Date of Birth:**	[redacted]
Specialty Ranking:		**Board Certified:**	
1. Obstetrics & Gynecology		Yes	

Office

Office Address:	Planned Parenthood Health Systems 2712 Middleburg Drive, Suite 107 Columbia, SC 29204	**Office Phone:** **Office Fax:**	803-256-4908

License

License:	[redacted]	**State:**	SC
Issue Date:	04/29/1978	**Expiration Date:**	06/30/2013
Status:	ACTIVE	**Adverse Action:**	None
Verified By:	State Board	**Source Date**	07/03/2012
Verifier:	bcheng	**Verification Date:**	07/03/2012
Comments:	None		

DEA

DEA Number:	[redacted]	**Status:**	
Schedule:	[redacted]	**Expiration Date:**	07/31/2013
Limits/Restrictions?	None	**Source Date:**	05/08/2012
Verified By:	NTIS Website	**Verification Date:**	05/09/2012
Verifier:	SYSTEM		
Comments:			

Malpractice Carrier

Malpractice Carrier:	National Union Fire Insurance Co. - Planned Parenthood	**Policy Number:**	[redacted]
Original Effective Date:	10/1976	**Coverage Expiration Date:**	01-01-2013
Per Claim Amount:	1,000,000	**Aggregate Amount:**	[redacted]
Exclusions:	None	**Source Date:**	01/03/2012
Verified By:	Malpractice Face Sheet	**Verification Date:**	06/29/2012
Verifier:	thozumi		
Comments:	None		

EPLS Exclusions

Search Results:	No Match	**Source Date:**	06/30/2012
Finding:	None		
Verified By:	EPLS	**Verification Date:**	06/30/2012
Verifier:	SYSTEM		
Comments:	None		

Board Certification

Board Certification:	Obstetrics & Gynecology	**Board Status:**	Certified
Initial Certification Date:	11/05/1976	**Expiration Date:**	Does Not Expire
Verified By:	Certifacts	**Source Date:**	07/02/2012
Verifier:	ebaldonado	**Verification Date:**	07/02/2012
Comments:	None		

STAFF A Redacted Credentials

EXHIBIT 4

ABMS® Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

[redacted] (ABMSUID - [redacted]) Viewed:7/2/2012 3:42:24 PM CST

DOB: [redacted]

Status: Alive

Certification

American Board of Obstetrics & Gynecology

Obstetrics & Gynecology - General ***Status: Certified***

Active Lifetime Initial Certification 11/05/1976 -

Education

1970 MD (Doctor of Medicine)

Location

[redacted], SC [redacted] (United States)

OFFICIAL DISPLAY AGENT ABMS ETHICS · HONOR · SKILL

powered by ABMS Direct Connect

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

Current Date: 5/9/2012 **Data File Release Date:** 05/08/2012

Drug Enforcement Administration (DEA) Datafiles -Both

Registrant Profile

for

[redacted] MD	
Address:	PLANNED PARENTHOOD OF COLUMBIA COLUMBIA
State / Zip:	SC 29204
DEA Number:	[redacted]
Business Activity Code:	C
Business Activity Sub Code:	0
Drug Schedule:	22N 33N 4 5
Expiration Date:	7/31/2013
Payment Indicator:	P

Print

EPLS

Excluded Parties List System

Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
- > MyEPLS
- > Recent Updates
- > Browse All Records

View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Archive Search Results

Archive Search Results for Parties Excluded by

Individual : [redacted]
Individual :
Individual :

As of 01-Jul-2012 1:43 AM EDT

Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News
- > System for Award Management (SAM)

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

EPLS

Excluded Parties List System

Search - Current Exclusions

> Advanced Search
> Multiple Names
> Exact Name and SSN/TIN
> MyEPLS
> Recent Updates
> Browse All Records

View Cause and Treatment Code Descriptions

> Reciprocal Codes
> Procurement Codes
> Nonprocurement Codes

Agency & Acronym Information

> Agency Contacts
> Agency Descriptions
> State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

> Debar Maintenance
> Administration
> Upload Login

EPLS Search Results

Search Results for Parties Excluded by

Individual : [redacted]
Individual :
Individual :

As of 01-Jul-2012 1:43 AM EDT

Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

> Search Help
> Advanced Search Tips
> Public User's Manual
> FAQ
> Acronyms
> Privacy Act Provisions
> News
> System for Award Management (SAM)

Reports

> Advanced Reports
> Recent Updates
> Dashboard

Archive Search - Past Exclusions

> Advanced Archive Search
> Multiple Names
> Recent Updates
> Browse All Records

Contact Information

> For Help: Federal Service Desk

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature: [redacted] Date: 3-13-12

arms — Because our mission is too important to risk

CONFIDENTIAL/PROPRIETARY

Practitioner Reapplication

This application is submitted to: (enter Affiliate name here), herein, "this Affiliate".

I. INSTRUCTIONS:

This form should be typed or legibly printed in black or blue ink. If more space is needed than provided on original, attach additional sheets and reference the question being answered. Please do not use abbreviations when completing the application. Current copies of the following documents must be submitted with this application:

- Face Sheet of Professional Liability Policy or Certification

Practitioner Right to Review Information

This is to advise you of your right to review information obtained in support of your credentialing or recredentialing application, provided the information does not apply to peer review references or recommendations or other information that is peer review protected. You will be notified of any substantial discrepancy between the information you submitted and the information verified through primary source(s), and will be given an opportunity to review and/or correct information submitted with your application.

II. IDENTIFYING INFORMATION

Last Name: [redacted]		First: [redacted]	Middle: [redacted]
Is there any other name under which you have been known? Name(s): No			
Home Mailing Address: [redacted]		City: [redacted]	
		State: S.C.	ZIP: [redacted]
Home Telephone Number: [redacted]		E-Mail Address: [redacted]	
Home Fax Number: NO		Pager Number: [redacted]	
Citizenship (If not a United States citizen, please include copy of Alien Registration Card). USA			
Specialty: OB-GYN			
SubSpecialty:			

III. PRACTICE INFORMATION - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☒

Affiliate Name: Planned Parenthood Health System		Department Name (If Hospital Based):	
Primary Office Street Address: 3712 Middleburg Dr. #107		City: Columbia	
		State: SC	ZIP: 29204
Telephone Number: 803-256-4908		Fax Number:	
CEO (Print Name): Walter Klausmeier		Telephone Number:	
		Fax Number:	
Name Affiliated with Tax ID Number: 20-1288557		Federal Tax ID Number:	
Practice Name (if applicable):		Department Name (If Hospital Based):	
Secondary Office Street Address:		City:	
		State:	ZIP:

CEO (Print Name):	Telephone Number:
	Fax Number:
Name Affiliated with Tax ID Number:	Federal Tax ID Number:
Other Medical Interests in Practice, Research, etc.:	

I have reviewed the attached clinician application and am hereby submitting this application for (re)credential verification by Medversant. I understand that if the Medversant report I receive contains any information which the National Insurance Program has outlined in the Credential Verification Program booklet as needing further review, it is my responsibility to forward this application within ten (10) days of receipt of the Medversant report to the National Insurance program for consideration by the Medico-Legal Advisory Panel (MLAP). Failure to do so could result in denial of insurance coverage for this clinician.

Affiliate Chief Executive (Name Printer): _____

Affiliate Chief Executive Signature: _____ Signature Date: _____

IV. RESIDENCIES/FELLOWSHIPS - WITHIN LAST three YEARS. If nothing has changed, please check here. ☒
(Attach additional sheets if necessary. Reference this section number and title.)

Include residencies, fellowships, preceptorships, teaching appointments (indicate whether clinical or academic), and postgraduate education completed within the last three years in chronological order, giving name, address, city and ZIP code, and dates. Include all programs you have attended, whether or not completed.

Institution:		Program Director:	
Mailing Address:		City:	
Type of Training (eg. residency, etc.):	Specialty:	State:	ZIP:
		From: (mm/yy)	To: (mm/yy)

Did you successfully complete the program? ○ Yes ○ No (If "No", please explain on separate sheet.)

BOARD CERTIFICATION - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☒

Include certifications by board(s) which are duly organized and recognized by:

- a member board of the American Board of Medical Specialties
- a member board of the American Osteopathic Association
- a board or association with equivalent requirements approved by the Medical Board of California
- a board or association with an Accreditation Council for Graduate Medical Education of American Osteopathic Association approved postgraduate training that provides complete training in that specialty or subspecialty

Name of Issuing Board:	Specialty:	Date Certified/Recertified:	Expiration Date (if any):

Have you applied for board certification other than those indicated above? ○ Yes ○ No
If so, list board(s) and date(s):
If not certified, describe your intent for certification, if any, and date of eligibility for certification on separate sheet.

VI. OTHER CERTIFICATIONS (E.G. FLUOROSCOPY, RADIOGRAPHY, ETC.) - WITHIN LAST THREE YEARS
If nothing has changed, please check here. ☒

Type:	Number:	Expiration Date:

VII. LICENSURE/REGISTRATION (Remember to attach copies of documents.)

State License Number: [redacted]	Issue Date:	Expiration Date: 6/30/2013
Drug Enforcement Administration (DEA) Registration Number: [redacted]		Expiration Date: 7/31/2013

Controlled Dangerous Substances Certificate (CDS) (if applicable):			Expiration Date:
Medicare UPIN/National Physician Identifier (NPI):			Medicaid Number:

VIII. ALL OTHER STATE MEDICAL LICENSES

State: NONE ACTIVE	License Number:	Expiration Date:

IX. PROFESSIONAL LIABILITY INSURANCE CARRIER (other than Planned Parenthood National Insurance Program)

Name of Carrier: NONE	Policy #:	From: (mm/yy)	To: (mm/yy)
Mailing Address:		City:	
		State:	ZIP:
Per Claim Amount:	Aggregate Amount:	Expiration Date:	

List all professional liability carriers within the past seven years, other than the Planned Parenthood National Insurance Program or carrier listed above

Name of Carrier:	Policy #:	From: (mm/yy)	To: (mm/yy)
Mailing Address:		City:	
		State:	ZIP:

X. CURRENT HOSPITAL AND OTHER INSTITUTIONAL AFFILIATIONS

Please list in reverse chronological order (with the current affiliation{s} first) all institutions where you have current affiliations (A) and have had previous hospital privileges (B) during the past two years. This includes hospitals, surgery centers, institutions, corporations, military assignments, or government agencies. NONE

A. CURRENT AFFILIATIONS (Attach additional sheets if necessary. Reference this section number and title.)

Name, Mailing Address and Phone Number of Primary Admitting **Hospital:**	City:	
	State:	ZIP:
Department/Status (active, provisional, courtesy, etc.):	Appointment Date:	
Name, Mailing Address and Phone Number of Other **Hospital/Institution:**	City:	
	State:	ZIP:
Department/Status:	Appointment Date:	

B. PREVIOUS HOSPITAL AND OTHER INSTITUTION AFFILIATIONS - WITHIN LAST TWO YEARS

Name, Mailing Address and Phone Number of Other **Hospital/Institution:**		City:	
		State:	ZIP:
From: (mm/yy)	To: (mm/yy)	Reason for Leaving:	

If you do not have hospital privileges, please explain.

XI. PEER REFERENCES

List three professional references, preferably from your specialty area, not including relatives, current partners or associates in practice.

NOTE: References must be from individuals who are directly familiar with your work, either via direct clinical observation or through close working relations.

Name of Reference:	Specialty:	Telephone Number: Fax Number:
Mailing Address:		City:
		State: ZIP:

XII. WORK HISTORY - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☐

Chronologically list all work history activities since completion of postgraduate training (use extra sheets if necessary). This information must be complete. Please explain any gaps in professional work history on a separate page.

Name of Practice /Employer:	Contact Name:	Telephone Number:
		Fax Number:

Mailing Address:	City:	
	State:	ZIP:

From: (mm/yy)	To: (mm/yy)

XIII. ATTESTATION QUESTIONS

Please answer the following questions "yes" or "no." If your answer to questions A through K is "yes," or if your answer to L is "no," please provide full details on separate sheet.

A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions, or have you been fined or received a letter of reprimand or is such action pending? Yes ○ No ✗

B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or any public program, or is any such action pending? Yes ○ No ✗

C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes ○ No ✗

D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending? Yes ○ No ✗

E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program? Yes ○ No ✗

F. Has your membership or fellowship in any local, county, state, regional,national, or international professional organization ever been revoked, denied, reduced, limited, subjected to probationary conditions, or not renewed , or is any such action pending? Yes ○ No ✗

G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes ○ No ✗

H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes ○ No ✗

I. Do you presently use any drugs illegally? Yes ○ No ✗

J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases, or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes ○ No ✗

K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes ○ No ✗

L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to the safety of patients? Yes ✗ No ○

I hereby affirm that the information submitted in this Section XIII, Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may

esult in denial of my application or termination of my privileges, employment or physician participation agreement.

Physician Signature: [redacted] Date: 5-13-12

(Stamped Signature Is Not Acceptable)

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature: [redacted] Date: 5-13-12

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	07-31-2013	$551

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-09-2010

[redacted]MD
PLANNED PARENTHOOD OF COLUMBIA
COLUMBIA, SC 29204

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C, 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	07-31-2013	$551

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-09-2010

[redacted]MD
PLANNED PARENTHOOD OF COLUMBIA
COLUMBIA, SC 29204

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

CERTIFICATE OF REGISTRATION
ISSUED PURSUANT TO THE
SOUTH CAROLINA CONTROLLED SUBSTANCES ACT
THIS CERTIFICATE MUST BE MAINTAINED IN A READILY RETRIEVABLE MANNER AT ALL TIMES.

[redacted] -6

DATE OF ISSUE	REGISTRATION FEE	CODE	EXPIRATION DATE
08/09/2011	125.00		10/01/2013

SCHEDULES OF CONTROLLED SUBSTANCES AUTHORIZED: [redacted]
DEA REGISTRATION NUMBER: [redacted]
STATE REGISTRATION NUMBER: [redacted]

[redacted], MD
PLANNED PARENTHOOD OF CAROLINAS
2712 MIDDLEBURG PLACE, STE 107
[redacted]

2-II-NARCOTIC 2N-II-NON-NARCOTIC 3-III-NARCOTIC 3N-III-NON-NARCOTIC 4-SCHEDULE IV-ALL 5-SCHEDULE V-ALL
THIS CERTIFICATE IS NOT TRANSFERABLE UPON CHANGE OF OWNERSHIP OR ADDRESS
S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
BUREAU OF DRUG CONTROL
2600 BULL STREET
COLUMBIA, SOUTH CAROLINA 29201

DHEC 1178 (07/2000)

State of South Carolina
Department of Labor, Licensing and Regulation
Board of Medical Examiners

[redacted] **M.D.**

Is Authorized to Practice as a
Medical Physician

License Number: MD [redacted]
Expires: 06/30/2013

South Carolina Board of Medical Examiners
Website Verification

[redacted]

Name: [redacted] **Profession:** MD **Office Phone:** [redacted]

Basis: NB 71 **School:** JEF **Graduation:** 01/01/1970

License No: [redacted] **Date Issued:** [redacted] **Expiration:** 06/30/2013

Specialty: OBG*

Primary Source Verification of Graduation Certified

Hospital Affiliation (s): None

Credential Status: Active
No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

License History:
Temporary License Number: [redacted]

Verification disclaimer

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : N/A	N/A
INSURER B : N/A	N/A
INSURER C : National Union Fire Ins. Co. of Pittsburgh, PA	19445
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.
434 WEST 33RD STREET
NEW YORK, NY 10001

COVERAGES **CERTIFICATE NUMBER:** NYC-005763693-14 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	MEDICAL PROFESSIONAL			6793286	01/01/2012	01/01/2013	PER CLAIM	[redacted]
	CLAIMS-MADE COVERAGE			Program Retro: 11/1/76			AGGREGATE	[redacted]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ALL CLINICIANS EMPLOYED BY PLANNED PARENTHOOD FEDERATION OF AMERICA AND/OR ITS AFFILIATES ARE COVERED UNDER THE POLICY.

CERTIFICATE HOLDER

MEDSERVANT TECHNOLOGIES
350 SOUTH GRAND AVENUE 3070
LOS ANGELES, CA 90071

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Christian Victorino Christian Victorino

Verified Profile

File Status:	
File Issue Reason	**File Review Reason**
None	None

Practitioner Name:	[redacted]	**Practitioner Type:**	MD
Social Security No.:	[redacted]	**Date of Birth:**	[redacted]
Specialty Ranking:		**Board Certified:**	
1. Family Medicine		Yes	

Office

Office Address:	Planned Parenthood Health Systems 2712 Middleburg Drive, Suite 107 Columbia, SC 29204	**Office Phone:** **Office Fax:**	803-256-4908

License

License:	[redacted]	**State:**	SC
Issue Date:	02/26/2008	**Expiration Date:**	06/30/2013
Status:	ACTIVE	**Adverse Action:**	None
Verified By:	State Board	**Source Date**	07/16/2012
Verifier:	jlevy	**Verification Date:**	07/16/2012
Comments:	None		

DEA

DEA Number:	[redacted]	**Status:**	
Schedule:	2 2N 3 3N 4 5	**Expiration Date:**	09/30/2013
Limits/Restrictions?	None	**Source Date:**	07/05/2012
Verified By:	NTIS Website	**Verification Date:**	07/11/2012
Verifier:	SYSTEM		
Comments:			

Malpractice Carrier

Malpractice Carrier:	National Union Fire Insurance Co. - Planned Parenthood	**Policy Number:**	[redacted]
Original Effective Date:	11/1976	**Coverage Expiration Date:**	01-01-2013
Per Claim Amount:	1,000,000		
Exclusions:	None	**Aggregate Amount:**	[redacted]
Verified By:	Malpractice Face Sheet	**Source Date:**	12/28/2011
Verifier:	thozumi	**Verification Date:**	06/29/2012
Comments:	None		

EPLS Exclusions

Search Results:	No Match	**Source Date:**	07/15/2012
Finding:	None		
Verified By:	EPLS		
Verifier:	SYSTEM	**Verification Date:**	07/15/2012
Comments:	None		

Board Certification

Board Certification:	Family Medicine	**Board Status:**	Certified
Initial Certification Date:	07/14/2010	**Expiration Date:**	12/31/2017
Verified By:	Certifacts	**Source Date:**	07/02/2012
Verifier:	ebaldonado	**Verification Date:**	07/02/2012
Comments:	None		

Facility

Facility:	Spartanburg Regional Medical Center	**Department:**	Family Medicine
Appointment Date:	6/2010	**Privileges:**	Active
In Good Standing?	Yes	**Expiration Date:**	12/15/2013
Verified By:	Facility	**Source Date:**	07/10/2012
Verifier:	hchung	**Verification Date:**	07/16/2012
Comments:	None		

EXHIBIT 5

ABMS® Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

[redacted] (ABMSUID - [redacted]) Viewed:7/2/2012 3:46:42 PM CST

DOB: private

Status: Alive

Certification

American Board of Family Medicine

Family Medicine - General ***Status: Certified***

Active	Time-Limited	Initial Certification	07/14/2010 - 12/31/2017

Meeting Maintenance of Certification (MOC) Requirements

American Board of Family Medicine

Yes (For more information click here)

Education

2006 MD (Doctor of Medicine)

Location

Private

[redacted]

OFFICIAL DISPLAY AGENT ABMS ETHICS · HONOR · SKILL

powered by ABMS Direct Connect™

[redacted] It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

Current Date: 7/11/2012 **Data File Release Date:** 07/05/2012

Drug Enforcement Administration (DEA) Datafiles -Both

Registrant Profile

for

[redacted] MD	
Address:	REGIONAL WOUND HEALING CENTER 101 EAST WOOD ST SUITE 710 SPARTANBURG
State / Zip:	SC 29303
DEA Number:	[redacted]
Business Activity Code:	C
Business Activity Sub Code:	0
Drug Schedule:	22N 33N 4 5
Expiration Date:	9/30/2013
Payment Indicator:	P

Print

EPLS

Excluded Parties List System

Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
- > MyEPLS
- > Recent Updates
- > Browse All Records

View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Archive Search Results

Archive Search Results for Parties Excluded by

Individual : [redacted]
Individual :

As of 15-Jul-2012 6:33 AM EDT

Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News
- > System for Award Management (SAM)

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

EPLS

Excluded Parties List System

Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
- > MyEPLS
- > Recent Updates
- > Browse All Records

View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Search Results

Search Results for Parties Excluded by

Individual :
Individual : [redacted]

As of 15-Jul-2012 6:33 AM EDT

Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News
- > System for Award Management (SAM)

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies (with respect to certification of coverage and claims history), licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

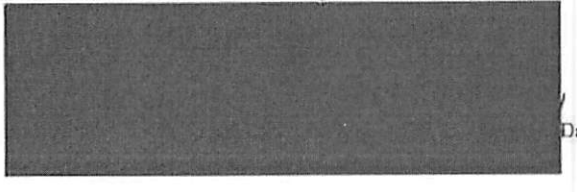
I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature:  Date: 5-23-12

South Carolina Board of Medical Examiners
Website Verification

Spartanburg Regional Healthcare System
101 E. Wood St.
Suite 701
Spartanburg, SC 29303

Name: [redacted] **Profession:** MD **Office Phone:** [redacted]

Basis: US 2007 **School:** GA **Graduation:** [redacted]

License No: [redacted] **Date Issued:** [redacted] **Expiration:** 06/30/2013

Specialty: FP

Primary Source Verification of Graduation Certified

Hospital Affiliation (s):
SPARTANBURG REGIONAL MEDICAL CENTER
SPARTANBURG HOSP FOR RESTORATIVE CARE

Credential Status: Active
No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

License History:
No other licenses on record.

Verification disclaimer

arms Because our mission is too important to risk

CONFIDENTIAL/PROPRIETARY

Practitioner Reapplication

This application is submitted to: (enter Affiliate name here), herein, "this Affiliate".

I. INSTRUCTIONS:

This form should be typed or legibly printed in black or blue ink. If more space is needed than provided on original, attach additional sheets and reference the question being answered. Please do not use abbreviations when completing the application. Current copies of the following documents must be submitted with this application:

- Face Sheet of Professional Liability Policy or Certification

Practitioner Right to Review Information

This is to advise you of your right to review information obtained in support of your credentialing or recredentialing application, provided the information does not apply to peer review references or recommendations or other information that is peer review protected. You will be notified of any substantial discrepancy between the information you submitted and the information verified through primary source(s), and will be given an opportunity to review and/or correct information submitted with your application.

II. IDENTIFYING INFORMATION

Last Name: [redacted]	First: [redacted]	Middle: [redacted]
Is there any other name under which you have been known? Name(s):		
Home Mailing Address: [redacted]	City: [redacted] State: SC	ZIP: [redacted]
Home Telephone Number: [redacted] Home Fax Number:	E-Mail Address: [redacted] Pager Number:	
Citizenship (If not a United States citizen, please include copy of Alien Registration Card). USA		
Specialty: Family Medicine		
SubSpecialty:		

III. PRACTICE INFORMATION - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☒

Affiliate Name: Planned Parenthood Health System	Department Name (If Hospital Based):	
Primary Office Street Address: 2712 Middleburg Dr. #107	City: Columbia	
	State: SC	ZIP: 29204
Telephone Number: 803-256-4908	Fax Number:	
CEO (Print Name): Walter Klausmeier	Telephone Number:	
	Fax Number:	
Name Affiliated with Tax ID Number: 30-1282557	Federal Tax ID Number:	
Practice Name (if applicable):	Department Name (If Hospital Based):	
Secondary Office Street Address:	City:	
	State:	ZIP:

CEO (Print Name):	Telephone Number:
	Fax Number:
Name Affiliated with Tax ID Number:	Federal Tax ID Number:
Other Medical Interests in Practice, Research, etc.:	

I have reviewed the attached clinician application and am hereby submitting this application for (re)credential verification by Medversant. I understand that if the Medversant report I receive contains any information which the National Insurance Program has outlined in the Credential Verification Program booklet as needing further review, it is my responsibility to forward this application within ten (10) days of receipt of the Medversant report to the National Insurance program for consideration by the Medico-Legal Advisory Panel (MLAP). Failure to do so could result in denial of insurance coverage for this clinician.

Affiliate Chief Executive (Name Printer): _____

Affiliate Chief Executive Signature: _____ Signature Date: _____

IV. RESIDENCIES/FELLOWSHIPS - WITHIN LAST three YEARS. If nothing has changed, please check here. ☐
(Attach additional sheets if necessary. Reference this section number and title.)

Include residencies, fellowships, preceptorships, teaching appointments (indicate whether clinical or academic), and postgraduate education completed within the last three years in chronological order, giving name, address, city and ZIP code, and dates. Include all programs you have attended, whether or not completed.

Institution: Spartanburg Regional Healthcare System	Program Director: [redacted]	
Mailing Address: 101 E. Wood St.	City: Spartanburg	
Type of Training (eg. residency, etc.): Residency	Specialty: Family Medicine	State: SC ZIP: 29302
		From: (mm/yy) 7/07 To: (mm/yy) 4/10

Did you successfully complete the program? ☒ Yes ○ No (If "No", please explain on separate sheet.)

V. BOARD CERTIFICATION - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☐

Include certifications by board(s) which are duly organized and recognized by:

- a member board of the American Board of Medical Specialties
- a member board of the American Osteopathic Association
- a board or association with equivalent requirements approved by the Medical Board of California
- a board or association with an Accreditation Council for Graduate Medical Education of American Osteopathic Association approved postgraduate training that provides complete training in that specialty or subspecialty

Name of Issuing Board:	Specialty:	Date Certified/Recertified:	Expiration Date (If any):
ABFM	Family Medicine	2010	2017

Have you applied for board certification other than those indicated above? ○ Yes ☒ No
If so, list board(s) and date(s):
If not certified, describe your intent for certification, if any, and date of eligibility for certification on separate sheet.

VI. OTHER CERTIFICATIONS (E.G. FLUOROSCOPY, RADIOGRAPHY, ETC.) - WITHIN LAST THREE YEARS
If nothing has changed, please check here. ☒

Type:	Number:	Expiration Date:

VII. LICENSURE/REGISTRATION (Remember to attach copies of documents.)

State License Number: [redacted]	Issue Date: 2-08	Expiration Date: 6-30-13
Drug Enforcement Administration (DEA) Registration Number: [redacted]		Expiration Date: 1-30-2013

Controlled Dangerous Substances Certificate (CDS) (if applicable):			Expiration Date:
Medicare UPIN/National Physician Identifier (NPI):			Medicaid Number:

VIII. ALL OTHER STATE MEDICAL LICENSES

State: Georgia		License Number: [redacted]	Expiration Date: 3/31/14

IX. PROFESSIONAL LIABILITY INSURANCE CARRIER (other than Planned Parenthood National Insurance Program)

Name of Carrier:	Policy #:	From: (mm/yy)	To: (mm/yy)
Mailing Address:		City:	
		State:	ZIP:
Per Claim Amount:	Aggregate Amount:	Expiration Date:	

List all professional liability carriers within the past seven years, other than the Planned Parenthood National Insurance Program or carrier listed above

Name of Carrier:	Policy #:	From: (mm/yy)	To: (mm/yy)
Mailing Address:		City:	
		State:	ZIP:

X. CURRENT HOSPITAL AND OTHER INSTITUTIONAL AFFILIATIONS

Please list in reverse chronological order (with the current affiliation(s) first) all institutions where you have current affiliations (A) and have had previous hospital privileges (B) during the past two years. This includes hospitals, surgery centers, institutions, corporations, military assignments, or government agencies.

A. CURRENT AFFILIATIONS (Attach additional sheets if necessary. Reference this section number and title.)

Name, Mailing Address and Phone Number of Primary Admitting Hospital: Spartanburg Regional Medical Center	City: Spartanburg	
	State: SC	ZIP: 29302
Department/Status (active, provisional, courtesy, etc.): active	Appointment Date: 7/10	
Name, Mailing Address and Phone Number of Other Hospital/Institution:	City:	
	State:	ZIP:
Department/Status:	Appointment Date:	

B. PREVIOUS HOSPITAL AND OTHER INSTITUTION AFFILIATIONS - WITHIN LAST TWO YEARS

Name, Mailing Address and Phone Number of Other Hospital/Institution:	City:	
	State:	ZIP:
From: (mm/yy)	To: (mm/yy)	Reason for Leaving:

If you do not have hospital privileges, please explain.

XI. PEER REFERENCES

List three professional references, preferably from your specialty area, not including relatives, current partners or associates in practice.

NOTE: References must be from individuals who are directly familiar with your work, either via direct clinical observation or through close working relations.

Name of Reference: [redacted]	Specialty: OB/GYN	Telephone Number: [redacted] Fax Number:
Mailing Address: [redacted]	City: Atlanta	
	State: GA	ZIP: 30307

XII. WORK HISTORY - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☐

Chronologically list all work history activities since completion of postgraduate training (use extra sheets if necessary). This information must be complete. Please explain any gaps in professional work history on a separate page.

Name of Practice /Employer: Wound Healing Ctr.	Contact Name: [redacted]	Telephone Number: [redacted]
		Fax Number:

Mailing Address: 101 E. Wood St Ste 701		City: Spartanburg	
		State: SC	ZIP: 29303
From: (mm/yy) 7/10	To: (mm/yy) [redacted]		

XIII. ATTESTATION QUESTIONS

Please answer the following questions "yes" or "no." If your answer to questions A through K is "yes," or if your answer to L is "no," please provide full details on separate sheet.

A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions, or have you been fined or received a letter of reprimand or is such action pending? Yes ○ No ☒

B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or any public program, or is any such action pending? Yes ○ No ☒

C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes ○ No ☒

D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending? Yes ○ No ☒

E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program? Yes ○ No ☒

F. Has your membership or fellowship in any local, county, state, regional,national, or international professional organization ever been revoked, denied, reduced, limited, subjected to probationary conditions, or not renewed , or is any such action pending? Yes ○ No ☒

G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes ○ No ☒

H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes ○ No ☒

I. Do you presently use any drugs illegally? Yes ○ No ☒

J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases, or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes ○ No ☒

K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes ○ No ☒

L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to the safety of patients? Yes ☒ No ○

I hereby affirm that the information submitted in this Section XIII, Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may

esult in denial of my application or termination of my privileges, employment or physician participation agreement.

Physician Signature: [redacted] Date: 5-23-12

(Stamped Signature Is [illegible])

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature: [redacted] Date: 5-23-12

Spartanburg Regional

Tuesday, July 10, 2012

To: Medversant
Medical Staff Services
355 S. Grand Ave., Suite 1700
Los Angeles, CA 90071

Fax: 877-303-5179

Re: [redacted] MD
Primary Department: Family Medicine

Dear Sir or Madam:

In response to your request, we are able to supply the following information regarding the above-named practitioner.

[redacted] MD joined the staff of our facility on [redacted] current appointment expires on [redacted] MD is a member in good standing of our MS Active Medical Staff, specializing in the area of Family Medicine.

[redacted] MD has had no disciplinary action taken against [redacted] since [redacted] last reappointment and we are not aware of any reason for not granting [redacted] the privileges that [redacted] is requesting. You may assume that [redacted] is currently meeting all of the requirements of [redacted] staff category. A copy of the current privilege list is enclosed if privileges were effective after July 2000.

Sincerely,

Jamie Peterson, CPCS
Credentialing Specialist
Medical Staff Services

PROVISIONAL: All initial appointments to any category of the Medical Staff shall be Provisional for a twelve-month period of time.

Enclosures: Current Approved Privileges

MIDAS+ Seeker
/10/2012
07:09:33AM

ORGANIZATION WORKSHEET

[redacted] ID Number [redacted] Organization: Spartanburg Regional Medical Cente

General Information

Staff Type:	SR District and RPN Affiliation	**Currently on Staff:**	Y	**Initial Appt.:**	08/15/2010
Primary Service/Dept.:	Family Medicine	**Review:**	N	**Last Reappt.:**	12/15/2011
Clinical Priv Level:				**Next Reappt.:**	12/15/2013
Specialty:	Family Medicine				

Staff Memberships

Category	Service/Dept.	Section	Status	Start Date	End Date
MS Active	Family Medicine	SRHS Affiliated		10/26/2011	12/15/201
MS Active Provisional	Family Medicine	SRHS Affiliated		08/15/2010	10/26/201
Temporary Privileges	Family Medicine	SRHS Affiliated		06/11/2010	08/15/201
Applicant	Family Medicine	SRHS Affiliated		03/12/2010	06/11/201
MS Resident H&P	Family Medicine	SRHS Affiliated	Microfilm 2010	02/18/2009	04/30/201
Pre-applicant	Family Medicine	SRHS Affiliated		03/06/2010	03/12/201
Pre-application	Family Medicine	SRHS Affiliated		03/05/2010	03/06/201
Temporary Privileges	Family Medicine	SRHS Affiliated		12/19/2008	02/18/200
Applicant	Family Medicine	SRHS Affiliated		10/14/2008	12/19/200
Pre-applicant	Family Medicine	SRHS Affiliated		10/14/2008	10/14/200

Staff Membership Approvals

Category	Service/Dept.	Temporary Date	Special Committee Date	Section Date	Service/ Department Date	Credentials Committee Date	Medical Executive Date	Board D
S Active	Family Medicin							
S Active Provisional	Family Medicin	06/11/2010			06/08/2010	06/24/2010	07/30/2010	
Temporary Privileges	Family Medicin	06/11/2010			06/08/2010	06/09/2010	06/11/2010	
Applicant	Family Medicin	06/11/2010			06/08/2010	06/09/2010	06/11/2010	
MS Resident H&P	Family Medicin				12/16/2008	01/22/2009	02/06/2009	
Pre-applicant	Family Medicin							
Pre-application	Family Medicin							
Temporary Privileges	Family Medicin				12/16/2008	12/18/2008	12/19/2008	
Applicant	Family Medicin							
Pre-applicant	Family Medicin							

Major/Core Privileges

Privilege	Status	Start Date	End Date
Family Medicine Ambulatory Privileges	Active	08/15/2010	12/15/201

Assessment, diagnosis, treatment and follow up of patients with uncomplicated medical/surgical problems on an ambulatory basis.

Physicians in this category will be expected to refer patients for admission according to hospital and department policy.

Physician in this category will not have admission or inpatient consultation privileges and may not perform procedures in the hospital setting.

1/2004

Family Medicine Ambulatory Privileges	Temporary	06/11/2010	08/15/201

MIDAS+ Seeker
/10/2012
7:09:35AM

ORGANIZATION WORKSHEET

[redacted] MD ID Number [redacted] Organization: Spartanburg Regional Medical Cente

Assessment, diagnosis, treatment and follow up of patients with uncomplicated medical/surgical problems on an ambulatory basis.

Physicians in this category will be expected to refer patients for admission according to hospital and department policy.

Physician in this category will not have admission or inpatient consultation privileges and may not perform procedures in the hospital setting.

01/2004

History and Physicials	Inactive	02/18/2009	04/30/201

Limited to the performance of a complete screening medical history and physical examination, for patients admitted by a psychiatrist with a behavioral health diagnosis, in accordance with the Medical Staff Rules and Regulations. Encounter may include diagnostic testing and related follow-up to determine appropriateness of consultations.

/2005

History and Physicials	Temporary	12/19/2008	02/18/200

Limited to the performance of a complete screening medical history and physical examination, for patients admitted by a psychiatrist with a behavioral health diagnosis, in accordance with the Medical Staff Rules and Regulations. Encounter may include diagnostic testing and related follow-up to determine appropriateness of consultations.

05/2005

Added Privileges

Privilege	Status	Start Date	End Date
Hyperbaric Medicine	Active	08/15/2010	12/15/2013
Wound Care	Active	08/15/2010	12/15/2013
Hyperbaric Medicine	Temporary	06/11/2010	08/15/2010
Wound Care	Temporary	06/11/2010	08/15/2010

Excluded Privileges

Privilege	Status	Start Date	End Date

Contracts

pe:	Provider Type:	Delegated:	Start Date:
Status:	Practice:	Delegated To:	End Date:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Markel Insurance Company	38970
INSURED PLANNED PARENTHOOD HEALTH SYSTEMS AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 100 S. BOYLAN AVENUE RALEIGH, NC 27603	INSURER B : N/A	N/A
	INSURER C : National Union Fire Ins. Co. of Pittsburgh, PA	19445
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES — CERTIFICATE NUMBER: NYC-006227005-03 — REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			3C40607	01/01/2012	01/01/2013	EACH OCCURRENCE	$ [redacted]
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$
	X SIR: $100,000						PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	POLICY PRO-JECT X LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	MEDICAL PROFESSIONAL			6793286	01/01/2012	01/01/2013	PER CLAIM	[redacted]
	CLAIMS-MADE COVERAGE			Program Retro: 11/1/76			AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER	CANCELLATION
PLANNED PARENTHOOD HEALTH SYSTEMS 100 S. BOYLAN AVENUE RALEIGH, NC 27603	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Christian Victorino — Christian Victorino

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : N/A	N/A
INSURED PLANNED PARENTHOOD HEALTH SYSTEMS, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 100 S. BOYLAN AVENUE RALEIGH, NC 27603	INSURER B : N/A	N/A
	INSURER C : National Union Fire Ins. Co. of Pittsburgh, PA	19445
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** NYC-005764026-07 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ ☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	MEDICAL PROFESSIONAL			6793286	01/01/2012	01/01/2013	PER CLAIM	[redacted]
	CLAIMS-MADE COVERAGE			Program Retro: 11/1/76			AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EVIDENCE OF COVEAGE FOR ALL CLINICIANS AT ALL SITES.

CERTIFICATE HOLDER

PLANNED PARENTHOOD HEALTH SYSTEMS, INC.
100 S. BOYLAN AVENUE
RALEIGH, NC 27603

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Christian Victorino

arms Because our mission is too important to risk

CONFIDENTIAL/PROPRIETARY

Practitioner Application

This application is submitted to: _____ (enter Affiliate name here), herein, "this Affiliate."

I. INSTRUCTIONS:

This form should be typed or legibly printed in black or blue ink. If more space is needed than provided on original, attach additional sheets and reference the question being answered. Please do not use abbreviations when completing the application. **Current copies of the following documents must be submitted with this application:**

- Face Sheet of Professional Liability Policy or Certification
- Curriculum Vitae

Practitioner Right to Review Information

This is to advise you of your right to review information obtained in support of your credentialing or recredentialing application, provided the information does not apply to peer review references or recommendations or other information that is peer review protected. You will be notified of any substantial discrepancy between the information you submitted and the information verified through primary source(s), and will be given an opportunity to review and/or correct information submitted with your application.

II. IDENTIFYING INFORMATION

Last Name:	First:	Middle:
Is there any other name under which you have been known? Name(s):		
Home Mailing Address:	City:	
	State:	ZIP:
Home Telephone Number: Home Fax Number:	E-Mail Address: Pager Number:	
Birth Date: Birth Place (City/State/Country):	Citizenship (If not a United States citizen, please include copy of Alien Registration Card).	
Social Security #:	Gender : ○ Male ○ Female	
Specialty:	Race/Ethnicity[1] (voluntary):	
SubSpecialty:		

III. PRACTICE INFORMATION

Affiliate Name:	Department Name (If Hospital Based):	
Primary Office Street Address:	City:	
	State:	ZIP:
Telephone Number:	Fax Number:	
CEO (Print Name):	Telephone Number:	
	Fax Number:	
Name Affiliated with Tax ID Number:	Federal Tax ID Number:	
Secondary Office Street Address:	City:	
	State:	ZIP:

EXHIBIT 6 tabbies

Telephone Number:	Fax Number:	
CEO (Print Name):	Telephone Number:	
	Fax Number:	
Name Affiliated with Tax ID Number:	Federal Tax ID Number:	
Tertiary Office Street Address:	City:	
	State:	ZIP:
Telephone Number:	Fax Number:	
CEO (Print Name):	Telephone Number:	
	Fax Number:	
Name Affiliated with Tax ID Number:	Federal Tax ID Number:	
Other Medical Interests in Practice, Research, etc.:		

IV. PREMEDICAL EDUCATION(Attach additional sheets if necessary. Reference this section number and title.)		
College or University Name:	Degree Received:	Date of Graduation:(mm/yy)
Mailing Address:	City:	
	State:	ZIP:
V. MEDICAL/PROFESSIONAL EDUCATION (Attach additional sheets if necessary. Reference this section number and title.)		
College or University Name:	Degree Received:	Date of Graduation:(mm/yy)
Mailing Address:	City:	
	State:	ZIP:
VI. INTERNSHIP/PGYI(Attach additional sheets if necessary. Reference this section number and title.)		
Institution:	Program Director:	
Mailing Address:	City:	
	State & Country:	ZIP:
Type of Internship:		
Specialty:	From: (mm/yy)	To: (mm/yy)
VII. RESIDENCIES/FELLOWSHIPS (Attach additional sheets if necessary. Reference this section number and title.)		
Include residencies, fellowships, preceptorships, teachingappointments (indicate whether clinical or academic), and postgraduate education in chronological order, giving name, address, city and ZIP code, and dates. Include all programs you attended,whether or not completed.		
Institution:	Program Director:	
Mailing Address:	City:	
Type of Training (eg. residency, etc.): Specialty:	State:	ZIP:
	From:	To:
Did you successfully complete the program? ○ Yes ○ No (If "No," please explain on separate sheet.)		
VIII. BOARD CERTIFICATION		

Include certifications by board(s) which are duly organized and recognized by:

- a member board of the American Board of Medical Specialties
- a member board of the American Osteopathic Association
- a board or association with equivalent requirements approved by the Medical Board of California
- a board or association with an Accreditation Council for Graduate Medical Education of American Osteopathic Association approved postgraduate training that provides complete training in that specialty or subspecialty

Name of Issuing Board:	Specialty:	Date Certified/Recertified:	Expiration Date (if any):

Have you applied for board certification other than those indicated above? ○ Yes ○ No
If so, list board(s) and date(s):
If not certified, describe your intent for certification, if any, and date of eligibility for certification on separate sheet.

IX. OTHER CERTIFICATIONS (E.G. FLUOROSCOPY, RADIOGRAPHY, ETC.)
(Attach additional sheets if necessary. Reference this section number and title.)

Type:	Number:	Expiration Date:

X. LICENSURE/REGISTRATIONS (Remember to attach copies of documents.)

Primary State License Number:	Issue Date:	Expiration Date:
Drug Enforcement Administration (DEA) Registration Number:		Expiration Date:
Controlled Dangerous Substances Certificate (CDS) (if applicable):		Expiration Date:
ECFMG Number (applicable to foreign medical graduates):		Date Issued:
Medicare UPIN/National Physician Identifier (NPI):		Medicaid Number:

XI. ALL OTHER STATE LICENSES. List All Licenses Now or Previously Held.
(Attach additional sheets if necessary. Reference this section number and title.)

State:	License Number:	Expiration Date:

XII. PROFESSIONAL LIABILITY INSURANCE CARRIER (other than Planned Parenthood National Insurance Program)

Name of Carrier:	Policy #:	From:	To:
Mailing Address:		City:	
		State:	ZIP:
Per Claim Amount: $	Aggregate Amount: $	Expiration Date:	

Please explain any surcharges to your professional liability coverage on a separate sheet. Reference this section number and title.

List all professional liability carriers within the past seven years, other than the Planned Parenthood National Insurance Program or carrier listed above

Name of Carrier:	Policy #:	From:	To:
Mailing Address:		City:	
		State:	ZIP:
Per Claim Amount: $	Aggregate Amount: $	Expiration Date:	

XIII. CURRENT HOSPITAL AND OTHER INSTITUTIONAL AFFILIATIONS

Please list in reverse chronological order (with the current affiliation{s} first) all institutions where you have current affiliations (A) and have had previous hospital privileges (B) during the past ten years.This includes hospitals, surgery centers, institutions, corporations, militaryassignments, or government agencies.

A. CURRENT AFFILIATIONS (Attach additional sheets if necessary. Reference this section number and title.)

Name, Mailing Address and Phone Number of Primary Admitting Hospital:	City:	
	State:	ZIP:
Department/Status (active, provisional, courtesy, etc.):	Appointment Date:	
Name, Mailing Address and Phone Number of Primary Admitting Hospital:	City:	
	State:	ZIP:

Department/Status (active, provisional, courtesy, etc.):		Appointment Date:	
If you do not have hospital privileges, please explain.			
B. PREVIOUS AFFILIATIONS During Last Ten Years. (Attach additional sheets if necessary. Reference this section number and title.)			
Name, Mailing Address and Phone Number of Other Hospital/Institution:		City:	
		State:	ZIP:
From:	To:	Reason for Leaving:	
XIV. PEER REFERENCES			
List three professional references, preferably from your specialty area, not including relatives, current partners or associates in practice. NOTE: References must be from individuals who are directly familiar with your work, either via direct clinical observation or through close working relations.			
Name of Reference:	Specialty:	Telephone Number: Fax Number:	
Mailing Address:		City:	
		State:	ZIP:
XV. WORK HISTORY (Attach additional sheets if necessary. Reference this section number and title.)			
Chronologically list all work history activities since completion of postgraduate training (use extra sheets if necessary). This information must be complete. Please explain any gaps in professional work history on a separate page.			
Name of Practice /Employer:	Contact Name:	Telephone Number:	
		Fax Number:	
Mailing Address:		City:	
		State:	ZIP:
From:	To:		
XVI. ATTESTATION QUESTIONS			
Please answer the following questions "yes" or "no." If your answer to questions A through K is "yes," or if your answer to L is "no," please provide full details on separate sheet.			

A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions, or have you been fined or received a letter of reprimand or is such action pending? Yes ○ No ○

B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or any public program, or is any such action pending? Yes ○ No ○

C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes ○ No ○

D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending? Yes ○ No ○

E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program? Yes ○ No ○

F. Has your membership or fellowship in any local, county, state, regional,national, or international professional organization ever been revoked, denied, reduced, limited, subjected to probationary conditions, or not renewed , or is any such action pending? Yes ○ No ○

G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes ○ No ○

H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes ○ No ○

I. Do you presently use any drugs illegally? Yes ○ No ○

J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases, or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes ○ No ○

K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes ○ No ○

L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to the safety of patients? Yes ○ No ○

I hereby affirm that the information submitted in this Section XVI, Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement.

Physician Signature: _____ Date: _____

(Stamped Signature Is Not Acceptable)

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate", engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate", to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature: _____ Date: _____

Redacted Staff A
CPR Certification

SEP-19-2015 01:45 PM H 8433931410 P.01

Healthcare Provider

American Heart Association

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

09/19/15
Issue Date

09/2017
Recommended Renewal Date

Training Center Name: Pee Dee CTC — TC ID #: SC05608

TC Info: PDCTC.com — TC Phone: 843-665-4571

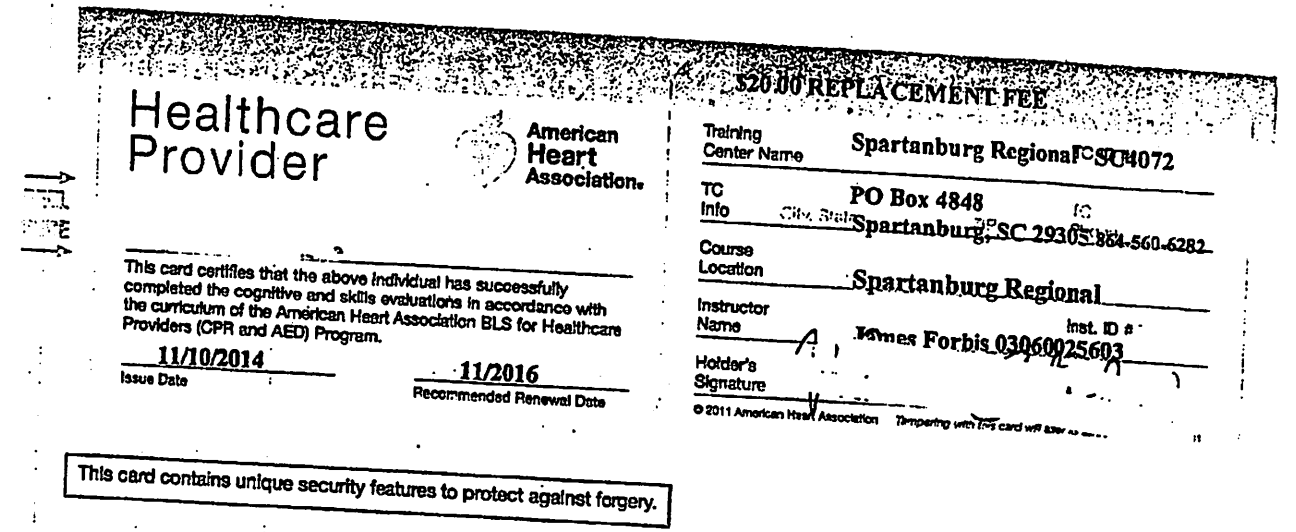
Course Location: Pee Dee Community Training Center

Instructor Name: Tina Carver — Inst. ID #: 08091464085

Holder's Signature:

EXHIBIT
tabbies
7

Redacted Staff B
CPR Certification



$20.00 REPLACEMENT FEE

Healthcare Provider

American Heart Association.

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

11/10/2014
Issue Date

11/2016
Recommended Renewal Date

Training Center Name: Spartanburg Regional — TC ID # SC04072

TC Info: PO Box 4848, Spartanburg, SC 29305 864-560-6282

Course Location: Spartanburg Regional

Instructor Name: James Forbis — Inst. ID # 03060025603

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance.

This card contains unique security features to protect against forgery.

90-1801 3/11

$25.00 REPLACEMENT FEE

ACLS Provider

American Heart Association.

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

02/11/2015
Issue Date

02/2017
Recommended Renewal Date

Training Center Name: Spartanburg CC — TC ID # SC20829

TC Info: Spartanburg SC 29303 — (864) 592-4900

Course Location: Spartanburg EMS

Instructor Name: Monica Copeland — Inst. ID # 99091492955

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1806

This card contains unique security features to protect against forgery.

1806 3/11

Redacted Staff C
CPR Certification

2010 **CPR Pro** for the Professional Rescuer
Certification Card

has successfully completed and competently performed the required knowledge and skill objectives for this program.

AMERICAN SAFETY & HEALTH INSTITUTE

BLS for Healthcare Providers

ASHI-Approved Certification Card

Rachel Hodge, BSN, RN
Authorized Instructor (Print Name)

7076
Instructor I.D.

9-17-2015
Class Completion Date

9-17-2017
Expiration Date

803-438-2024
Training Center Phone No.

South 21
Training Center I.D.

The card certifies the holder has demonstrated the required knowledge and skill objectives to a currently authorized ASHI instructor. Certification does not guarantee future performance, or imply licensure or credentialing. Course content covers all age groups and conforms to the *2010 AHA Guidelines for CPR and ECC*, and other evidence-based treatment recommendations. Certification period may not exceed 24 months from class completion date. More frequent reinforcement of skills is recommended.

last revised 8/11/15

2015-2016 PPSAT Training Calendar

2015	Orientation Catch-up topics	Training Topic	Source/Presenter	Required Audience	Date Scheduled	Department Monitoring Compliance
March		Annual Mandatory Reporting *^	HR/VP Patient Services	Anyone who has contact with clients and/or minors (exception: "hands off" students/trainees)	3/12/15	HR
		Annual MS&G Protocol changes*	AMD	Anyone who works in health centers	3/12/15	PS Admin. Coordinator & HR
April						
May		Annual MS&Gs AB Protocol changes *	AMD	Anyone who works in health centers that provide AB services	5/7/15	PS Admin. Coordinator & HR
June		Human Trafficking ^	Title X Director/ CAL	Staff in any program funded by Title X (clinic; Education)	6/1/15	Title X Director
July		Family Planing Basics ^	Family Planning National Training Center; Title X and Training Directors	Staff in any program funded by Tille X (clinic; Education)	7/1/15	Title X Director
	Managing Suspicious Encounters*		HR/CAL (CAL is only option for satisfying training requirement)	all job functions (exception: "hands off" students/trainiees)		HR
		Electronic Health Records Updates-AB Templates	IT, EHR-Team	Clinical staff	7/6/15	EHR-Team
August		Board Governance & Fiduciary Responsibilities* (might be scheduled September 2015)	Exec. Assistant/PPFA Intranet	Anyone who serves on the affiliate board of directors and/or the budget and finance committee	Board: Feb & June 2015 DEV: PA: Finance	Exec. Assistant & HR
		TB screening *	AMD	Anyone who works in the health center		HR
		Annual OSHA-Infection Prevention *	HR/CAL	Anyone who works in the health center		HR
		Electronic Health Records Updates-non AB templates	IT, EHR-Team	Clinical staff		EHR-Team
September	Affiliate-Wide RQM Program*		HR/CAL; Affiliate designed	All job functions	9/1/15	HR
		Liletta Training/ICD 10	AMD/RLC	Clinicians inserting IUCs/Clinicians	9/1/15	PS
		Title X Inservice ^	Title X and Training Directors	Staff in any program funded by Title X (clinic; Education)	9/1/15	X Director
		HR Training on Diversity & Cultural Competency in the Workplace *^	HR/CAL	All job functions	9/1/15	HR
October		Annual Ultrasound Proficiency *	PS/Affiliate-designed	Anyone who provides ultrasound services		PS & HR
		Annual HIPAA Privacy *^	HR/CAL	All job functions		HR
		Annual HIPAA Security *^	HR/CAL	All job functions		HR
		Annual Performance Evaluations *	Affiliate-designed	All staff		HR
		Annual Proficiency Evaluations *	Affiliate-designed	Anyone who works in the health center		PS
	Medical Record Policies and Documentation*		HR/CAL	Anyone who works in health centers and/or has contact with medical records		HR
November	CLIA* (initial)		HR/CAL	Anyone who works in health centers		HR
		CLIA* (annual)	PS/Affiliate designed	Anyone who works in health centers		PS & HR
	501(c)(3) and 501(c)(4)*		HR/Affiliate-designed	Anyone who is involved with board, senior management, public affairs, development and finance		HR
		CPR certification *	CAL; American Heart/Red Cross	Anyone who works in the health center		HR
December	Talking About Abortion*		HR/CAL (CAL is only option for satisfying training requirement)	Anyone who talks to women about pregnancy options (exception: "hands off" students/trainees)		HR
2016 January	Clinical Orientation *		PPFA APC Orientation Toolkit	Anyone who works in the health centers and call centers		HR
February		TB screening *		Anyone who works in the health center		PS & HR
	Ultrasound priviledging/Program Director Proficiency Exam *		AMD/CAL (CAL is only option for satisfying training requirement)	Anyone who provides ultrasound services		PS & HR
March		Annual Mandatory Reporting *^	HR	Anyone who has contact with clients and/or minors		HR

tabbies

EXHIBIT 8

last revised 8/11/15

2015	Orien ch-up topics	Training Topic	Source/Presenter	Required Audience	ate Scheduled	Department Monitoring Compliance
March		Annual MS&G Protocol changes*	AMD/Affiliate-designed	Anyone who works in health centers		PS Admin. Coordinator & HR
April	Orientation to AB Pill*		HR/CAL (CAL is only option for satisfying training requirement)	Anyone who talks to clients about abortion		HR
	Pharmaceuticals*		PS/Affiliate-designed	Anyone involved in dispensing, administering, overseeing, or furnishing of pharmaceuticals		PS & HR
May	IPV and Reproductive Coercion*^		HR/CAL	Anyone who works in health centers or education programs		HR
June		Asset Protection Management Program *	HR/Affiliate-designed	All job functions		HR
Ongoing		ICD-10 October 2015 mandated implementation	AMD/Finance			PS
		Fire Drills : VA & SC AB quarterly; all others 2x/year *	Affiliate-designed	All job functions		PS
		Emergency medical drills performed monthly *^	ARMS Emergency Care Manual	Clinical staff		PS
		Safety & Security Drills performed monthly *	Affiliate-designed	All job functions		PS
		Clinician Wet Mount Proficiency *	American Proficiency Institute	Licensed health care providers		PS
		Students, Interns (START)*	AMD	"Hands-on" and "hands-off" medical students and trainees		PS Admin. Coordinator & HR
Legend	*PPFA required					
	^Title X required					

204 E

Clinical Staff Orientation

Date: 1-11-14

Print Name	Signature	Title
1.		RN
2.		Med Dir STAFF C
3.		Regional Director
4.		Hem
5.		MD STAFF A
6.		MA
7.		
8.		MA Hca
9.		MA
10.		HCA NP
11.		
12.		MD STAFF B

EXHIBIT 9

Planned Parenthood
Care. No matter what.

Physician On-Site Orientation

AB Services Only

Physician Name: _____

Health Center: _____

New Physician Medical Services On-site orientation/training topics To be completed within 30 days of hire Retain copy in HC and HR files	Date of Medical Services Orientation	If applicable, use scale below to evaluate training/review: 1=needs improvement (action plan & date for re-evaluation) 2=satisfactory 3=exceeds requirement	Initials of medical services orientation provider	Medical Services Orientation Time=
Provision of Medical Services – General				
Responsibilities of clinic personnel				
PPFA Medical Standards & Guidelines, Loop				
Client confidentiality				
Taking, review of medical history for AB services				
Infection Prevention Manual, Sharps, PPE, waste disposal				
Informed Consent (review of pertinent CI and CIICs)				
Customer Service Practices and Goals (PPFA required)				
Productivity Practices and Goals (PPFA required)				
Bilingual certification, if applicable*				
EHR				
Login				
5 Point Check				
Documenting MAB				
Documenting SAB				
Resulting Ultrasound				
Bundled Consents				
Documenting Atypical AB visits (see cheat-sheet)				
Clinical Systems – Laboratory				
Lab Manual				
Documentation of lab tests on charts				
Clinical Systems – Pharmacy				
Pharmaceuticals, Preparation and provision of medications (PPFA required). Review PPSAT Pharmacy manual				
Prescription writing policies				
Formulary				
Clinical Systems – Family Planning				
Contraception – review of options available, prescribing, dispensing				
IUC Insertion (Cu IUD/LNG IUS)				
IUC Removal				
Nexplanon Insertion (documentation of manufacturer training)				
Implant Removal				
Medical Emergencies				
Personnel responsibilities				
Review of Emergency Care Manual				
Location/use of emergency equipment and supplies				

EXHIBIT
tabbies
10

Planned Parenthood
Care. No matter what.

Physician On-Site Orientation

AB Services Only

Physician Name: _____

Health Center: _____

New Physician Medical Services On-site orientation/training topic To be completed within 30 days of hire. Retain copy in HC and HR files	Date of Medical Services Orientation	If applicable, use scale below to evaluate training/review: 1=needs improvement (action plan & date for re-evaluation) 2=satisfactory 3=exceeds requirement	Initials of medical services orientation provider	Medical Services Orientation Time=
Clinical Systems - Abortion Services				
Day 1 Abortion evaluation (VA only)				
Ultrasound (see Clinical Privileges to Interpret Ultrasound)				
Pregnancy of Unknown Location/Early Pregnancy Complications				
Miscarriage Management (undesired pregnancy)				
POC evaluation				
Recovery Room				
Post-abortion visit				
Management and documentation of complications				
High Alert Follow-up				
Referral protocols and documentation				
Medication Abortion (See AB Physician Procedure Privileging Tools)				
Suction Abortion 1st Trimester (See AB Physician Procedure Privileging Tools)				
Suction Abortion 2nd Trimester (See AB Physician Procedure Privileging Tools)				
Sedation Oversight				
Safety/Security				
Fire procedures				
Evacuation procedures				
Physician Safety and Security				
Risk/Quality Management Program – Audit Program and Incident Reporting				
Types of reportable incidents				
RQM audit program				
Responsibilities of personnel				

Physician needs additional training/supervision in the following area(s):	Plan for additional training/supervision:	Re-evaluation Date:

Recommendation: ☐ Appropriately trained in and/or approved to provide initialed items above except those with designation 1 (needs improvement)
☐ Needs additional training/supervision as noted above

Physician Signature: _____ Date: _____ Physician Trainer Signature: _____ Date: _____

HCM Signature: _____ Date: _____ AMD Signature: _____ Date: _____

Planned Parenthood
Care. No matter what.

Physician Pre-Service Orientation

AB Services Only

Physician Name: _____

Health Center: _____

Pre-Service Orientation Topic	Date of Pre-Service Orientation	Comments	Name/title of staff providing pre-service orientation	Pre-Service Orientation time
Personnel Policies, Affirmative Action				
Administrative Procedures				
Safety & Security Training (PPFA required)				
IT				
PPSAT History				
Mandatory Reporting role and responsibilities; Service to minors Compliance: Parental involvement/consent (PPFA required)		Review Policy, State-specific rules, Sign Attestation		
Request for checks; Expense Reports		Documenting procedure totals, travel and other expenses		
Staff responsibilities, HC role in billing process				
Work schedules				
Job description				
Credentialing				
Compensation				
Physician Dispensing License (NC only)				
SC Controlled Substance (SC only)				
FORMS	**Date**	**√ if obtained and/or provided, explanation if not**		
Confidentiality form				
Conflict of interest				
Copy of driver's license				
Copy of HS, college diploma				
Current CPR certification				
Current TB test results				
Driver safety form				
Health form				
Hepatitis B immunization, or refusal				
Key form, if applicable				
Medical personnel agreement				
CALs	**Date**	**√ if completed**		
Hostile Encounters in the Workplace				**45**
Managing Suspicious Encounters				**20**
Affiliate-wide RQM Program – Enterprise Risk and Quality Management				**30**
DIV 1 - Cultural Inclusiveness in the Workplace				**60**
Infection Prevention 1 – Blood Borne Pathogens				**20**
Performing Routine Laboratory Procedures in Compliance with CLIA				**45**
HIPAA 1 - Overview				**15**

EXHIBIT
tabbies
//

Planned Parenthood
Care. No matter what.

Physician Pre-Service Orientation

AB Services Only

Physician Name: _____

Health Center: _____

CALs (cont'd)	Date	√ if completed		
HIPAA 2 – Administrative Safeguards				45
IPV 2- How to Screen for Intimate Partner Violence and Reproductive Coercion				30
Dos and Don'ts of Documentation and Informed Consent				25
OAB 1 – Orientation to the Abortion Pill				20
OAB 2 – Patient Education and Consent for the Abortion Pill				30
OAB 3 – Post-Abortion Pill Assessment and the Follow-up Visit				30
TAA (Talking About Abortion) 1 – A Safe Place				20
TAA 2 – Answering Tough Questions				15
TAA 3 – Acknowledging Emotions, Screening for Risk				20
Ultrasound in Abortion Care – Modules 1-14 *or* Ultrasound in Abortion Care Advanced Placement Test – Basic and Advanced				variable

Physician Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

AMD Signature: _____ Date: _____

theCAL.org

ME PEOPLE GROUPS [redacted] Browse All Search

HIPAA 101: Protecting Patient Privacy

(ID: 00001327A)

This course covers the importance of patient privacy and security, including how staff need to conduct themselves in order to be in accordance with federal Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards. The course includes how to identify and respond to potential privacy and security enforcement issues. Finally, the course reviews how to comply with a state's healthcare information privacy laws and adhere to the Planned Parenthood policies and standards with respect to patient privacy. This course is intended for all Planned Parenthood staff and volunteers. ...less

Suggested classes for you

Web Based
Class ID: 00001327C
View detail
Attachments

Language: English
Duration: 00:30

Enroll

Add to Plan Share Tag Bookmark

Ratings and Comments

PPST Volunteer: yes

08 JUL 2015 6:00 PM

My Status

[redacted]

Status: Not registered

Course Information

Associated curricula:
ARMS Required Training 2014

Screen Shot
HIPAA 101: Protecting Patient Privacy

EXHIBIT
tabbies
12

theCAL.org

[redacted]

ME PEOPLE GROUPS

Browse All Search

Infection Prevention 1. Blood Borne Pathogens

(ID: 00001062A)

This course covers elements of standard precaution needed to protect clients, yourself, and other healthcare workers from blood borne pathogens, such as HIV and hepatitis. This course satisfies the needed OSHA training for blood borne pathogens. This course was originally released on November 22, 2010. This course was last updated on June 24, 2015.

Suggested classes for you

Web Based
Class ID: 00001062C
View detail
Attachments

Language: English
Duration: 00:20

Enroll

Add to Plan Share Tag Bookmark

My Status

[redacted]

Status: Not registered

Course Information

Associated curricula:
The Licensed Clinical Staff (MD/DOs/PAs)
Infection Prevention Curriculum

Screen Shot
Infection Prevention 1: Blood Borne Pathogens

EXHIBIT
tabbies
13

[redacted]

theCAL.org

ME PEOPLE GROUPS Browse | All Search

Infection Prevention - 2. Clean and Sterile Technique

(ID 00001064A)

This course provides detailed instructions about infection prevention techniques used during client procedures. This course also defines asepsis and sterile techniques designed to eliminate harmful microorganisms in the field. This course was originally released on November 22, 2010. This course was last updated on June 24, 2015.

Suggested classes for you

Web-Based
Class ID: 00001064C
View detail
Attachments

Language: English
Duration: 00:20

Enroll

Add to Plan Share Tag Bookmark

My Status

[redacted]

Status: Not registered

Course Information

Associated curricula:
The Licensed Clinical Staff (MD/DO&PAs) Infection Prevention Curriculum

Ratings and Comments

[redacted]

21-SEP-2015 6:05 PM

Screen Shot
Infection Prevention 2: Clean and Sterile Technique

EXHIBIT 14

theCAL.org

[redacted]

ME PEOPLE GROUPS Browse All Search

Infection Prevention - 3. Cleaning, Disinfection, & Sterilization

(ID 00001066A)

This course discusses cleaning, disinfection, and sterilization processes in detail. This course also reviews how to correctly clean, disinfect, and sterilize the health center. This course was originally released on November 22, 2010. This course was last updated on June 24, 2015.

Suggested classes for you

Web-Based
Class ID: 00001066C
View detail
Attachments

Language: English
Duration: 00:20

Enroll

Add to Plan Share Tag Bookmark

My Status

[redacted]

Status: Not registered

Course Information

Associated curricula:
The Licensed Clinical Staff (MD/DOs/PAs) Infection Prevention Curriculum

Screen Shot
Infection Prevention 3: Cleaning, Disinfection & Sterilization

EXHIBIT 15

Redacted Staff A
Training Documentation

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

Job Title:	Abortion Physician
Reports To:	Medical Director and VP for Patient Services
Department:	Patient Services
FLSA Status:	Non-exempt
Access to ePHI:	Full
Revision Date:	06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
4. Perform surgical and medication abortion procedures.
5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
6. Order post-operative medication, including contraceptives.
7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.

EXHIBIT
tabbies
16

3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail** - Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity** - Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: _____ **Date:** 9/16-2018

Print Name:__

Copies to: ☐ **Employee**
☐ **Human Resources File**

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: _____PHYSICIAN PROVIDER_____ Title:

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature _____ Date 9-15-2015

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

Signature

Date 9/15/15

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: ___ **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature [redacted] Date 9-15-15

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature

9-15-15
Date

Pee Dee Regional Community Training Center Registration Receipt

Thank you for your registration. Please print this receipt for your reference.

Order Information

Order Date: 9/15/2015
Payment Method: Paypal

Training Center Contact

Pee Dee Regional Community Training Center
P.O. Box 808
Florence, SC 29503
carolinacenter@bellsouth.net
843-665-4671

Customer

Item	Cost
BLS for Healthcare Providers Sat 9/19/2015 at 9:00 AM	$60.00
Total	$60.00

Class Location

Pee Dee Regional Community Training Center, Florence, SC

Directions:
1209 West Evans Street
Florence, SC 29501

Notes

This class is for first time participants as well as renewing students.

Redacted Staff B
Training Documentation

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

Signature

9-17-19
Date

EXHIBIT
tabbies
17

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: _____ **Title:** MD

Date of Training	Subject	Facilitator/Verified by Signature
9-16-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

_____ 9-16-15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: _____ **Title:** MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

_____ 9-17-19

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name. _____ Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

_____ 9-17-19

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-17-15

Signature Date

Redacted Staff C
Training Documentation

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: _ **Title:** Medical Director SCPP

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

17 Sep 15
Date

EXHIBIT
tabbies
18

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** Medical Director PPSC

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

_____ 15 Sep 15
Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** Medical Director

Date of Training	Subject	Facilitator/Verified by Signature
17 Sept 15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

_____ 17 Sept 15
Signature Date

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

MDMPH
Name (please print)

17 Sep 15
Signature Date

January 2015

[redacted] [redacted]

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] [redacted] **Title:** Medical Director

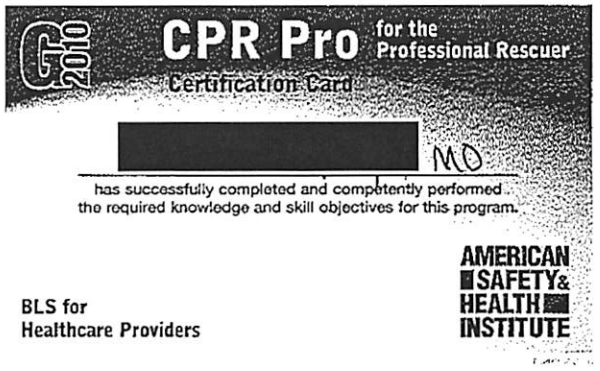
Date of Training	Subject	Facilitator/Verified by Signature
9-18-15	**Infection Prevention (OSHA)**	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 18 Sept 15

Signature Date



ASHI-Approved Certification Card

Rachel Hodge, BSN, RN
Authorized Instructor (Print Name)

[redacted]
Instructor I.D.

9-17-2015
Class Completion Date

9-17-2017
Expiration Date

803-438-2022
Training Center Phone No.

South 21
Training Center I.D.

This card certifies the holder has demonstrated the required knowledge and skill objectives to a currently authorized ASHI Instructor. Certification does not guarantee future performance, or imply licensure or credentialing. Course content covers all age groups and conforms to the *2010 AHA Guidelines for CPR and ECC*, and other evidence-based treatment recommendations. Certification period may not exceed 24 months from class completion date. More frequent reinforcement of skills is recommended.

201.F.2

Fire Drill Report

Planned Parenthood of South Carolina
2712 Middleburg Dr. Suite 107
Columbia SC 29204

Reported by: _____

Date: 9-14-15

Communications:

Was discovery of fire reported appropriately to available personnel? (Y) N
Was [redacted] called ? (Y) N
Was "all clear" called following the drill ? (Y) N
How much time elapsed between notification and evacuation ? 1min 38sec

Response:

Did personnel evacuate all patients? (Y) N
Was fire department called ? (Y) N
Was fire department met? (Y) N

Containment:

Were all windows and doors closed? (Y) N
Were the proper extinguishers brought to scene to contain fire? (Y) N

Evacuation:

Were proper evacuation methods used? (Y) N
Were bathrooms checked for patients? (Y) N
Were exits and corridors kept clear and free of obstruction? (Y) N
Were patients escorted to a safe area? (Y) N
Are all evacuation routes clearly posted? (Y) N

Recommendations: _____

EXHIBIT
tabbies
19

Planned Parenthood South Atlantic Fire Drill Report

Date : 09/14/2015

[redacted] **called at : 4:50pm**

Location of supposed fire: Pharmacy

All accounted for at : End of driveway at 2712 Middleburg Dr

Participants

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____ STAFF B
9. _____
10. _____ STAFF C
11. _____ STAFF A
12. _____

Planned Parenthood South Atlantic Fire Extinguisher and Safety Report

Date: 9/22/15

Facilitator:

Participants:

1. [illegible]
2. [illegible] STAFF B
3. [illegible]
4. [illegible] STAFF C
5. [illegible]
6. [illegible]
7. [illegible]
8. [illegible]
9. [illegible]
10. [illegible]
11. [illegible]
12. [illegible] STAFF A

Redacted Staff A
Training Documentation

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

Job Title:	Abortion Physician
Reports To:	Medical Director and VP for Patient Services
Department:	Patient Services
FLSA Status:	Non-exempt
Access to ePHI:	Full
Revision Date:	06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
4. Perform surgical and medication abortion procedures.
5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
6. Order post-operative medication, including contraceptives.
7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.

EXHIBIT
tabbies
20

3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail** - Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity** - Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: _____ **Date:** 9/16-2018

Print Name:__

Copies to: ☐ **Employee**
☐ **Human Resources File**

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: _____ **Title:**
PHYSICIAN PROVIDER

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature _____ Date 9-15-2015

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

Signature

Date 9/15/15

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: ___ **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature [redacted] Date 9-15-15

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature

9-15-15
Date

Pee Dee Regional Community Training Center Registration Receipt

Thank you for your registration. Please print this receipt for your reference.

Order Information

Order Date: 9/15/2015
Payment Method: Paypal

Training Center Contact

Pee Dee Regional Community Training Center
P.O. Box 808
Florence, SC 29503
carolinacenter@bellsouth.net
843-665-4671

Customer

Item	Cost
BLS for Healthcare Providers Sat 9/19/2015 at 9:00 AM	$60.00
Total	$60.00

Class Location

Pee Dee Regional Community Training Center, Florence, SC

Directions:
1209 West Evans Street
Florence, SC 29501

Notes

This class is for first time participants as well as renewing students.

Redacted Staff B
Training Documentation

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

Signature

9-17-19
Date

EXHIBIT
tabbies
21

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: _____ Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-16-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

_____ 9-16-15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: _____ **Title:** MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

_____ 9-17-19

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name. _____ Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

_____ 9-17-19

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

9-17-15

Signature Date

Redacted Staff C
Training Documentation

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: _

Title: Medical Director SCPP

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15		
	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

17 Sep 15
Date

EXHIBIT
tabbies
22

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** Medical Director PPSC

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

_____ 15 Sep 15
Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** Medical Director

Date of Training	Subject	Facilitator/Verified by Signature
17Sep15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

_____ 17Sep15
Signature Date

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

MDMPH

Name (please print)

17 Sep 15

Signature Date

January 2015

[redacted] [redacted]

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] Title: Medical Director

Date of Training	Subject	Facilitator/Verified by Signature
9-18-15	**Infection Prevention (OSHA)**	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

Signature [redacted] 18 Sept 15 Date

Redacted Staff A
Training Documentation

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

Job Title:	Abortion Physician
Reports To:	Medical Director and VP for Patient Services
Department:	Patient Services
FLSA Status:	Non-exempt
Access to ePHI:	Full
Revision Date:	06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
4. Perform surgical and medication abortion procedures.
5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
6. Order post-operative medication, including contraceptives.
7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.

EXHIBIT
tabbies
23

3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail** - Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity** - Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: _____ **Date:** 9/16-2018

Print Name:___

Copies to: ☐ **Employee**
☐ **Human Resources File**

Planned Parenthood
Core. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: _____ Title:
PHYSICIAN PROVIDER

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature _____ Date 9-15-2015

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

Signature

Date 9/15/15

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: ___ **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature [redacted] Date 9-15-15

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature

9-15-15
Date

Pee Dee Regional Community Training Center Registration Receipt

Thank you for your registration. Please print this receipt for your reference.

Order Information

Order Date: 9/15/2015
Payment Method: Paypal

Training Center Contact

Pee Dee Regional Community Training Center
P.O. Box 808
Florence, SC 29503
carolinacenter@bellsouth.net
843-665-4671

Customer

Item	Cost
BLS for Healthcare Providers Sat 9/19/2015 at 9:00 AM	$60.00
Total	$60.00

Class Location

Pee Dee Regional Community Training Center, Florence, SC

Directions:
1209 West Evans Street
Florence, SC 29501

Notes

This class is for first time participants as well as renewing students.

Redacted Staff B
Training Documentation

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

Name (please print)

Signature

9-17-19
Date

EXHIBIT
tabbies
24

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: _____ Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-16-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

_____ 9-16-15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: _____ **Title:** MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

_____ 9-17-19

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name. _____ Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

_____ 9-17-19

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

_____ 9-17-15

Signature Date

Redacted Staff C
Training Documentation

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: _ **Title:** Medical Director SCPP

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15		[redacted]
	SC ABORTION REGULATIONS	

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature

17 Sep 15
Date

EXHIBIT
tabbies
25

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** Medical Director PPSC

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

_____ 15 Sept 15
Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: _____ **Title:** Medical Director

Date of Training	Subject	Facilitator/Verified by Signature
17 Sept 15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signature _____ Date 17 Sept 15

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

MDMPH

Name (please print)

Signature

9/Sep/15

Date

January 2015

[redacted] [redacted]

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Medical Director

Date of Training	Subject	Facilitator/Verified by Signature
9-18-15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 18 Sept 15

Signature Date

[redacted]

Redacted Staff A
Job Description

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

Job Title:	Abortion Physician
Reports To:	Medical Director and VP for Patient Services
Department:	Patient Services
FLSA Status:	Non-exempt
Access to ePHI:	Full
Revision Date:	06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
4. Perform surgical and medication abortion procedures.
5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
6. Order post-operative medication, including contraceptives.
7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.

EXHIBIT
tabbies
26

3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail -** Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity -** Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

[redacted]

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: [redacted] **Date:** 6-25-2015

Print Name: [redacted] MD

Copies to:
- ☐ **Employee**
- ☐ **Human Resources File**

Redacted Staff B
Job Description

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

Job Title: Abortion Physician
Reports To: Medical Director and VP for Patient Services
Department: Patient Services
FLSA Status: Non-exempt
Access to ePHI: Full
Revision Date: 06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
4. Perform surgical and medication abortion procedures.
5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
6. Order post-operative medication, including contraceptives.
7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.

EXHIBIT
tabbies
27

[redacted]

3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail** - Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity** - Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

[redacted]

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: [redacted] **Date:** 9-15-15

Print Name:

Copies to: **Employee**
Human Resources File

September 25, 2015

I, [redacted] fixed the ultrasound machine's time around the end of August. I do not remember the exact date it was done. I also did not realize the time was off until [redacted] pointed it out to me. I did not call GE for help. I figured it out on my own. Since I have fixed the time, the times have been correct. I make sure the time is correct when I first turn the machine on and between each pt.

If you have any questions please let me know.

Thanks,

[redacted]

EXHIBIT

28

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: MCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature [redacted] Date 9/24/15

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: MCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 09/25/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] **Title:** RN

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] **Title:** Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	**Abortion Regulations, Infectious Waste, Updated Forms**	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/25/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] **Title:** MCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	**Abortion Regulations, Infectious Waste, Updated Forms**	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature [redacted] Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-25-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-25-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: NCM

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: WHNP

Date of Training	Subject	Facilitator/Verified by Signature
9.24.15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9.24.15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	**Abortion Regulations, Infectious Waste, Updated Forms**	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/24/15

Signature Date


4:28 PM
9/25/2015
B
Made
09/25/15 4:28:20PM
EXHIBIT
29

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: _____ **Title:** _____

Date of Training	Subject	Facilitator/Verified by Signature
	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time.
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature _____ Date _____

EXHIBIT
tabbies
30

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

2712 Middleburg Drive Suite 107
Columbia, South Carolina 29204
(803) 256-4908

South Carolina Right to Know

Pursuant of South Carolina law, you have the right to view printed materials prepared by the State of South Carolina describing fetal development, list of agencies offering alternatives to abortion, and medical assistance benefits which may be available for prenatal care, childbirth and neonatal care. You also have the right to your ultrasound image. An abortion may not be performed sooner than sixty minutes following completion of the ultrasound.

The above referenced materials are contained in two booklets prepared by the South Carolina Department of Health and Environmental Control:

"The Development of the Embryo and Fetus by Two Week Intervals"

"The South Carolina Directory of Services for Women, Children & Families"

Signatures below certify the following:

1. I have been informed of my opportunity to review the information described above.
2. I have been provided this opportunity more than 24 hours before the abortion is to be performed.

_____ _____
Patient Date

_____ _____
Parent/Guardian of Minor Patient (if applicable) Date

I certify the patient has been offered the above information and the opportunity to review it more than 24 hours before the abortion is to be performed and that the required 60 minutes between completion of the ultrasound and starting the procedure has elapsed.

Hour, minute ultrasound completed	
Hour, minute procedure started	
Minutes between ultrasound and procedure	

_____ _____
Health Center Staff Date

_____ _____
Attending Physician Date

CO-14
9/2015

Planned Parenthood South Atlantic Policy	TYPE: Policy / SOP*	APPROVAL: Name and Date
Title: **SC Fetal Death Reports** Intended Audience: South Carolina Health Center Staff Responsible Staff: Health Center Manager Date/Frequency of Review: at hire; annually thereafter	___Board Policy	Date only:
	_X_Staff Policy	CEO name / date: Jenny Black, CEO September 22, 2015
	_X_Medical Policy	Medical Director name / date: Katherine Farris, MD, September 22, 2015
	_X_SOP	LT member name / date: Emily Adams, VP PS September 22, 2015

(*) – Standard Operating Procedures section

PPSAT Policy:

PPSAT will comply with applicable South Carolina law regarding filing of Fetal Death Certificates.

Effective Date: 9/28/2015

Procedure:

Reports of Fetal Death

1. For abortion procedures performed before 20 completed weeks of gestation and where the fetus is weighs less than 350 grams, no Report of Fetal Death is required.

2. For any fetus that weighs 350 grams or more, a Report of Fetal Death will be filed with State Registrar within five (5) days after the procedure.

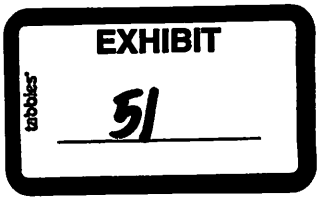
Reports of Induced Termination of Pregnancy

1. PPSAT will complete a Report of Induced Termination of Pregnancy within seven days of each procedure.

Death Reports

1. In the event of death of an adult patient at PPSAT, PPSAT will coordinate with the funeral director or other person who assumes the body to ensure that a Death Report is timely filed with the State Registrar.

References:
S.C. Code Regs. 61-19, §§ 18, 21, and 22.
S.C. Code Regs. 61-12 § 301.K.



Monthly Emergency Box Inventory for Centers Providing Surgical Services

Center Name COLUMBIA	Year 2015
Affiliate Name PPSAT	Phone 803 256-4908
Address and City 2712 Middleburg Dr Suite 107 Columbia SC	Zip 29204

Medication and Suggest Amounts		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ammonia Capsules (box) Expires: 4/2017 Drawer 1	1												
Atropine Sulfate 0.4 mg/ml ***On national back order. See Memo***													
Diphenhydramine (Benadryl) 50 mg caps/tabs (bottles) Expires: 3/2018 Drawer 1	1												
Diphenhydramine (Benadryl) IM 50 mg/ml Expires: 3/2017 Drawer 1	4												
Misoprostol 200mcg Per tab (bottle of 100) Expires: 7/2016 Drawer 1	1												
Epinephrine 1:1000 (1 mg/ml) 1 ml vial Expires: 12/1/15 Drawer 1	4												
Epinephrine 1:10,000 Prefilled carpujet Expires:4/1/2016 Drawer 1	4												
Methylergonovine (Methergine) 0.2mg/ml vial Expires: 9/2016 NP Fridge	20												
Naloxone (Narcan) 0.4 mg/ml Expires:5/1/2016 Drawer 1	2												
Oxytocin (Pitocin) 10units/ml Expires: 6/2016 Drawer 1	10												
Flumazenil (Romazicon) 10 mg/ml Expires: 3/2016 Drawer 1	2												
Diazapam (Valium) 10mg per tablet (box of 100) Expires: 4/1/16 Pharmacy	1												
Diazapam (Valium) 10mg/2ml vial or 5mg/ml vial	2												

EXHIBIT
tabbies
31

Medication and Suggest Amounts		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Expires: 9/1/16 Pharmacy													
Pitressin (Vasopressin) 20 units/ml Drawer 1 Expires: 11/2015	10												
Other Med:													
Safety Needles/Syringes													
3cc syringes with 21g needles Drawer 2	5												
TB syringes (sc Epi 1:1000) Drawer 2	5												
Angiocaths – 18, 20, 22 (sets each size) Drawer 2	3												
IV tubing (sets) Drawer 2	5												
IV solutions – LR/NS 500ml Expires: 2/2017 Drawer 4	4												
Other Supplies													
Sterile 4 x 4 gauze Drawer 2	1 box												
Tape (rolls) Drawer 2	2												
Non-Rebreather Face Mask Drawer 5	2												
Nasal cannula Drawer 5	2												
One-way valve mask Drawer 5	1												
Oxygen tank with liter meter >3/4 full RR	1 RR												
1 airway set Drawer 5	1												
Adult Bag Valve Mask with reservoir Drawer 5	1												
Alcohol preps Drawer 2	1 box												
Exam gloves (boxes) (latex-free) Drawer 4	2 box												
Mechanical (Oral) Suction Top of Cart	1												

Note: All emergency medications must be ordered 2 months prior to expiration date.

**Refer to 3-6-15 Memorandum regarding Vasopressin, atropine, and Pitocin.*

Signature	Date

EXHIBIT
32
tabbies


EMERGENCY DRUGS
DRAWER 1
IV SUPPLIES
DRAWER 2
GLOVES SYRINGES
DRAWER 3
IV FLUIDS
DRAWER 4
CRAFTSMAN
OXYGEN SUPPLIES
DRAWER 5

HCM Monthly RQM Checklist

Center: Month:

Tasks/Activities	Who	Resources & Tools	Due	Filed	Done	NOTES
Health Center Schedule	HCM	Schedule template	prior month 20th			Details to CC
Inventory Count	HCM	Finance Tool	1st			emailed
POs submitted	HCM	IOS	3rd business day	IOS		POs if not in IOS
EPM Adjustment Reports	HCM	Auto-emailed	Fridays			email response
EPM Encounter Audit	HCM	Run report in EPM	Fridays			IMPORTANT: verify no charges missing
Packing slips	HCA/ HCM	Scanned to RAL Purchasing	Fridays	Binder		store in Packing Slip binder/file
Expenses/Credit card Verified	HCM/CL	Expense table	Bi-weekly/ monthly	RD		To Supervisor
QC Monthly Logs Verified	HCM	QC binders	monthly			Verified & signed by HCM
Infection Prevention Walk- Thru	HCM/CL	QM 82	monthly	RQM		
Emergency Box Inventory	CL/ HCM	Emer. Manual	monthly	EM		Don't forget: Meds/supplies exp dates
EHR Encounter Audit	HCM	EHR Reports	Daily/Weekly			IMPORTANT to verify visit documents created!
Lab Reports (Voxent In-House History Report, BHIT Lab Report)	HCM	EHR/BH Reports	monthly	Binder		EHR verification (paper logs verify received)
EHR Med Dispensing Report	HCM	BH EHR Report	monthly	Binder		Use Better Health Report
Abnormal (CDD) Stat Summary	HCM	CDD stat summary	next month 15th	STI/ CDD		*or other lab summary to verify abnormals in FU
Breast Manifest	CCRM/ HCM	EHR CCRM runs, EPM Report	next month 15th	RQM		Verify Breast FU created
Complication Logs *(AB & non-AB)*	HCM/CL	QM-78 & QM ___	Next month 15th	RQM		Emailed to RQM Director
Missed MAB FU *(if AB site)*	HCM	BH EHR MAB Missed FU	Next month 15th	Binder		1 Letter for missed FU
Ultrasound log (if AB site)	HCM	QM __	File monthly	Binder		
After Hours Call Log (if AB site)	HCM	Southern Voices fax	N/a	Binder		daily fax/pt verification
HCM Monthly Report	HCM	HCM Report	next month 15th	RQM M		
HC Meeting Minutes	HCM	HCM/CWG Items	monthly	RQM M		Ensure absent staff review
Specific medical/IP trainings or ER, Fire, Safety Drills completed:	HCM/ RD	CAL Modules/RQM Annual Plan, IP or ER Manuals	monthly	RQM M		Topics/drills rotate
Any Audits: *(if applicable)*	RLC/ HCM/ RD	RQM Annual Plan	Monthly	RQM T		
Corrective Actions, if indicated:		RQM	Monthly	RQM T		
Other Items this month:						(inspections, visits, etc...)

Comments:

HCM Signature: Date:

EXHIBIT
tabbies
33

RQM M= RQM binder Monthly tabs
RQM T =RQM binder Tabs (specific)

EM =Emergency manual
CDD= CDD binder or STI FU binder
AB= AB Complication/MAB FU Binder

Stericycle
Protecting People. Preserving Trust.

Route # 166 - 7

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU0085W3

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-2600 10/17/2014

CUSTOMER NUMBER 8027017-002 GENERATOR'S REGISTRATION # SC40-0333G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX65 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.9 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG31 - Sharps Containers (2.4 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal. Corrugated Box (2.9 cu ft)		Cu Ft
	TOTALS ▶	4	16.5 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/17/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone # (866) 951-3537
Applicable Permit Number(s): SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 10/17/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 1 2014

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted]

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

8A. Designated Facility:	8B. Alternate Facility:	8C. Alternate Facility:	8D. Alternate Facility:
☑ Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 868 - 9278 EPA#: 1305	☐ Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (866) 783 - 7422 EPA#: 01-02-1	☐ Stericycle, Inc. 4245 Maine Avenue Lakeland, FL 33801 (866) 783 - 7422 EPA#: FDOH # 7217	☐ STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDHNR regulations. OCT 21 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated [redacted] and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Da[redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

00144 00398

ORIGINAL

rpiRieMan2250Std 9/11/

EXHIBIT
tabbies
34

Stericycle
Protecting People. Protecting Data.

Route # 166 11

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-09-STD
MDAU008870V

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-2600

10/31/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-08886

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	4	16.5 Cu Ft.

8. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/31/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 951-3537
Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 10/31/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

6. INTERMEDIATE HAN[redacted]

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 1[redacted]

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of m[redacted]

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☒ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 688 - 9278
EPA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

☐ [redacted]
Lakeland, FL 33801
(866) 783 - 7422
EPA#: FDOH # 7217

8D. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
certifies treatment by Steam Sterilization in accordance with the NC/OSHNER regulations.
NOV 04 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated me[redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Da[redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in 7(8)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rpiRteMan22805id 9/17

Stericycle

Route # 166 - 5

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU0089T5

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-4900

12/5/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-03936

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	6	24.7 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	6	24.7 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Printed/Typed Name [redacted] Signature [redacted] Date 12-5-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:

Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

[ ] This is a Through Shipment

Phone #: (866) 951-3537
Applicable Permit Numbers
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12-5-14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE [illegible] ADDRESS:

Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 20 2014

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste [redacted]

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Corrected

8A. Designated Facility:	8B. Alternate Facility:	8C Alternate Facility:	8D. Alternate Facility:
[X] Stericycle, Inc. 4403 Republic Court Concord,NC 28027 (800) 833 - 8278 EPA#: 1305	[ ] Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (888) 783 - 7422 EPA#: 01-02-1	[ ] Stericycle, Inc. 4246 Maine Avenue Lakeland, FL 33801 (888) 783 - 7422 EPA#: FLOH # 7217	[ ] STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with/the NCDENR regulation. DEC 09 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated r[illegible] and received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

[redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

plRleMan22505id 9/11

Stericycle

Route # 166

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-00-STD
MDAU008ADF

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-4908

12/12/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-0333G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	2	8.2 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	XREX - Corrugated Box (4.9 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291 Regulated Medical Waste, n.o.s., 6.2 PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft
	TOTALS ▶	2	8.2 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 12-12-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:

Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 951-3537
Applicable Permit Numbers:
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12-12-14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 2

TRANSPORTER 3 / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste

Print/Type Name _____ Signature _____

[redacted]

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Corrected

☒ 9A. Designated Facility:
Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 633 - 9278
EPA#: 1305

☐ 9B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(888) 783 - 7422
EPA#: 01-02-1

☐ 9C. Alternate Facility:
Stericycle
4245 [redacted]
Lakeland, FL 33811
(888) 783 - 7422
EPA#: FLDH # [redacted]

This certified equipment by Steam Sterilization in accordance with the NODENA regulations.

DEC 12 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept [redacted] have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-105.6(6)(d) of the S.C. Infectious Waste Management Regulations.

UU747

ORIGINAL

rpRteMan2505td 9/11

Advanced Environmental Options, Inc.
25 Stan Perkins Road
Spartanburg, SC 29307
864-488-9111

Thursday, August 27, 2015

Emily Adams
Planned Parenthood South Atlantic
1765 Dobbins Drive
Chapel Hill, NC 27514
919-929-5402 Phone

Quote Number: PPSA082715-01
Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies,material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (Incineration) Disposal [redacted] **pound ($100.00 min/stop)**
Transportation to disposal facility in Atlanta **/ drum**

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center
Blacksburg Healh Center
Chapel Hill Healh Center
Charleston Healh Center
Charlotte Healh Center
Charlottesville Healh Center
Columbia Healh Center
Durham Healh Center
Fayetteville Healh Center
Greensboro Healh Center
Raleigh Healh Center
Roanoke Healh Center
Vienna Healh Center
Wilmington Healh Center
Winston-Salem Healh Center

[redacted]

For multiple facility pickups the price will be based on actual mileage to the multiple facilites & back then multiplied by $1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

** AEO's Energy and Insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track e national average price for diesel fuel as reported by the U.S. Department of Energy each month. This charge is applied to the ntire invoice, less taxes and fees. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available at (http://tonto.eia.doe.gov/oog/info/wohdp/diesel.asp).

EXHIBIT
tabbies
35

(*Additional Costs and Assumptions That May Apply*)

General:

- Per Diem for All Workers will be charged at a rate of $ 120.00 per man - per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a $75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

Transportation Section

- A $95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of $ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
B. In a workmanlike and professional manner;
C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:

A. Changes in applicable laws or regulations after the services are completed:
B. Acts or occurrences outside the scope of the services:
C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

A. Its physical characteristics:
B. Soil reports and subsurface investigations:
C. Legal limitations and restrictions;
D. Utility locations;
E. Other reports or documents which may be reasonably by the contractor.

Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

INDEMNIFICATION

A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
   1. The performance of these services in compliance with client's instructions or specifications:
   2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
   3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
   4. Failure of the client to obtain required permits, licenses or approvals:

B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
   1. The price of the services or products which give rise to the claim for indemnification, or
   2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

CHANGE ORDER.

A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the client and shall be only on a mutually agreeable time and financial basis.

B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

Planned Parenthood South Atlantic shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by *Planned Parenthood South Atlantic* to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. *Planned Parenthood South Atlantic* shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued pursuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on *Planned Parenthood South Atlantic* and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after *Planned Parenthood South Atlantic* executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

David W. Hitchens

David W. Hitchens
CEO / President

Planned Parenthood South Atlantic

Accepted By:

Authorized Signature [redacted]

Printed Name [redacted]

Date 8/27/15

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

South Carolina Minor Demographic Face Sheet

Patient full name _____
First Middle Last

Physical Address _____
Street, Apt.#, RR#

_____
City State Zip code

Mailing Address if different from physical address _____
Street, Apt.#, RR#, P.O. Box

_____
City State Zip code

Patient phone number _____
Circle: cell # home# other# (identify other)

Patient social security # _____

Patient's date of birth _____
Month Day Year

Name of patient's father _____
First Middle Last
Unknown or decline to provide _____ patient initials

Name of patient's mother _____
First Middle Last
Unknown or decline to provide _____ patient initials

Name, address, phone # of person to be contacted in case of emergency

_____
Name Address Phone#

MR 47
9/2015

EXHIBIT
tabbies
36

CERTIFICATE OF VITAL RECORD

[redacted]

EXHIBIT
tabbies
37

[redacted]

CERTIFICATE OF LIVE BIRTH

[redacted]

[redacted]

STATE FILE NO.

[redacted]

[redacted]

PATIENT REGISTRATION FORM
Family Medicine Centers of South Carolina, LLC

[redacted]

Nam

[redacted]

[redacted]

[redacted]

RTIFICATE OF BIRTH

Birth No. [redacted]

[redacted]

[redacted]

Planned Parenthood South Atlantic, Inc.
Center: _____

EHR SC Abortion Chart Completeness Audit
Period covered by Review: _____ to _____

Criteria	Encounter # (10 charts)										Results	
											# charts in compliance	# charts in compliance
1. SC Women's Right to know Completed and Scanned to encounter (CO-14)												
2. Minor Face Sheet completed and scanned to encounter (if applicable)												
3. SC Report of Induced Termination of Pregnancy completed and scanned to encounter												
4. Clinical Assistants for procedures recorded on visit document												
5. Ultrasound picture scanned to encounter												
6. US completed time on visit document matches US time on picture												
7. US is completed at least 60 minutes prior to the procedure												
8. All required service- specific consent forms and CIICs are signed electronically by patient & witness												
9. Patient Education is documented												
10. Hemoglobin and Rh ordered and completed												
11. Rh negative pts Rhogam ordered and completed (if applicable)												
12. BCM at end of visit is completed												
13. Encounter is named correctly												
14. CT/GC ordered for all pts. Pap/RPR offered to pt. (pt declines RPR/Pap recorded on visit document if not ordered)												
15. RTC timeframe is documented for all patients												
16. Lot #/Exp date recorded for all medications dispensed												
17. Allergies noted with reactions or NKA checked												
18. Vitals documented for all pts												
19. IPV screening done on all pts (AB specific questions answered)												
20. Decision Assessment completed												
21. Visit Summary is generated, accurate, complete and signed off by clinician												
Results # of criteria items noted in compliance for this chart												

Summary of Findings: _____

Plan for Correction: (if indicated, include actions taken and date for follow up)_____

_____

_____

_____ _____ _____

Completed By / Title / Date

Health Center Manager/ Date

Lead Clinician / Date

QM-39, Client Chart Completeness Audit
01-2007, rev 10-07

Key: **Y** = compliant **N** = non-compliant **N/A** = non-applicable

tabbies
EXHIBIT
38

Stericycle
Protecting People, Protecting You

Route # 166 - 7

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU0085W3

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-2600 10/17/2014

CUSTOMER NUMBER 8027017-002 GENERATOR'S REGISTRATION # SC40-0333G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	4	16.5 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/17/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone # (866) 951-3537
Applicable Permit Number: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as de[redacted]

Print/Type Name [redacted] Signature [redacted] Date 10/17/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 21 2014

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste [redacted]

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☒ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord,NC 28027
(800) 888 - 9278
EPA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:
Stericycle, Inc.
4245 Maine Avenue
Lakeland, FL 33801
(866) 783 - 7422
EPA#: FDOH # 7217

[redacted] Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDHNR regulations.
OCT 23 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated me[redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ D[redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

00144 00393

ORIGINAL

EXHIBIT
tabbies 39

rpIRleMan2250Std 9/11

Stericycle
Protecting People. Recycling Waste.

Route # 168 11

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-08-STD
MDAU008870V

GENERATOR

1. Generator's Name, Address and Telephone Number [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-2600 10/31/2014

CUSTOMER NUMBER 8027017-002 GENERATOR'S REGISTRATION # SC40-08836

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft
	TOTALS ▶	4	16.5 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/31/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 951-3537
Applicable Permit Numbers: SC14-027

TRANSPORTER [redacted] cal waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 10/31/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 14 2014

TRANSPORTER 3 / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medica[redacted]

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☒ 9A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 633-9276
EPA#: 1305

☐ 9B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

☐ 9C. A[redacted]
4245 Maine Avenue
Lakeland, FL 33801
(866) 783-7422
EPA#: FDOH # 7217

☐ 9D. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
NOV 04 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated m[redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(8)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rpiReMan22805id 9/17

Stericycle

Route # 166 – 5

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-09-STD
MDAU0089T5

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-4908

12/5/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-03836

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	6	24.7 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	XRBX - Corrugated Box (4.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	6	24.7 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Printed/Typed Name [redacted] Signature [redacted] Date 12-5-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 951-3537
Applicable Permit Numbers
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12-5-14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 20 2014

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Corrected

8A. Designated Facility:	8B. Alternate Facility:	8C Alternate Facility:	8D. Alternate Facility:
☒ Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 833 - 8278 EPA#: 1305	☐ Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (866) 783 - 7422 EPA#: 01-02-1	☐ Stericycle, Inc. 4246 Maine Avenue Lakeland, FL 33801 (866) 783 - 7422 EPA#: FIOH # 7217	☐ STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations. DEC 09 2014 [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated ma... received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Da...

80376

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-63.6(5).(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rpRteMan22505id 9/11

Stericycle

Route # 166

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-09-STD
MDAU006ADF

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: [redacted]
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478
(803) 256-4908

12/12/2014

CUSTOMER NUMBER 8027017-002 GENERATOR'S REGISTRATION # SC40-0333G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	2	8.2 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291 Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	2	8.2 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 12-12-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073
☐ This is a Through Shipment
Phone #: (866) 951-3537
Applicable Permit Number: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name [redacted] Signature [redacted] Date 12-12-14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 27 20[illegible]

TRANSPORTER 3 / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Phone #:
Applicable Permit Number:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical wa[illegible]
Print/Type Name _____ Signature _____

[redacted]

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☒ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord,NC 28027
(800) 883 - 9278
EPA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

☐ 8C. Alterna[illegible]
Stericycle, Inc.
4246 Maine Avenue
Lakeland, FL [illegible]
(866) 783 - 7422
EPA#: FL[illegible]

Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NODENR regulations.
DEC 1[illegible] 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to [illegible] received the above indicated wastes in accordance with the requirement outlined in that autho[illegible]
Print/Type Name _____ Signature _____

[redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-63.6(6)(d) of the S.C. Infectious Waste Management Regulations.

U0747

ORIGINAL

rpt/BeMan2260Std 9/11

Advanced Environmental Options, Inc.
25 Stan Perkins Road
Spartanburg, SC 29307
864-488-9111

Thursday, August 27, 2015

Emily Adams
Planned Parenthood South Atlantic
1765 Dobbins Drive
Chapel Hill, NC 27514
919-929-5402 Phone

Quote Number: PPSA082715-01
Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies,material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) **Disposal** [redacted] **pound ($100.00 min/stop)**
Transportation to disposal facility in Atlanta **/ drum**

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Health Center
Blacksburg Health Center
Chapel Hill Health Center
Charleston Health Center
Charlotte Health Center
Charlottesville Health Center
Columbia Health Center
Durham Health Center
Fayetteville Health Center
Greensboro Health Center
Raleigh Health Center
Roanoke Health Center
Vienna Health Center
Wilmington Health Center
Winston-Salem Health Center

[redacted]

For multiple facility pickups the price will be based on actual mileage to the multiple facilites & back then multiplied by $1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

** AEO's Energy and Insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track a national average price for diesel fuel as reported by the U.S. Department of Energy each month. This charge is applied to the entire invoice, less taxes and fees. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available at (http://tonto.eia.doe.gov/oog/info/wohdp/diesel.asp).

EXHIBIT
40

(Additional Costs and Assumptions That May Apply)

General:
- Per Diem for All Workers will be charged at a rate of $ 120.00 per man - per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a $75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

Transportation Section
- A $95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of $ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services
A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
B. In a workmanlike and professional manner;
C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:
A. Changes in applicable laws or regulations after the services are completed:
B. Acts or occurrences outside the scope of the services:
C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):
A. Its physical characteristics:
B. Soil reports and subsurface investigations:
C. Legal limitations and restrictions;
D. Utility locations;
E. Other reports or documents which may be reasonably by the contractor.
Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

INDEMNIFICATION
A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
1. The performance of these services in compliance with client's instructions or specifications:
2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
4. Failure of the client to obtain required permits, licenses or approvals:

B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
   1. The price of the services or products which give rise to the claim for indemnification, or
   2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

CHANGE ORDER.

A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the client and shall be only on a mutually agreeable time and financial basis.
B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

Planned Parenthood South Atlantic shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by *Planned Parenthood South Atlantic* to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. *Planned Parenthood South Atlantic* shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued pursuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on *Planned Parenthood South Atlantic* and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after *Planned Parenthood South Atlantic* executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

David W. Hitchens
David W. Hitchens
CEO / President

Planned Parenthood South Atlantic

Accepted By:
Authorized Signature [redacted]
Printed Name [redacted]
Date 8/27/15

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

EMPLOYEE HEALTH FORM

NAM[redacted] DATE 11/2/09

GEN[redacted]

SIGNIFICANT FAMILY HISTORY [redacted]

CURRENT MEDICATIO[redacted]

ALLERGIES [redacted]

SOURCE OF MEDICAL CARE [redacted]

DATE OF LAST PHYSICAL EXAM 1yr

IMMUNIZATIONS/VACCINATIONS

TB: TINE_____ or PPD_____ DATE 11-2-09

RESULT_____ CHEST X-RAY_____

RUBELLA IMMUNITY STATUS N/A

TETANUS TOXOID—YEAR RECEIVED 2005

HEPATITIS VACCINE 2005

EMERGENCY CONTACT [redacted]

Name

Address

Phone Numbers

PPHS 11/04

RECEIVED
SEP 29 2015
HEALTH LIC.

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Ave
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

EMPLOYEE HEALTH FORM

NAM[redacted] DATE 3-16-09

GENERAL MEDICAL/SURGICAL HISTORY [redacted]

SIGNIFICANT FAMILY HISTORY [redacted]

CURRENT MEDICATIONS [redacted]

ALLERGIES [redacted]

SOURCE OF MEDICAL CARE [redacted]

DATE OF LAST PHYSICAL EXAM 1/09

IMMUNIZATIONS/VACCINATIONS

TB: TINE_____ or PPD neg 5/08 DATE_____
RESULT_____ CHEST X-RAY_____

RUBELLA IMMUNITY STATUS immune

TETANUS TOXOID—YEAR RECEIVED 2007 booster

HEPATITIS VACCINE received - immune

EMERGENCY CONTACT
Name [redacted]
Address
Phone Numbers

Verified Profile

File Status:	
File Issue Reason	**File Review Reason**
None	None

Practitioner Name:	[redacted]	**Practitioner Type:**	MD
Social Security No.:	[redacted]	**Date of Birth:**	[redacted]
Specialty Ranking:		**Board Certified:**	
1. Family Medicine		Yes	

Office

Office Address:	Planned Parenthood Health Systems 2712 Middleburg Drive, Suite 107 Columbia, SC 29204	**Office Phone:** **Office Fax:**	[redacted]

License

License:	[redacted]	**State:**	SC
Issue Date:	02/26/2008	**Expiration Date:**	06/30/2013
Status:	ACTIVE	**Adverse Action:**	None
Verified By:	State Board	**Source Date**	07/16/2012
Verifier:	jlevy	**Verification Date:**	07/16/2012
Comments:	None		

DEA

DEA Number:	[redacted]	**Status:**	
Schedule:	2 2N 3 3N 4 5	**Expiration Date:**	09/30/2013
Limits/Restrictions?	None	**Source Date:**	07/05/2012
Verified By:	NTIS Website	**Verification Date:**	07/11/2012
Verifier:	SYSTEM		
Comments:			

Malpractice Carrier

Malpractice Carrier:	National Union Fire Insurance Co. - Planned Parenthood	**Policy Number:**	[redacted]
Original Effective Date:	11/1976	**Coverage Expiration Date:**	01-01-2013
Per Claim Amount:	1,000,000	**Aggregate Amount:**	[redacted]
Exclusions:	None	**Source Date:**	12/28/2011
Verified By:	Malpractice Face Sheet	**Verification Date:**	06/29/2012
Verifier:	thozumi		
Comments:	None		

EPLS Exclusions

Search Results:	No Match	**Source Date:**	07/15/2012
Finding:	None		
Verified By:	EPLS		
Verifier:	SYSTEM	**Verification Date:**	07/15/2012
Comments:	None		

Board Certification

Board Certification:	Family Medicine	**Board Status:**	Certified
Initial Certification Date:	07/14/2010	**Expiration Date:**	12/31/2017
Verified By:	Certifacts	**Source Date:**	07/02/2012
Verifier:	ebaldonado	**Verification Date:**	07/02/2012
Comments:	None		

Facility

Facility:	Spartanburg Regional Medical Center	**Department:**	Family Medicine
Appointment Date:	6/2010	**Privileges:**	Active
In Good Standing?	Yes	**Expiration Date:**	12/15/2013
Verified By:	Facility	**Source Date:**	07/10/2012
Verifier:	hchung	**Verification Date:**	07/16/2012
Comments:	None		

ABMS® Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

New Search | Search Results | Feedback | Save Physician | Print

[redacted]) Viewed:7/2/2012 3:46:42 PM CST

DOB: private

Status: Alive

Certification

American Board of Family Medicine

Family Medicine - General			***Status: Certified***
Active	Time-Limited	Initial Certification	07/14/2010 - 12/31/2017

Meeting Maintenance of Certification (MOC) Requirements

American Board of Family Medicine

Yes (For more information click here)

Education

2006 MD (Doctor of Medicine)

Location

Private

[redacted]

OFFICIAL DISPLAY AGENT ABMS ETHICS · HONOR · SKILL

powered by ABMS Direct Connect™

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

Current Date: 7/11/2012 **Data File Release Date:** 07/05/2012

Drug Enforcement Administration (DEA) Datafiles -Both

Registrant Profile

for

[redacted]	
Address:	[redacted]
State / Zip:	
DEA Number:	[redacted]
Business Activity Code:	C
Business Activity Sub Code:	0
Drug Schedule:	22N 33N 4 5
Expiration Date:	9/30/2013
Payment Indicator:	P

Print

EPLS

Excluded Parties List System

Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
- > MyEPLS
- > Recent Updates
- > Browse All Records

View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Archive Search Results

Archive Search Results for Parties Excluded by

Individual : Individual [redacted]

As of 15-Jul-2012 6:33 AM EDT

Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News
- > System for Award Management (SAM)

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

EPLS

Excluded Parties List System

Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
- > MyEPLS
- > Recent Updates
- > Browse All Records

View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Search Results

Search Results for Parties Excluded by

Individual : Individual [redacted]

As of 15-Jul-2012 6:33 AM EDT

Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News
- > System for Award Management (SAM)

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Sig[redacted]e: 5-23-12

South Carolina Board of Medical Examiners
Website Verification

[redacted]

Name: [redacted] **Profession:** MD **Office Phone:** (864) 560-1650

Basis: US 2007 **School:** GA **Graduation:** [redacted]

License No: [redacted] **Date Issued:** [redacted] **Expiration:** 06/30/2013

Specialty: FP

Primary Source Verification of Graduation Certified

Hospital Affiliation (s):
SPARTANBURG REGIONAL MEDICAL CENTER
SPARTANBURG HOSP FOR RESTORATIVE CARE

Credential Status: Active
No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

License History:
No other licenses on record.

Verification disclaimer

arms Because our mission is too important to risk

CONFIDENTIAL/PROPRIETARY

Practitioner Reapplication

This application is submitted to: (enter Affiliate name here), herein, "this Affiliate".

I. INSTRUCTIONS:

This form should be typed or legibly printed in black or blue ink. If more space is needed than provided on original, attach additional sheets and reference the question being answered. Please do not use abbreviations when completing the application. Current copies of the following documents must be submitted with this application:

- Face Sheet of Professional Liability Policy or Certification

Practitioner Right to Review Information

This is to advise you of your right to review information obtained in support of your credentialing or recredentialing application, provided the information does not apply to peer review references or recommendations or other information that is peer review protected. You will be notified of any substantial discrepancy between the information you submitted and the information verified through primary source(s), and will be given an opportunity to review and/or correct information submitted with your application.

II. IDENTIFYING INFORMATION

Last Name: [redacted]	First [redacted]	Middle [redacted]
Is there any other name under which you have been known? Name(s):		
Home Mailing Address: [redacted]	City: [redacted]	
	State: SC	ZIP: [redacted]
Home Telephone Number: [redacted] Home Fax Number:	E-Mail Address: [redacted] Pager Number:	
Citizenship (If not a United States citizen, please include copy of Alien Registration Card). USA		
Specialty: Family Medicine		
SubSpecialty:		

III. PRACTICE INFORMATION - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☒

Affiliate Name: Planned Parenthood Health Systems	Department Name (If Hospital Based):	
Primary Office Street Address: 3713 Middleburg Dr. #107	City: Columbia	
	State: SC	ZIP: 29204
Telephone Number: 803-256-4908	Fax Number:	
CEO (Print Name): Walter Klausmeier	Telephone Number:	
	Fax Number:	
Name Affiliated with Tax ID Number: 56-1282557	Federal Tax ID Number:	
Practice Name (if applicable):	Department Name (If Hospital Based):	
Secondary Office Street Address:	City:	
	State:	ZIP:

CEO (Print Name):	Telephone Number:
	Fax Number:
Name Affiliated with Tax ID Number:	Federal Tax ID Number:
Other Medical Interests in Practice, Research, etc.:	

I have reviewed the attached clinician application and am hereby submitting this application for (re)credential verification by Medversant. I understand that if the Medversant report I receive contains any information which the National Insurance Program has outlined in the Credential Verification Program booklet as needing further review, it is my responsibility to forward this application within ten (10) days of receipt of the Medversant report to the National Insurance program for consideration by the Medico-Legal Advisory Panel (MLAP). Failure to do so could result in denial of insurance coverage for this clinician.

Affiliate Chief Executive (Name Printer): _____

Affiliate Chief Executive Signature: _____ Signature Date: _____

IV. RESIDENCIES/FELLOWSHIPS - WITHIN LAST three YEARS. If nothing has changed, please check here. ☐
(Attach additional sheets if necessary. Reference this section number and title.)

Include residencies, fellowships, preceptorships, teaching appointments (indicate whether clinical or academic), and postgraduate education completed within the last three years in chronological order, giving name, address, city and ZIP code, and dates. Include all programs you have attended, whether or not completed.

Institution: Spartanburg Regional Healthcare System	Program Director: [redacted]	
Mailing Address: 101 E. Wood St.	City: Spartanburg	
Type of Training (eg. residency, etc.): Residency / Specialty: Family Medicine	State: SC	ZIP: 29302
	From: (mm/yy) 7/07	To: (mm/yy) 4/10

Did you successfully complete the program? ☒ Yes ○ No (If "No", please explain on separate sheet.)

V. BOARD CERTIFICATION - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☐

Include certifications by board(s) which are duly organized and recognized by:

- a member board of the American Board of Medical Specialties
- a member board of the American Osteopathic Association
- a board or association with equivalent requirements approved by the Medical Board of California
- a board or association with an Accreditation Council for Graduate Medical Education of American Osteopathic Association approved postgraduate training that provides complete training in that specialty or subspecialty

Name of Issuing Board: ABFM	Specialty: Family Medicine	Date Certified/Recertified: 2010	Expiration Date (If any): 2017

Have you applied for board certification other than those indicated above? ○ Yes ☒ No
If so, list board(s) and date(s):
If not certified, describe your intent for certification, if any, and date of eligibility for certification on separate sheet.

VI. OTHER CERTIFICATIONS (E.G. FLUOROSCOPY, RADIOGRAPHY, ETC.) - WITHIN LAST THREE YEARS
If nothing has changed, please check here. ☒

Type:	Number:	Expiration Date:

VII. LICENSURE/REGISTRATION (Remember to attach copies of documents.)

State License Number: 29722	Issue Date: 2-26-08	Expiration Date: 6-30-13
Drug Enforcement Administration (DEA) Registration Number: FF0456043		Expiration Date: 9-30-2013

Controlled Dangerous Substances Certificate (CDS) (if applicable):			Expiration Date:
Medicare UPIN/National Physician Identifier (NPI):			Medicaid Number:

VIII. ALL OTHER STATE MEDICAL LICENSES

State: Georgia	License Number: 62038	Expiration Date: 9-31-14

IX. PROFESSIONAL LIABILITY INSURANCE CARRIER (other than Planned Parenthood National Insurance Program)

Name of Carrier:	Policy #:	From: (mm/yy)	To: (mm/yy)
Mailing Address:		City:	
		State:	ZIP:
Per Claim Amount:	Aggregate Amount:	Expiration Date:	

List all professional liability carriers within the past seven years, other than the Planned Parenthood National Insurance Program or carrier listed above

Name of Carrier:	Policy #:	From: (mm/yy)	To: (mm/yy)
Mailing Address:		City:	
		State:	ZIP:

X. CURRENT HOSPITAL AND OTHER INSTITUTIONAL AFFILIATIONS

Please list in reverse chronological order (with the current affiliation{s} first) all institutions where you have current affiliations (A) and have had previous hospital privileges (B) during the past two years. This includes hospitals, surgery centers, institutions, corporations, military assignments, or government agencies.

A. CURRENT AFFILIATIONS (Attach additional sheets if necessary. Reference this section number and title.)

Name, Mailing Address and Phone Number of Primary Admitting Hospital: Spartanburg Regional Medical Center	City: Spartanburg	
	State: SC	ZIP: 29302
Department/Status (active, provisional, courtesy, etc.): active	Appointment Date: 7/10	
Name, Mailing Address and Phone Number of Other Hospital/Institution:	City:	
	State:	ZIP:
Department/Status:	Appointment Date:	

B. PREVIOUS HOSPITAL AND OTHER INSTITUTION AFFILIATIONS - WITHIN LAST TWO YEARS

Name, Mailing Address and Phone Number of Other Hospital/Institution:		City:	
		State:	ZIP:
From: (mm/yy)	To: (mm/yy)	Reason for Leaving:	

If you do not have hospital privileges, please explain.

XI. PEER REFERENCES

List three professional references, preferably from your specialty area, not including relatives, current partners or associates in practice.

NOTE: References must be from individuals who are directly familiar with your work, either via direct clinical observation or through close working relations.

Name of Reference: [redacted]	Specialty: [redacted]	Telephone Number: [redacted]	
		Fax Number:	
Mailing Address: [redacted]		City: [redacted]	
		State: GA	[redacted]

XII. WORK HISTORY - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☐

Chronologically list all work history activities since completion of postgraduate training (use extra sheets if necessary). This information must be complete. Please explain any gaps in professional work history on a separate page.

[redacted]	Telephone Number: [redacted]	
	Fax Number:	

Mailing Address:	[redacted]	City: Spartanburg	
		State: SC	ZIP: 29303
From: (mm/yy) 7 10	To: (mm/yy)	[redacted]	

XIII. ATTESTATION QUESTIONS

Please answer the following questions "yes" or "no." If your answer to questions A through K is "yes," or if your answer to L is "no," please provide full details on separate sheet.

A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions, or have you been fined or received a letter of reprimand or is such action pending? Yes ○ No ✗

B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or any public program, or is any such action pending? Yes ○ No ✗

C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes ○ No ✗

D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending? Yes ○ No ✗

E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program? Yes ○ No ✗

F. Has your membership or fellowship in any local, county, state, regional,national, or international professional organization ever been revoked, denied, reduced, limited, subjected to probationary conditions, or not renewed , or is any such action pending? Yes ○ No ✗

G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes ○ No ✗

H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes ○ No ✗

I. Do you presently use any drugs illegally? Yes ○ No ✗

J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases, or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes ○ No ✗

K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes ○ No ✗

L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to the safety of patients? Yes ✗ No ○

I hereby affirm that the information submitted in this Section XIII, Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may

result in denial o[redacted]ician participation agreement.

Physician Signa[redacted]ate: 5-23-12

(Stamped Signa[redacted]

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature [redacted] e: 5-23-12

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
July 9, 2012 3:32:54 PM EDT	800-508-5799	80	3	Received

Jul 09 2012 12:31:58 -> SRHS Medversant Corporati Page 001

FAX COVER SHEET

Company: Medversant

From: "Hannah Chung" <hannah.chung@medversant.com>

To Fax Number: 8645606017

TO

Date: 07/09/12 12:31:17 PM

Pages (Including cover): 3

Re: Notification Fax

877-303-5179

Notes:

MEDVERSANT

Spartanburg Regional

Tuesday, July 10, 2012

To: Medversant
Medical Staff Services
355 S. Grand Ave., Suite 1700
Los Angeles, CA 90071

Fax: 877-303-5179

Re: [redacted] MD
Primary Department: Family Medicine

Dear Sir or Madam:

In response to your request, we are able to supply the following information regarding the above-named practitioner.

[redacted] MD joined the staff of our facility on [redacted] current appointment expires on [redacted] MD is a member in good standing of our MS Active Medical Staff, specializing in the area of Family Medicine.

[redacted] has had no disciplinary action taken against [redacted] since [redacted] last reappointment and we are not aware of any reason for not granting [redacted] the privileges that [redacted] is requesting. You may assume that [redacted] is currently meeting all of the requirements of [redacted] staff category. A copy of the current privilege list is enclosed if privileges were effective after July 2000.

Sincerely,

Jamie Peterson, CPCS
Credentialing Specialist
Medical Staff Services

PROVISIONAL: All initial appointments to any category of the Medical Staff shall be Provisional for a twelve-month period of time.

Enclosures: Current Approved Privileges

MIDAS+ Seeker
7/10/2012
07:09:33AM

ORGANIZATION WORKSHEET

[redacted] MD ID Number [redacted] Organization: Spartanburg Regional Medical Cente

General Information

Staff Type:	SR District and RPN Affiliation	Currently on Staff:	Y	Initial Appt.:	08/15/2010
Primary Service/Dept.:	Family Medicine	Review:	N	Last Reappt.:	12/15/2011
Clinical Priv Level:				Next Reappt.:	12/15/2013
Specialty:	Family Medicine				

Staff Memberships

Category	Service/Dept.	Section	Status	Start Date	End Date
MS Active	Family Medicine	SRHS Affiliated		10/26/2011	12/15/201
MS Active Provisional	Family Medicine	SRHS Affiliated		08/15/2010	10/26/201
Temporary Privileges	Family Medicine	SRHS Affiliated		06/11/2010	08/15/201
Applicant	Family Medicine	SRHS Affiliated		03/12/2010	06/11/201
MS Resident H&P	Family Medicine	SRHS Affiliated	Microfilm 2010	02/18/2009	04/30/201
Pre-applicant	Family Medicine	SRHS Affiliated		03/06/2010	03/12/201
Pre-application	Family Medicine	SRHS Affiliated		03/05/2010	03/06/201
Temporary Privileges	Family Medicine	SRHS Affiliated		12/19/2008	02/18/200
Applicant	Family Medicine	SRHS Affiliated		10/14/2008	12/19/200
Pre-applicant	Family Medicine	SRHS Affiliated		10/14/2008	10/14/200

Staff Membership Approvals

Category	Service/Dept.	Temporary Date	Special Committee Date	Section Date	Service/ Department Date	Credentials Committee Date	Medical Executive Date	Board D
MS Active	Family Medicin							
MS Active Provisional	Family Medicin	06/11/2010			06/08/2010	06/24/2010	07/30/2010	
Temporary Privileges	Family Medicin	06/11/2010			06/08/2010	06/09/2010	06/11/2010	
Applicant	Family Medicin	06/11/2010			06/08/2010	06/09/2010	06/11/2010	
MS Resident H&P	Family Medicin				12/16/2008	01/22/2009	02/06/2009	
Pre-applicant	Family Medicin							
Pre-application	Family Medicin							
Temporary Privileges	Family Medicin				12/16/2008	12/18/2008	12/19/2008	
Applicant	Family Medicin							
Pre-applicant	Family Medicin							

Major/Core Privileges

Privilege	Status	Start Date	End Date
Family Medicine Ambulatory Privileges	Active	08/15/2010	12/15/201

Assessment, diagnosis, treatment and follow up of patients with uncomplicated medical/surgical problems on an ambulatory basis.

Physicians in this category will be expected to refer patients for admission according to hospital and department policy.

Physician in this category will not have admission or inpatient consultation privileges and may not perform procedures in the hospital setting.

01/2004

Family Medicine Ambulatory Privileges	Temporary	06/11/2010	08/15/201

MIDAS+ Seeker
7/10/2012
07:09:35AM

ORGANIZATION WORKSHEET

[redacted] MD ID Number [redacted] Organization: Spartanburg Regional Medical Cente

Assessment, diagnosis, treatment and follow up of patients with uncomplicated medical/surgical problems on an ambulatory basis.

Physicians in this category will be expected to refer patients for admission according to hospital and department policy.

Physician in this category will not have admission or inpatient consultation privileges and may not perform procedures in the hospital setting.

01/2004

History and Physicials	Inactive	02/18/2009	04/30/201

Limited to the performance of a complete screening medical history and physical examination, for patients admitted by a psychiatrist with a behavioral health diagnosis, in accordance with the Medical Staff Rules and Regulations. Encounter may include diagnostic testing and related follow-up to determine appropriateness of consultations.

05/2005

History and Physicials	Temporary	12/19/2008	02/18/200

Limited to the performance of a complete screening medical history and physical examination, for patients admitted by a psychiatrist with a behavioral health diagnosis, in accordance with the Medical Staff Rules and Regulations. Encounter may include diagnostic testing and related follow-up to determine appropriateness of consultations.

05/2005

Added Privileges

Privilege	Status	Start Date	End Date
Hyperbaric Medicine	Active	08/15/2010	12/15/2013
Wound Care	Active	08/15/2010	12/15/2013
Hyperbaric Medicine	Temporary	06/11/2010	08/15/2010
Wound Care	Temporary	06/11/2010	08/15/2010

Excluded Privileges

Privilege	Status	Start Date	End Date

Contracts

Type:	Provider Type:	Delegated:	Start Date:
Status:	Practice:	Delegated To:	End Date:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Markel Insurance Company	38970
INSURED PLANNED PARENTHOOD HEALTH SYSTEMS AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 100 S. BOYLAN AVENUE RALEIGH, NC 27603	INSURER B : N/A	N/A
	INSURER C : National Union Fire Ins. Co. of Pittsburgh, PA	19445
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** NYC-006227005-03 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			3C40607	01/01/2012	01/01/2013	EACH OCCURRENCE	$ [redacted]
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$
	[X] SIR: $100,000						PERSONAL & ADV INJURY	$
	[ ]						GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	[ ] POLICY [ ] PRO-JECT [X] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[ ]							$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	MEDICAL PROFESSIONAL			6793286	01/01/2012	01/01/2013	PER CLAIM	[redacted]
	CLAIMS-MADE COVERAGE			Program Retro: 11/1/76			AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

PLANNED PARENTHOOD HEALTH SYSTEMS
100 S. BOYLAN AVENUE
RALEIGH, NC 27603

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Christian Victorino Christian Victorino

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: N/A	N/A
INSURER B: N/A	N/A
INSURER C: National Union Fire Ins. Co. of Pittsburgh, PA	19445
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
PLANNED PARENTHOOD HEALTH SYSTEMS, INC.
AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.
100 S. BOYLAN AVENUE
RALEIGH, NC 27603

COVERAGES **CERTIFICATE NUMBER:** NYC-005764025-07 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ ☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	MEDICAL PROFESSIONAL			6793288	01/01/2012	01/01/2013	PER CLAIM	[redacted]
	CLAIMS-MADE COVERAGE			Program Retro: 11/1/76			AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EVIDENCE OF COVEAGE FOR ALL CLINICIANS AT ALL SITES.

CERTIFICATE HOLDER

PLANNED PARENTHOOD HEALTH SYSTEMS, INC.
100 S. BOYLAN AVENUE
RALEIGH, NC 27603

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Christian Victorino Christian Victorino

Verified Profile

File Status:	
File Issue Reason	**File Review Reason**
None	None

Practitioner Name:	[redacted]	**Practitioner Type:**	MD
Social Security No.:	[redacted]	**Date of Birth:**	[redacted]
Specialty Ranking:		**Board Certified:**	
1. Obstetrics & Gynecology		Yes	

Office

Office Address:	Planned Parenthood Health Systems 2712 Middleburg Drive, Suite 107 Columbia, SC 29204	**Office Phone:** **Office Fax:**	803-256-4908

License

License:	[redacted]	**State:**	SC
Issue Date:	04/29/1978	**Expiration Date:**	06/30/2013
Status:	ACTIVE	**Adverse Action:**	None
Verified By:	State Board	**Source Date**	07/03/2012
Verifier:	bcheng	**Verification Date:**	07/03/2012
Comments:	None		

DEA

DEA Number:	[redacted]	**Status:**	
Schedule:		**Expiration Date:**	07/31/2013
Limits/Restrictions?	None	**Source Date:**	05/08/2012
Verified By:	NTIS Website	**Verification Date:**	05/09/2012
Verifier:	SYSTEM		
Comments:			

Malpractice Carrier

Malpractice Carrier:	National Union Fire Insurance Co. - Planned Parenthood	**Policy Number:**	[redacted]
Original Effective Date:	10/1976	**Coverage Expiration Date:**	01-01-2013
Per Claim Amount:	1,000,000	**Aggregate Amount:**	[redacted]
Exclusions:	None	**Source Date:**	01/03/2012
Verified By:	Malpractice Face Sheet	**Verification Date:**	06/29/2012
Verifier:	thozumi		
Comments:	None		

EPLS Exclusions

Search Results:	No Match	**Source Date:**	06/30/2012
Finding:	None		
Verified By:	EPLS	**Verification Date:**	06/30/2012
Verifier:	SYSTEM		
Comments:	None		

Board Certification

Board Certification:	Obstetrics & Gynecology	**Board Status:**	Certified
Initial Certification Date:	11/05/1976	**Expiration Date:**	Does Not Expire
Verified By:	Certifacts	**Source Date:**	07/02/2012
Verifier:	ebaldonado	**Verification Date:**	07/02/2012
Comments:	None		

ABMS® Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

New Search | Search Results | Feedback | Save Physician | Print

[redacted] Viewed:7/2/2012 3:42:24 PM CST

DOB: [redacted]

Status: Alive

Certification

American Board of Obstetrics & Gynecology

Obstetrics & Gynecology - General			***Status: Certified***
Active	Lifetime	Initial Certification	11/05/1976 -

Education

1970 MD (Doctor of Medicine)

Location

[redacted]

OFFICIAL DISPLAY AGENT ABMS ETHICS · HONOR · SKILL

powered by ABMS Direct Connect™

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

Current Date: 5/9/2012 **Data File Release Date:** 05/08/2012

Drug Enforcement Administration (DEA) Datafiles -Both

Registrant Profile

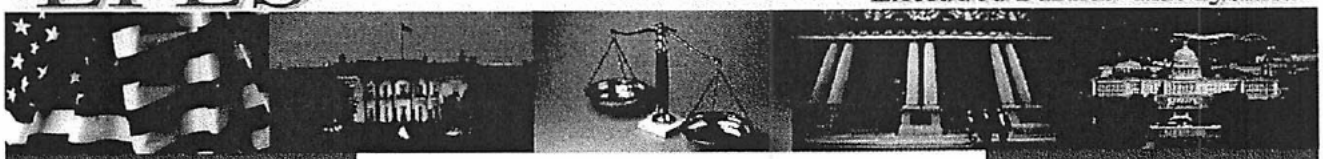
for

[redacted]	
Address:	PLANNED PARENTHOOD OF COLUMBIA COLUMBIA
State / Zip:	SC 29204
DEA Number:	[redacted]
Business Activity Code:	C
Business Activity Sub Code:	0
Drug Schedule:	22N 33N 4 5
Expiration Date:	7/31/2013
Payment Indicator:	P

Print

EPLS

Excluded Parties List System



Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
- > MyEPLS
- > Recent Updates
- > Browse All Records

View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Archive Search Results

Archive Search Results for Parties Excluded by

Individual : [redacted]
Individual
Individu

As of 01-Jul-2012 1:43 AM EDT

Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News
- > System for Award Management (SAM)

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

EPLS

Excluded Parties List System

Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
- > MyEPLS
- > Recent Updates
- > Browse All Records

View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Search Results

Search Results for Parties Excluded by

Individual : [redacted]
Individual
Individua

As of 01-Jul-2012 1:43 AM EDT

Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News
- > System for Award Management (SAM)

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signature: [redacted] 3/13/12

arms Because our mission is too important to risk

CONFIDENTIAL/PROPRIETARY

Practitioner Reapplication

This application is submitted to: (enter Affiliate name here), herein, "this Affiliate".

I. INSTRUCTIONS:

This form should be typed or legibly printed in black or blue ink. If more space is needed than provided on original, attach additional sheets and reference the question being answered. Please do not use abbreviations when completing the application. **Current copies of the following documents must be submitted with this application:**

- Face Sheet of Professional Liability Policy or Certification

Practitioner Right to Review Information

This is to advise you of your right to review information obtained in support of your credentialing or recredentialing application, provided the information does not apply to peer review references or recommendations or other information that is peer review protected. You will be notified of any substantial discrepancy between the information you submitted and the information verified through primary source(s), and will be given an opportunity to review and/or correct information submitted with your application.

II. IDENTIFYING INFORMATION

Last Name: [redacted]	First: [redacted]	Middle: [redacted]
Is there any other name under which you have been known? Name(s): No		
Home Mailing Address: [redacted]	City: [redacted]	
	State: S.C.	ZIP: [redacted]
Home Telephone Number: [redacted]	E-Mail Address: [redacted]	
Home Fax Number: NO	Pager Number: [redacted]	
Citizenship (If not a United States citizen, please include copy of Alien Registration Card). USA		
Specialty: OB-GYN		
SubSpecialty:		

III. PRACTICE INFORMATION - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☒

Affiliate Name: Planned Parenthood Health System	Department Name (If Hospital Based):	
Primary Office Street Address: 2712 Middleburg Dr. #107	City: Columbia	
	State: SC	ZIP: 29204
Telephone Number: 803-256-4908	Fax Number:	
CEO (Print Name): Walter Klausmeier	Telephone Number:	
	Fax Number:	
Name Affiliated with Tax ID Number: 20-1288557	Federal Tax ID Number:	
Practice Name (if applicable):	Department Name (If Hospital Based):	
Secondary Office Street Address:	City:	
	State:	ZIP:

CEO (Print Name):	Telephone Number:
	Fax Number:
Name Affiliated with Tax ID Number:	Federal Tax ID Number:
Other Medical Interests in Practice, Research, etc.:	

I have reviewed the attached clinician application and am hereby submitting this application for (re)credential verification by Medversant. I understand that if the Medversant report I receive contains any information which the National Insurance Program has outlined in the Credential Verification Program booklet as needing further review, it is my responsibility to forward this application within ten (10) days of receipt of the Medversant report to the National Insurance program for consideration by the Medico-Legal Advisory Panel (MLAP). Failure to do so could result in denial of insurance coverage for this clinician.

Affiliate Chief Executive (Name Printer): _____

Affiliate Chief Executive Signature: _____ Signature Date: _____

IV. RESIDENCIES/FELLOWSHIPS - WITHIN LAST three YEARS. If nothing has changed, please check here. ☒
(Attach additional sheets if necessary. Reference this section number and title.)

Include residencies, fellowships, preceptorships, teaching appointments (indicate whether clinical or academic), and postgraduate education completed within the last three years in chronological order, giving name, address, city and ZIP code, and dates. Include all programs you have attended, whether or not completed.

Institution:		Program Director:	
Mailing Address:		City:	
Type of Training (eg. residency, etc.):	Specialty:	State:	ZIP:
		From: (mm/yy)	To: (mm/yy)

Did you successfully complete the program? ○ Yes ○ No (If "No", please explain on separate sheet.)

V. BOARD CERTIFICATION - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☒

Include certifications by board(s) which are duly organized and recognized by:

- a member board of the American Board of Medical Specialties
- a member board of the American Osteopathic Association
- a board or association with equivalent requirements approved by the Medical Board of California
- a board or association with an Accreditation Council for Graduate Medical Education of American Osteopathic Association approved postgraduate training that provides complete training in that specialty or subspecialty

Name of Issuing Board:	Specialty:	Date Certified/Recertified:	Expiration Date (if any):

Have you applied for board certification other than those indicated above? ○ Yes ○ No
If so, list board(s) and date(s):
If not certified, describe your intent for certification, if any, and date of eligibility for certification on separate sheet.

VI. OTHER CERTIFICATIONS (E.G. FLUOROSCOPY, RADIOGRAPHY, ETC.) - WITHIN LAST THREE YEARS
If nothing has changed, please check here. ☒

Type:	Number:	Expiration Date:

VII. LICENSURE/REGISTRATION (Remember to attach copies of documents.)

State License Number: [redacted]	Issue Date:	Expiration Date: 6/30/2013
Drug Enforcement Administration (DEA) Registration Number: [redacted]		Expiration Date: 7/31/2013

Controlled Dangerous Substances Certificate (CDS) (if applicable):			Expiration Date:
Medicare UPIN/National Physician Identifier (NPI):			Medicaid Number:

VIII. ALL OTHER STATE MEDICAL LICENSES

State: NONE ACTIVE	License Number:	Expiration Date:

IX. PROFESSIONAL LIABILITY INSURANCE CARRIER (other than Planned Parenthood National Insurance Program)

Name of Carrier: NONE	Policy #:	From: (mm/yy)	To: (mm/yy)
Mailing Address:		City:	
		State:	ZIP:
Per Claim Amount:	Aggregate Amount:	Expiration Date:	

List all professional liability carriers within the past seven years, other than the Planned Parenthood National Insurance Program or carrier listed above

Name of Carrier:	Policy #:	From: (mm/yy)	To: (mm/yy)
Mailing Address:		City:	
		State:	ZIP:

X. CURRENT HOSPITAL AND OTHER INSTITUTIONAL AFFILIATIONS

Please list in reverse chronological order (with the current affiliation(s) first) all institutions where you have current affiliations (A) and have had previous hospital privileges (B) during the past two years. This includes hospitals, surgery centers, institutions, corporations, military assignments, or government agencies. NONE

A. CURRENT AFFILIATIONS (Attach additional sheets if necessary. Reference this section number and title.)

Name, Mailing Address and Phone Number of Primary Admitting Hospital:	City:	
	State:	ZIP:
Department/Status (active, provisional, courtesy, etc.):	Appointment Date:	
Name, Mailing Address and Phone Number of Other Hospital/Institution:	City:	
	State:	ZIP:
Department/Status:	Appointment Date:	

B. PREVIOUS HOSPITAL AND OTHER INSTITUTION AFFILIATIONS - WITHIN LAST TWO YEARS

Name, Mailing Address and Phone Number of Other Hospital/Institution:	City:	
	State:	ZIP:
From: (mm/yy)	To: (mm/yy)	Reason for Leaving:

If you do not have hospital privileges, please explain.

XI. PEER REFERENCES

List three professional references, preferably from AHN From PPHS [redacted]

NOTE: References must be from individuals who a[redacted] working relations.

Name of Reference:	Specialty:	Telephone Number: Fax Number:
Mailing Address:	City:	
	State:	ZIP:

XII. WORK HISTORY - WITHIN LAST THREE YEARS. If nothing has changed, please check here. ☑

Chronologically list all work history activities since completion of postgraduate training (use extra sheets if necessary). This information must be complete. Please explain any gaps in professional work history on a separate page.

Name of Practice /Employer:	Contact Name:	Telephone Number:
		Fax Number:

Mailing Address:		City:	
		State:	ZIP:
From: (mm/yy)	To: (mm/yy)		

XIII. ATTESTATION QUESTIONS

Please answer the following questions "yes" or "no." If your answer to questions A through K is "yes," or if your answer to L is "no," please provide full details on separate sheet.

A. Has your license to practice medicine in any jurisdiction, your Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions, or have you been fined or received a letter of reprimand or is such action pending? Yes ○ No ✓

B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or any public program, or is any such action pending? Yes ○ No ✓

C. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g. hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending? Yes ○ No ✓

D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending? Yes ○ No ✓

E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program? Yes ○ No ✓

F. Has your membership or fellowship in any local, county, state, regional,national, or international professional organization ever been revoked, denied, reduced, limited, subjected to probationary conditions, or not renewed , or is any such action pending? Yes ○ No ✓

G. Have you been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)? Yes ○ No ✓

H. Have you ever been convicted of any crime (other than a minor traffic violation)? Yes ○ No ✓

I. Do you presently use any drugs illegally? Yes ○ No ✓

J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases, or are there any filed and served professional liability lawsuits/arbitrations against you pending? Yes ○ No ✓

K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures? Yes ○ No ✓

L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws of, the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to the safety of patients? Yes ✓ No ○

I hereby affirm that the information submitted in this Section XIII, Attestation Questions, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omissions or misrepresentations may

result in denial of my application or termination of my privileges, employment or physician participation agreement.

Physician Signature: [redacted] ate: 5-13-12

(Stamped Signature Is [redacted]

INFORMATION RELEASE/ACKNOWLEDGMENTS

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications and performance ("credentialing information") by and between "this Affiliate" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations {IPAs}, health plans, health maintenance organizations {HMOs}, preferred provider organizations {PPOs}, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, licensing authorities, and businesses and individuals acting as their agents (collectively, "Healthcare Organizations"), for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect credentialing information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including "this Affiliate" engaged in quality assessment, peer review and credentialing on behalf of "this Affiliate", and all persons and entities providing credentialing information to such representatives of "this Affiliate", from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in "this Affiliate" to the extent that those acts and/or communications are protected by state or federal law.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with "this Affiliate" or other Healthcare Organization, I agree to notify "this Affiliate" immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify "this Affiliate" in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by any Medical Board taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a report with a Medical Board , or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original.

Physician Signatu [redacted] 5-13-12

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	07-31-2013	$551

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	06-09-2010

[redacted] MD
PLANNED PARENTHOOD OF COLUMBIA
COLUMBIA, SC 29204

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacturer, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	07-31-2013	$551

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	06-09-2010

[redacted] MD
PLANNED PARENTHOOD OF COLUMBIA
COLUMBIA, SC 29204

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

CERTIFICATE OF REGISTRATION
ISSUED PURSUANT TO THE
SOUTH CAROLINA CONTROLLED SUBSTANCES ACT
THIS CERTIFICATE MUST BE MAINTAINED IN A READILY RETRIEVABLE MANNER AT ALL TIMES.

DC16646 -9	DATE OF ISSUE	REGISTRATION FEE	CODE	EXPIRATION DATE
	08/09/2011	125.00		10/01/2012

SCHEDULES OF CONTROLLED SUBSTANCES AUTHORIZED	DEA REGISTRATION NUMBER	STATE REGISTRATION NUMBER
[redacted]	[redacted]	[redacted]

[redacted]

PLANNED PARENTHOOD OF CAROLINAS
2713 MIDDLEBURG PLACE, STE 207

[redacted]

*2-II-NARCOTIC; 2N-II-NON-NARCOTIC; 3-III-NARCOTIC; 3N-III-NON-NARCOTIC; 4-SCHEDULE IV-ALL; 5-SCHEDULE V-ALL

THIS CERTIFICATE IS NOT TRANSFERABLE UPON CHANGE OF OWNERSHIP OR ADDRESS
S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
BUREAU OF DRUG CONTROL
2600 BULL STREET
COLUMBIA, SOUTH CAROLINA 29201

DHEC 1176 (07/2000)

State of South Carolina
Department of Labor, Licensing and Regulation
Board of Medical Examiners

[redacted] **M.D.**

Is Authorized to Practice as a
Medical Physician

License Number: MD [redacted]
Expires: 06/30/2013

South Carolina Board of Medical Examiners
Website Verification

[redacted]

Name: [redacted] **Profession:** MD **Office Phone:** [redacted]

Basis: NB 71 **School:** JEF **Graduation:** 01/01/1970

License No: [redacted] **Date Issued:** [redacted] **Expiration:** 06/30/2013

Specialty: OBG*

Primary Source Verification of Graduation Certified

Hospital Affiliation (s): None

Credential Status: Active
No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

License History:
Temporary License Number: [redacted]

Verification disclaimer

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 434 WEST 33RD STREET NEW YORK, NY 10001	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : N/A — N/A INSURER B : N/A — N/A INSURER C : National Union Fire Ins. Co. of Pittsburgh, PA — 19445 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** NYC-005763693-14 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	MEDICAL PROFESSIONAL			6793286	01/01/2012	01/01/2013	PER CLAIM	
	CLAIMS-MADE COVERAGE			Program Retro: 11/1/76			AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ALL CLINICIANS EMPLOYED BY PLANNED PARENTHOOD FEDERATION OF AMERICA AND/OR ITS AFFILIATES ARE COVERED UNDER THE POLICY.

CERTIFICATE HOLDER

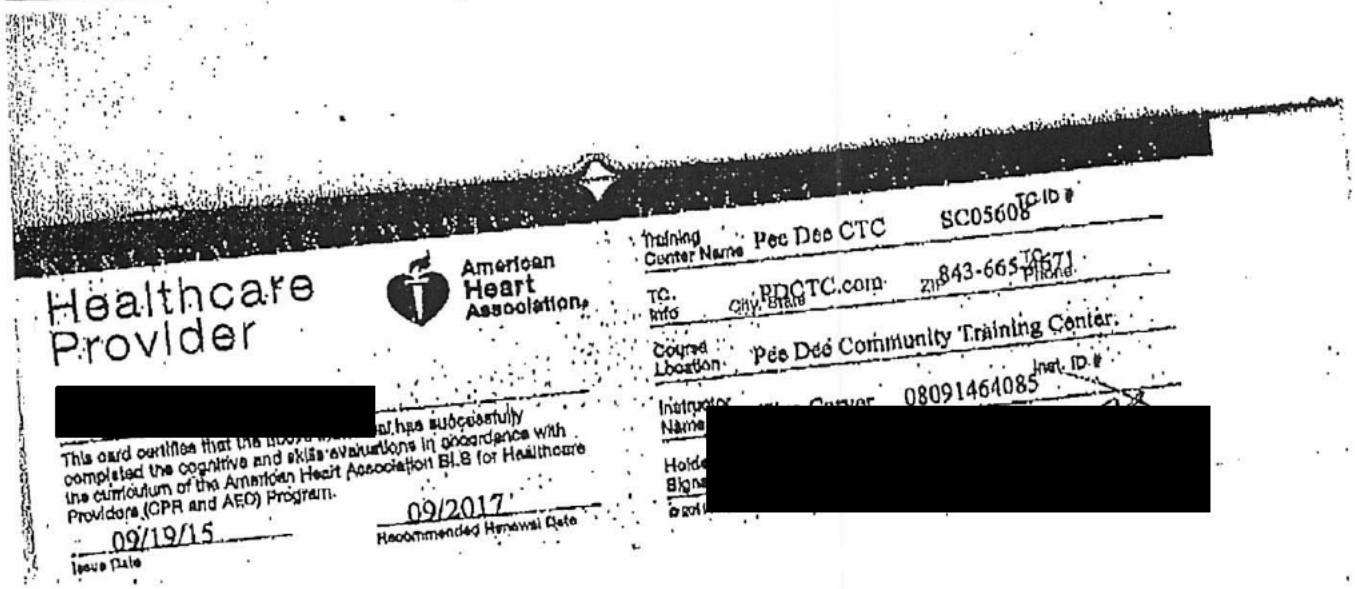
MEDSERVANT TECHNOLOGIES
350 SOUTH GRAND AVENUE 3070
LOS ANGELES, CA 90071

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

Christian Victorino



Healthcare Provider

American Heart Association.

[redacted] has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

09/19/15
Issue Date

09/2017
Recommended Renewal Date

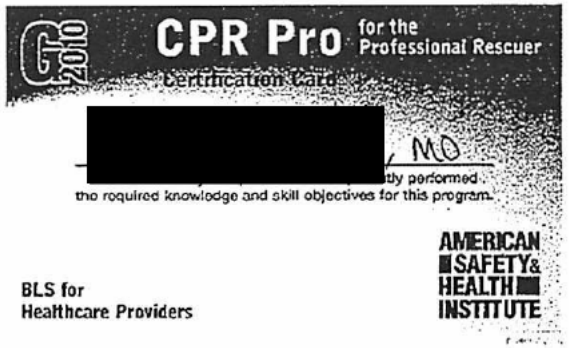
Training Center Name: Pee Dee CTC SC05608 TC ID #

TC Info: City, State PDCTC.com Zip 843-665-4571 TC Phone

Course Location: Pee Dee Community Training Center

Instructor Name: [redacted] 08091464085 Instr. ID #

Holder Signature: [redacted]



ASHI-Approved Certification Card

Rachel Hodge BSN, RN
Authorized Instructor (Print Name)

7076
Instructor I.D.

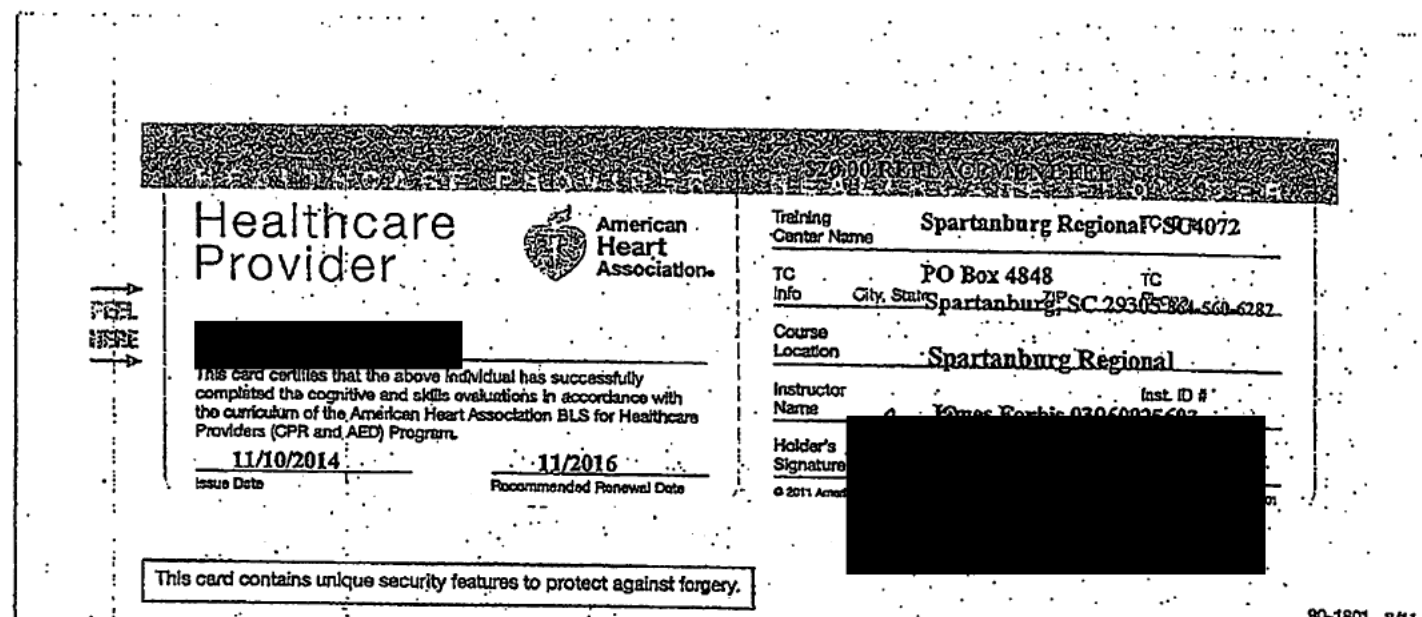
9-17-2015
Class Completion Date

9-17-2017
Expiration Date

803-438-2026
Training Center Phone No.

South 21
Training Center I.D.

This card certifies the holder has demonstrated the required knowledge and skill objectives to a currently authorized ASHI Instructor. Certification does not guarantee future performance, or imply licensure or credentialing. Course content covers all age groups and conforms to the *2010 AHA Guidelines for CPR and ECC*, and other evidence-based treatment recommendations. Certification period may not exceed 24 months from class completion date. More frequent reinforcement of skills is recommended.



Healthcare Provider

American Heart Association.

[redacted]

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

11/10/2014
Issue Date

11/2016
Recommended Renewal Date

Training Center Name: Spartanburg Regional — TC ID #: SC4072

TC Info: PO Box 4848 — City, State: Spartanburg, SC — ZIP: 29305 — TC Phone: 864-560-6282

Course Location: Spartanburg Regional

Instructor Name: [redacted] — Inst. ID #: [redacted]

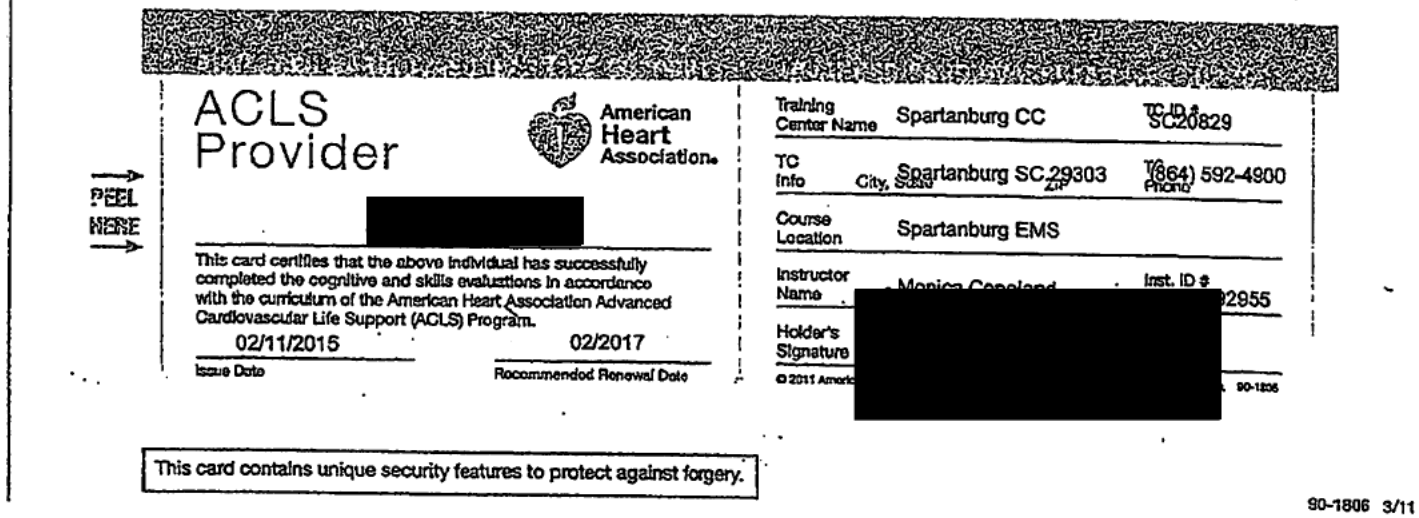
Holder's Signature: [redacted]

© 2011 Amer[redacted]

This card contains unique security features to protect against forgery.

90-1801 3/11

$25.00 REPLACEMENT FEE



ACLS Provider

American Heart Association.

[redacted]

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

02/11/2015
Issue Date

02/2017
Recommended Renewal Date

Training Center Name: Spartanburg CC — TC ID #: SC20829

TC Info: City, State: Spartanburg SC — ZIP: 29303 — TC Phone: (864) 592-4900

Course Location: Spartanburg EMS

Instructor Name: Monica Copeland — Inst. ID #: [redacted]2955

Holder's Signature: [redacted]

© 2011 Amer[redacted] 90-1806

This card contains unique security features to protect against forgery.

90-1806 3/11

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

Job Title:	Abortion Physician
Reports To:	Medical Director and VP for Patient Services
Department:	Patient Services
FLSA Status:	Non-exempt
Access to ePHI:	Full
Revision Date:	06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
4. Perform surgical and medication abortion procedures.
5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
6. Order post-operative medication, including contraceptives.
7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.

3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail** - Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity** - Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: [redacted] **Date:** 9/16-2018

Print Name: [redacted] MD

Copies to: ☐ **Employee**
☐ **Human Resources File**

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

[redacted]

[redacted]

Signature

9-17-19

Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name [redacted] Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted]

9-17-15
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name [redacted] MD **Title:** Medical Director

Date of Training	Subject	Facilitator/Verified by Signature
9-18-15	**Infection Prevention (OSHA)**	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

Signature [redacted] 18 Sept 15
Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may [redacted] termination of employment.

[redacted]

9-17-19
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-16-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted]

Signature

9-16-15
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** PHYSICIAN PROVIDER

Date of Training	Subject	Facilitator/Verified by Signature
	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-15-2015

Signature Date

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

[redacted]

Name (please print)

[redacted] 9/15/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 9-15-15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 9-15-15

Signature Date

Pee Dee Regional Community Training Center Registration Receipt

Thank you for your registration. Please print this receipt for your reference.

Order Information

Order Date: 9/15/2015
Payment Method: Paypal

Training Center Contact

Pee Dee Regional Community Training Center
P.O. Box 808
Florence, SC 29503
carolinacenter@bellsouth.net
843-665-4671

Customer

[redacted]

Item	Cost
BLS for Healthcare Providers Sat 9/19/2015 at 9:00 AM	$60.00
Total	$60.00

Class Location

Pee Dee Regional Community Training Center, Florence, SC

Directions:
1209 West Evans Street
Florence, SC 29501

Notes

This class is for first time participants as well as renewing students.

Fire Drill Report

Planned Parenthood of South Carolina
2712 Middleburg Dr. Suite 107
Columbia SC 29204

Reported by: [redacted]

Date: 9-14-15

Communications:

Was discovery of fire reported appropriately to available personnel? (Y) N
Was [redacted] called ? (Y) N
Was "all clear" called following the drill ? (Y) N
How much time elapsed between notification and evacuation ? 1min 39sec

Response:

Did personnel evacuate all patients? (Y) N
Was fire department called ? (Y) N
Was fire department met? (Y) N

Containment:

Were all windows and doors closed? (Y) N
Were the proper extinguishers brought to scene to contain fire? (Y) N

Evacuation:

Were proper evacuation methods used? (Y) N
Were bathrooms checked for patients? (Y) N
Were exits and corridors kept clear and free of obstruction? (Y) N
Were patients escorted to a safe area? (Y) N
Are all evacuation routes clearly posted? (Y) N

Recommendations: _____

Planned Parenthood South Atlantic Fire Drill Report

Date : 09/14/2015

[redacted] **called at : 4:50pm**

Location of supposed fire: Pharmacy

All accounted for at : End of driveway at 2712 Middleburg Dr

Participants

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

Planned Parenthood South Atlantic Fire Extinguisher and Safety Report

Date: 9/22/15

Facilitator: Beni Leverette

Participants:

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6. [redacted]
7. [redacted]
8. [redacted]
9. [redacted]
10. [redacted]
11. [redacted]
12. [redacted]

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] MD MPH Title: Medical Director SCPP

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature [redacted] 17 Sep 15
Date

[redacted]

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name [redacted] MD MPH Title: Medical Director PPSC

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signatur [redacted] 15 Sep 15
Date

[redacted]

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name [redacted] MD MPH Title: Medical Director

Date of Training	Subject	Facilitator/Verified by Signature
17 Sept 15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 17 Sept 15

Signature Date

[redacted]

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

AGREEMENT OF CONFIDENTIALITY

Client information: All information pertaining to clients, whether directly or indirectly, shall remain confidential and may not be shared with anyone who is not directly in service to the client.

Internal Affairs: Staff members will not discuss agency affairs with or in the presence of unauthorized persons.

Release of Information to the Public: Contacts with the press or other public media will be handled by the President/CEO or designees. All inquiries will be immediately referred to the President/CEO for appropriate action.

I have read this statement and commit myself to its provisions.

[redacted] MDMPK

Name (please print)

[redacted] 17 Sep 15

Signature Date

January 2015

[redacted]

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

Job Title: Abortion Physician
Reports To: Medical Director and VP for Patient Services
Department: Patient Services
FLSA Status: Non-exempt
Access to ePHI: Full
Revision Date: 06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.

2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.

3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.

4. Perform surgical and medication abortion procedures.

5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.

6. Order post-operative medication, including contraceptives.

7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.

8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.

9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.

3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail** - Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity** - Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: [redacted] **Date:** 29 Jun 15

Print Name: [redacted] MD MPH

Copies to:
- ☐ **Employee**
- ☐ **Human Resources File**

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

Job Title: Lab Director (addendum to Abortion Physician)
Reports To: Medical Director and VP for Patient Services
Department: Patient Services
FLSA Status: Non-exempt
Access to ePHI: Full
Revision Date: 06/08/2015

JOB PURPOSE

The Lab Director is responsible for the overall operation and administration of the laboratory. While some responsibilities may be delegated, she/he is ultimately responsible and must ensure that all the functions are properly performed and applicable CLIA regulations are met. She/he is responsible to ensure that the laboratory develops and uses a quality system approach to laboratory testing that provides accurate and reliable patient test results. The Risk Quality Management Director and Nursing Director are available to assist the Lab Director with any questions or concerns.

ESSENTIAL FUNCTIONS

The Lab Director performs a wide range of functions including, but not limited to the following:

- Conduct annual review of the Laboratory Manual.
- Conduct quality assessments - includes review of proficiency testing and corrective actions.
- Serve as Clinical Consultant. Provide consultation regarding test result interpretation related to specific patient conditions (only applies to tests performed on site – ie Rh, Hg, wet prep, etc.)
- Serve as Technical Consultant. Provide oversight of Proficiency Testing program including review of corrective action plans for unacceptable or unsatisfactory results.
- Oversee employee training and proficiency testing.
- Ensure the testing systems in the laboratory provide quality services in all aspects of test performance, i.e., the preanalytic, analytic, and postanalytic phases of testing and are appropriate for PPSAT's patient population.
- Ensure the physical and environmental conditions of the laboratory are adequate and appropriate for the testing performed.
- Ensure the environment for employees is safe from physical, chemical, and biological hazards and safety and biohazard requirements are followed.
- Ensure a general supervisor (high complexity testing) is available to provide day-to-day supervision of all testing personnel and reporting of test results as well as provide on-site supervision for specific minimally qualified testing personnel when they are performing high complexity testing.
- Ensure a sufficient numbers of appropriately educated, experienced, and/or trained employees who provide appropriate consultation, properly supervise, and accurately perform tests and report test results in accordance with the written duties and responsibilities specified by you, are employed by the laboratory.
- Ensure new test procedures are reviewed, included in the procedure manual and followed by employees.
- Ensure each employee's responsibilities and duties are specified in writing.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: [redacted] **Date:** 27 Jan 15

Print Name: [redacted]

Copies to: ☐ **Employee**
☐ **Human Resources File**

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

Job Title: Supervising Physician
Reports To: Medical Director and VP for Patient Services
Department: Patient Services
FLSA Status: Non-exempt
Access to ePHI: Full
Revision Date: 06/08/2015

JOB PURPOSE

The Supervising Physician is responsible for providing support and guidance to Advanced Practice Clinicians according to the Collaborative Practice Agreement.

ESSENTIAL FUNCTIONS

The Supervising Physician performs a wide range of functions including, but not limited to the following:

- Sign Collaborative Practice Agreement (CPA) with Advanced Practice Clinicians (covering scope of practice and prescriptive authority) at onset of supervisory relationship and review annually thereafter.
- Conduct periodic meetings with supervisees as outlined in CPAs (varies by state and specialty).
    - Annually to review CPA.
    - At least one additional time per year to review clinical issues (VA must document specific chart/case review).
- Complete form QM 80 to document all meetings.
- Conduct annual review of 10 Family Planning charts. Supervising Physician will be provided with the chart audit form to facilitate this review.
- Details for state specific requirements attached (APC Supervision Requirements). Where state requirements require more frequent meetings than outlined above, the stricter requirement must be met.

QUALIFICATION REQUIREMENTS

Education:

Medical degree with training and experience in reproductive health, family planning and abortion services preferred.

Experience:

Minimum three years' experience in gynecologic care, full range of contraception provision and colposcopy, and management of gynecologic emergencies preferred.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature: [redacted] Date: 7/19/16

Print Name: [redacted] MD MPH

Copies to: ☐ Employee
☐ Human Resources File

September 25, 2015

I, [redacted] fixed the ultrasound machine's time around the end of August. I do not remember the exact date it was done. I also did not realize the time was off until [redacted] pointed it out to me. I did not call GE for help. I figured it out on my own. Since I have fixed the time, the times have been correct. I make sure the time is correct when I first turn the machine on and between each pt.

If you have any questions please let me know.

Thanks,

[redacted] HCA
[redacted]

Clinical Staff Orientation

Date: 1-11-14

	Print Name	Signature	Title
1.	[redacted]		RN
2.	[redacted]		Med Dir
3	[redacted]		Regional Director
4.	[redacted]		HCA
5	[redacted]		MD
6.	[redacted]		MA
7	[redacted]		MA
8.	[redacted]		HCA
9.	[redacted]		MA
10.	[redacted]		HCA NP
11	[redacted]		
12	[redacted]		MD

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

October 12, 2015

Via E-mail and Hand Delivery

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities
Licensing
301 Gervais St.,
Columbia,, SC 29201

Re: Amended Plans of Correction—Planned Parenthood South Atlantic
Columbia Facility

Dear Ms. Thompson:

Enclosed please find an amended Plan of Correction ("POC") for the Routine Inspection for Planned Parenthood South Atlantic Columbia Facility ("PPSAT") for Reg. 61-12 §§ 204.C, 204.E, 208, 401.A.1, 304.H and 605.D and an amended POC for the Investigation for PPSAT for Reg. 61-12 §§ 401.A.1, 204.H, 304.H and 605.D. For each of the amended sections, where there is a notation that there are attachments, the attachments are the same as those added to the POCs previously filed with the Bureau of Health Facilities Licensing.

Please do not hesitate to contact me with any questions. Thank you for your attention this matter.

Sincerely,

M. Elizabeth Crum

MEC:df

cc: Shelly B. Kelly, Esq.
Ashley C. Biggers, Esq.
Eva C. Johnson
Emily Adams

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

RECEIVED
OCT 12 2015
HEALTH LIC.

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 10/12//2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L07 INVESTIGATION*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☒ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

10/12//2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record. PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures.

Preventive Action: The Health Center Manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

10/12//2015 Completion Date (Actual or Expected)

Section: 204.H

Corrective Action: Staff member A signed [redacted] job description on 6/25/15, a copy of which was available at PPSAT's central office in Raleigh, NC. Furthermore, as a point of clarification, the referenced document that was provided to inspectors for review was not the job description but was in fact the general PPSAT contract. PPSAT operates health centers across four states and uses a standard contract and fee schedule for all providers. The excerpt referenced in the report was from the fee schedule, including those who work at health centers outside of South Carolina, and does not specify just South Carolina job duties.

Preventive Action: Attached is the revised Appendix A that enumerates the only procedures that Staff A will be providing in the PPSAT Columbia facility. This Appendix was reviewed and signed by Staff member A on 9/29/15 and a copy is attached. Additionally, attached are the Staff member A Redacted Employment Agreement, Redacted Job Description, and Physician On-site Orientation Check List.

10/12/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was actually treated in accordance with the requirements. These manifests are attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is

attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

10/12/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was actually treated in accordance with the requirements. These manifests are attached. In addition, prior to the investigation, PPSAT has initiated a contract, effective 8/27/15, with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☒ No ☐

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

   Administrators Name: Enter your name in the space provided.

   E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

   Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

October 1, 2015

RECEIVED
OCT 0 1 2015
HEALTH LIC.

Via Hand Delivery

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities Licensing
301 Gervais Street
Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Per our conversation with Ms. Eva Johnson and Ms. Michelle Hatcher, RN, yesterday afternoon, please find attached additional information provided as part of the supplemental POC and related attachments. Per the Department's request, we have provided unredacted information containing personal health information ("PHI"), as the same is defined by HIPAA. We understand that the Department has access to this information pursuant to HIPAA and South Carolina statutes and regulations. We further understand that the Department, pursuant to the HIPAA requirements, will not release the PHI, but will redact the PHI from any document prior to its release.

Additionally, as to certain citations, addition information was requested that did not result in a change in the POC. However, PPSAT is providing addition documentation, as listed below.

For the Routine POC:

204.G.1—the unredacted job descriptions are attached for [redacted] and [redacted]

204.H—Exhibit 43, unredacted Appendix A for [redacted]

208—the unredacted training forms for staff

208—Exhibit 38, revised Abortion Monthly Chart Completion Audit Form

303.A.1—Exhibit 33, RQM-82, Infection Prevention Rounds Check List

303.C— Exhibit 33A, RQM-82, Infection Prevention Rounds Check List

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

MCNAIR
ATTORNEYS

401.A.1—Exhibit 49, unredacted information showing names of minor parents, when available

401.A.12— Exhibit 38A, RQM-82, Infection Prevention Rounds Check List

602.B—Exhibit 38B, RQM-82, Infection Prevention Rounds Check List

808.A—Exhibit 40A—Paperwork from Cook Plumbing Company evidencing plumbing work on setting the water temperature.

808.A—Exhibit 40B—Log regarding checking water temperature monthly.

For Investigation POC:

401.A.12— Exhibit 50A, RQM-82, Infection Prevention Rounds Check List

403.A.1—Exhibit 51 South Carolina Reports of Induced Termination and Fetal Death Reports

We appreciate the Department's professionalism in this matter. With best wishes.

Sincerely,

M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq.
Ashley C. Biggers, Esq.
Eva C. Johnson
Emily Adams

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

October 1, 2015

Via Hand Delivery and E-Mail

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities Licensing
301 Gervais Street
Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Enclosed please find materials which should be substituted for the existing exhibit 808.A – Exhibit 40B, which was submitted via hand delivery this morning. We would appreciate your substituting the attached PPSAT SC – Water Temperature Log for Exhibit 40B that was submitted this morning.

Further, although my cover letter this morning stated "please find attached additional information provided as part of the supplemental POC and related attachments", we inadvertently did not enclose the supplemental Routing and the Investigation POCs.

We appreciate the Department's professionalism in this matter. With best wishes.

Sincerely,

M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq.
Ashley C. Biggers, Esq.
Eva C. Johnson
Emily Adams

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L07 Investigation*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

10/1/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: PPSAT submits a report of induced termination of pregnancy through an online portal system managed by DHEC. Staff have experienced times when this system is down causing delays in abortion reporting. All abortions will be reported to the DHEC Bureau of Vital Records within 7 days. In the event the online system is unavailable, staff will contact DHEC to report the issue and develop an alternate plan for reporting. Any delays will be documented on the form.

Preventive Action: Staff will receive training from the Health Center Manager at the monthly staff meetings as to the requirement that all abortions be reported to the DHEC Bureau of Vital Records within 7 days. Based upon conversations with the DHEC Bureau of Vital Records PPSAT has been instructed to use an alternate plan for reporting when the DHEC online portal system is down, to mail in a paper copy of the form and to notify DHEC that its system is down. PPSAT will maintain a folder of e-mails sent to the Bureau of Vital Records every time the system is down, thus preventing timely reporting. Attached is SC Report of Inducted Termination and Fetal Death Report which will be effective October 8, 2015. Health center staff will receive training from the health center manager on this new reporting policy on or before October 8, 2015.

10/1/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The Health Center Manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes No ☐

Page Number (if you answered Yes to the question above)
Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

   Administrators Name: Enter your name in the space provided.

   E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

   Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING

2600 BULL STREET, COLUMBIA, SC, 29201

OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L07 Investigation*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

10/1/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: PPSAT submits a report of induced termination of pregnancy through an online portal system managed by DHEC. Staff have experienced times when this system is down causing delays in abortion reporting. All abortions will be reported to the DHEC Bureau of Vital Records within 7 days. In the event the online system is unavailable, staff will contact DHEC to report the issue and develop an alternate plan for reporting. Any delays will be documented on the form.

Preventive Action: Staff will receive training from the Health Center Manager at the monthly staff meetings as to the requirement that all abortions be reported to the DHEC Bureau of Vital Records within 7 days. Based upon conversations with the DHEC Bureau of Vital Records PPSAT has been instructed to use an alternate plan for reporting when the DHEC online portal system is down, to mail in a paper copy of the form and to notify DHEC that its system is down. PPSAT will maintain a folder of e-mails sent to the Bureau of Vital Records every time the system is down, thus preventing timely reporting. Attached is SC Report of Inducted Termination and Fetal Death Report which will be effective October 8, 2015. Health center staff will receive training from the health center manager on this new reporting policy on or before October 8, 2015.

10/1/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. In response to the inspection PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The Health Center Manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes No ☐

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

   Administrators Name: Enter your name in the space provided.

   E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

   Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

S.C. Code Regs. 204.H

Unredacted Appendix A for [redacted]

Exhibit 43

Planned Parenthood South Atlantic

Appendix A -- Compensation

Planned Parenthood South Atlantic ("PPSAT") will pay Employee a professional fee of:

per surgical abortion procedure up to 13.6 weeks
per medication abortion procedure
per LARC insertion or removal
per hour training rate

* Except when LARC is covered by the Ryan Fund

Such consideration will be payable bi-weekly. The per-procedure fee will include all phone and in-office consultation with patients presenting with post-surgical complications. In the event of a failed abortion, the contractor will provide a second abortion. No additional fees are paid to the contractor in the event of a failed procedure.

[redacted]

Employee Signature **Date** 28 Sep 15

[redacted]

Print Name

[redacted]

Corrected to 401.A.12

S.C. Code Regs. 303.A.1

RQM-82 Infection Prevention Rounds Checklist

Exhibit 50(A)

Infection-Free Environmental Rounds Checklist: performed monthly by HCM, filed in RQM Binder			
Topic	**Compliant**	**N/A**	**Comments**
Clean and dirty utility separated			
No dirty items stored in clean utility	Y N		
No clean items stored in dirty utility	Y N		
Items not stored under sink	Y N		
Items off floor	Y N		
Trash Containment			
Covered and appropriately placed	Y N		
Sharps containers easily accessible	Y N		
Sharps containers not overfilled	Y N		
No white bag trash in biohazard	Y N		
No biohazard in white bag trash	Y N		
Trash removed at least daily	Y N		
Refrigerators			
Patient and employee food separated and labeled	Y N		
Food, med, and biologicals separated and labeled	Y N		
Temps checked daily; 2x for vaccine(s)	Y N		
No outdated items	Y N		
Generally clean	Y N		
Locked if storing medications	Y N		
Handwashing facilities			
Easily accessible	Y N		
Soap dispensers filled	Y N		
Antimicrobial hand rinse available	Y N		
Meds			
Multi-dose vials dated when opened (28 day limit)	Y N		
Water and saline one time use only	Y N		
No outdated items	Y N		
Items checked for outdates			
Lab collection tubes	Y N		
Sutures	Y N		
Sterile supplies that are dated, 1st in, 1st out observed	Y N		
Steam Sterilizers			
Log maintained	Y N		
Biologicals run weekly (daily in SC if autoclave used)	Y N		
Verbalizes actions taken if problems	Y N		
Repeat run	Y N		
If still problem	Y N		
Inform IC?	Y N		
Recall instruments and rerun	Y N		
PPE's available	Y N		
Infection prevention policies available	Y N		
Written	Y N		
Electronic	Y N		
Safety needles available, used consistently, correctly	Y N		
Facility cleaned as per ARMS' Infection Prevention	Y N		
Facility free of dirt, dust, debris	Y N		
Name:	**Title:**		
Center:	**Date:**		
Signature of reviewer:			

PPSAT

S.C. Code Regs. 403.A.1

SC Reports of Induced Termination and Fetal Death Reports

Exhibit 51

2. For any fetus that weighs 350 grams or more, a report within five (5) days after the procedure.

Death Reports

1. In the event of death of an adult patient at PPSAT, PPSAT will coordinate with the funeral director or other person who assumes the body to ensure that a Death Report is timely filed with the State Registrar.

References:

S.C. Code Regs. 61-19, §§ 18, 21, and 22.
S.C. Code Regs. 61-12 § 301.K.

Planned Parenthood South Atlantic Policy	TYPE: Policy / SOP*	APPROVAL: Name and Date
Title: **SC Reports of Induced Termination and Fetal Death Reports** Intended Audience: South Carolina Health Center Staff Responsible Staff: Health Center Manager Date/Frequency of Review: at hire; annually thereafter	___Board Policy	Date only:
	_X_Staff Policy	CEO name / date: Jenny Black, CEO October 8, 2015
	_X_Medical Policy	Medical Director name / date: Katherine Farris, MD, October 8, 2015
	_X_SOP	LT member name / date: Emily Adams, VP PS October 8, 2015

PPSAT Policy:

PPSAT will comply with applicable South Carolina law regarding filing of Reports of Induced Termination of Pregnancy and Fetal Death Certificates.

Effective Date: 10/8/2015

Procedure:

Reports of Induced Termination of Pregnancy

1. PPSAT will complete a Report of Induced Termination of Pregnancy within seven days of each procedure and submit the report online using the DHEC portal.
2. In the event the portal is offline, staff will notify the DHEC staff via email and submit a paper ITOP form to:

   SC DHEC
   C/o - Registration
   Attn. Kozy Tennant
   2600 Bull Street
   Columbia, S.C. 29201
3. Staff should keep a copy of the email sent to the state in a folder to document attempts to submit online.
4. A copy of the submitted report will be scanned to the EHR.

Reports of Fetal Death

1. For abortion procedures performed before 20 completed weeks of gestation and where the fetus is weighs less than 350 grams, no Report of Fetal Death is required.

2. For any fetus that weighs 350 grams or more, a Report of Fetal Death will be filed with State Registrar within five (5) days after the procedure.

Death Reports

1. In the event of death of an adult patient at PPSAT, PPSAT will coordinate with the funeral director or other person who assumes the body to ensure that a Death Report is timely filed with the State Registrar.

References:

S.C. Code Regs. 61-19, §§ 18, 21, and 22.
S.C. Code Regs. 61-12 § 301.K.

RECEIVED

SEP 28 2015

HEALTH LIC.

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L07 INVESTIGATION*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

6/25/2015 Completion Date (Actual or Expected)

Section: 204.H

Corrective Action PPSAT was, in fact, in compliance with § 204.H. Staff member A signed [redacted]ob description on 6/25/15, a copy of which was available at PPSAT's central office in Raleigh. Furthermore, as a point of clarification, the referenced document that was reviewed by inspectors was not the job description but was in fact the general PPSAT contract. PPSAT operates health centers across four states and uses a standard contract and fee schedule for all providers. The excerpt referenced in the report was from the fee schedule, including those who work at health centers outside of South Carolina, and does not specify job duties.

Preventive Action: Attached is the revised Appendix A that enumerates the only procedures that Staff A will be providing in the PPSAT Columbia facility. This Appendix will be reviewed and signed by Staff member A by 9/29/15. Additionally, attached are the Staff member A Redacted Employment Agreement, Redacted Job Description, and Physician On-site Orientation Check List.

9/18/2015 Completion Date (Actual or Expected)

Section: 301.D.4

Corrective Action: As described by staff, PPSAT procedure is that infectious waste is weighed by the certified infectious waste transport vendor and not weighed on site, which is in compliance with SC Infectious Waste Regulation 61-105.F.6.J. The written policy reviewed during the investigation was a legacy policy that had not been updated to match PPSAT's current procedure. The policy was updated to reflect practice. A copy of the revised policy is attached.

Preventive Action: The revised infectious waste policy requires certified waste transport vendors to weigh infectious waste in accordance with the requirements of S.C. Code Ann. Reg. 61-105.T.9. The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

8/27/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: PPSAT was in fact in compliance with Section 304.H regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In

addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

9/25/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. In response to the inspection, PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

9/1/2015 Completion Date (Actual or Expected)

Section: 401.A.12

Corrective Action: A new Electronic Health Record system was implemented in October 2014. Staff immediately revised the electronic documentation to add the field for persons in attendance, if any, during the procedure. Inspectors reported that this solution met requirements.

Preventive Action: Health Center Manager will audit electronic health records to ensure that staff are documenting clinical assistants present, if any, during the abortion procedure. This field will be reviewed as part of the monthly Abortion Chart Completion Audit, a copy of which is attached. The health center manager will complete and document on the Health Center Manager RQM-82 the Infection-Free Environmental Rounds Checklist, a copy of which is attached, that is reviewed by the Regional Director.

9/19/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: PPSAT submits a report of induced termination of pregnancy through an online portal system managed by DHEC. Staff have experienced times when this system is down causing delays in abortion reporting. All abortions will be reported to the DHEC Bureau of Vital Records within 7 days. In the event the online system is unavailable, staff will contact DHEC to report the issue and develop an alternate plan for reporting. Any delays will be documented on the form.

Preventive Action: Staff will receive training at the monthly staff meetings as to the requirement that all abortions be reported to the DHEC Bureau of Vital Records within 7 days. PPSAT has asked for assistance from the DHEC Bureau of Vital Records as to an alternate plan for reporting. PPSAT will maintain a folder of e-mails sent to the Bureau of Vital Records every time the system is down, thus preventing timely reporting.

8/27/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT was in fact in compliance with Section 605.D regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced the reputable waste management company. A copy of the contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that it is in compliance with R.61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be returned to the waste management vendor for correction and/or supplementation. This monthly review will be documented on the Infectious Waste Manifest Checklist.

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☐ No ☒

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

PLAN OF CORRECTION

204.H ▪ 301.D.4 ▪ 304.H ▪ 401.A.1 ▪
401.A.12 ▪ 403.A.1 ▪ 605.D

EXHIBITS FOR 204.H

EXHIBIT NO	DESCRIPTION
41	Redacted Staff A Employment Agreement
42	Redacted Staff A Job Description
43	Revised Appendix A to Staff A Job Description
44	Physician On-Site Orientation Checklist

EXHIBITS FOR 301.D.4

EXHIBIT NO	DESCRIPTION
45	SC Definition of Infectious Waste

EXHIBITS FOR 304.H

EXHIBIT NO	DESCRIPTION
46	Revised Manifests • Manifest MDAU0085W3 dated 10/17/14 • Manifest MDAU00870V dated 10/31/2014 • Manifest MDAU0089T5 dated 12/5/2014 • Manifest MDAU008ADF dated 10/12/2014
47	8/27/2015 Advanced Environmental Options, Inc. Agreement

EXHIBITS FOR 401.A.1

EXHIBIT NO	DESCRIPTION
48	South Carolina Minor Demographic Face Sheet
49	Series of redacted Birth Certificates

EXHIBITS FOR 401.A.12

EXHIBIT NO	DESCRIPTION
50	EHR SC Abortion Chart Completeness Audit Tool

EXHIBITS FOR 403.A.1

EXHIBIT NO	DESCRIPTION
51	Fetal Death Policy

EXHIBITS FOR 605.D

EXHIBIT NO	DESCRIPTION
52	Revised Manifests • Manifest MDAU0085W3 dated 10/17/14 • Manifest MDAU00870V dated 10/31/2014 • Manifest MDAU0089T5 dated 12/5/2014 • Manifest MDAU008ADF dated 10/12/2014
53	8/27/2015 Advanced Environmental Options, Inc. Agreement

Redacted Staff A
Employment Agreement

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

1765 Dobbins D
Chapel Hill, NC 27
p: 866.942.7762 f: 919.933.5
www.ppsat

EMPLOYMENT AGREEMENT

This agreement is made and entered into by and between Planned Parenthood South Atlantic, Inc. ("PPSAT") and [redacted] M.D. ("Employee").

1. Employment. Employee hereby accepts employment as a physician with PPSAT, with the commencement date of July 01, 2015. Employee's employment will run from that date until the time it is terminated as provided herein (the entire duration of employment is referred to as the "Term").

2. Duties. During the Term, Employee shall serve PPSAT in any manner requested by PPSAT so long as it is consistent with Employee's training and experience and in conformity with PPSAT's Medical Standards and consistent with the Abortion Provider job description. In addition, Employee will work with trainees as directed by PPSAT.

3. Compensation. PPSAT will pay: [redacted]

4. Expense Reimbursement. PPSAT will reimburse Employee expenses in accordance with the agreement as outlined in **Appendix B**.

5. Termination Without Cause. Either party may terminate Employee's employment for any reason upon thirty (30) days written notice to the other of such intention.

6. Termination for Cause. PPSAT may immediately terminate Employee's employment for cause for any of the following reasons:

a) Employee's failing or refusing to faithfully and diligently perform the usual customary duties of Employee's employment.

b) Employee's failing or refusing to comply with the terms and provisions of this Agreement.

c) Employee's failing or refusing to comply with the reasonable policies, rules, and regulations of PPSAT, which PPSAT may from time to time establish.

d) Employee's engaging in negligent, unprofessional, unethical, or fraudulent conduct.

EXHIBIT
tabbies
41

1765 Dobbins I
Chapel Hill, NC 27
p: 866.942.7762 f: 919.933.5
www.ppsal

e) Employee's acting in a manner that discredits PPSAT or is detrimental to the reputation, character, and standing of PPSAT and its other employees.

f) Employee's failure to remain insurable for medical malpractice at rates equivalent to those paid for other physicians in positions similar to Employee's.

If PPSAT terminates Employee's employment for cause, PPSAT will pay Employee for work performed through the effective date of termination. This payment will be subject to normal withholdings. PPSAT will not be required to pay Employee any other amounts unless Employee is entitled to be paid for unused vacation days under PPSAT's policies.

7. Termination for Employee's Death or Disability. Employee's employment will terminate in the event of Employee's death or total disability. The term "total disability" as used in this Agreement shall mean a physical or mental disability that, despite reasonable accommodation, prevents Employee from performing the essential functions of Employee's position for a period of one hundred (100) consecutive calendar days. This Agreement will not modify PPSAT's obligations under any applicable laws related to disability.

If this Agreement is terminated for Employee's death or disability, PPSAT will pay Employee (or Employee's estate) any compensation that Employee earned up to the effective date of termination. This payment will be subject to normal withholdings. PPSAT will not be required to pay Employee any other amounts unless Employee is entitled to be paid for unused vacation days under PPSAT's policies.

8. Obligations of Employee.

a) Employee warrants that Employee is currently licensed in the State of South Carolina by the South Carolina Medical Board, and Employee will maintain such licensure at Employee's expense. If PPSAT requires licensing in an additional state or any additional permits specific to Planned Parenthood practices, PPSAT will reimburse Employee for the expenses associated with obtaining such license or permits.

b) Employee warrants that Employee currently holds a DEA registration allowing Employee to dispense or prescribe narcotic drugs, and Employee will maintain such registration at Employee's expense. If PPSAT requires additional registrations or permits, PPSAT will reimburse Employee for the expenses associated with obtaining such additional registrations or permits.

c) Employee will remain current in CME requirements for state licensure (at Employee's expense), and maintain CPR proficiency by annually participating

1765 Dobbins C
Chapel Hill, NC 27
p: 866.942.7762 f: 919.933.5
www.ppsat

in programs provided either by PPSAT or hospitals where Employee maintains staff membership.

d) Physician will provide all necessary documents and information for credentialing in a timely manner.

e) Employee agrees to be thoroughly familiar with the contents of the Planned Parenthood South Atlantic Medical Standards and Guidelines (herinafter referred to as "Standards") as they pertain to his/her activities as an agent of PPSAT. Employee agrees to adhere to the Standards unless in his/her clinical judgment it is in the best interest of the patient to deviate. Employee will inform PPSAT of Employee's preferences regarding clinic hours to permit clinic staff scheduling, and further agrees to contact the medical staff of PPSAT if such schedule would conflict with Employee's other commitments. Due consideration will be given to Employee's preference with regard to scheduled times, but preferred scheduling cannot be guaranteed.

f) In event of an illness or emergency that prevents Employee from fulfilling Employee's scheduled clinical shift, Employee will contact the Health Center Manager and endeavor to arrange a substitute unless circumstances make such actions impossible or impractical.

g) Employee will endeavor, within reason, to support the needs of the medical staff to meet any clinic staffing deficiencies caused by the inability of scheduled staff members to meet their commitments for whatever reasons.

h) Employee will notify the Vice President for Patient Services or the PPSAT Medical Director of any change in Employee's professional status which may affect his/her ability to perform services Employee has been hired to perform, including revocation of license or privileges, and agrees to supply the Patient Services Department on an annual basis with an updated copy of his/her current state medical license(s) and other pertinent licenses and/or permits.

i) Employee will provide Human Resources with Employee's home and work phone numbers and addresses and Employee's mobile phone number.

9. Employee will participate in all briefings or meetings called by the PPSAT Medical Director. Employee will be compensated for time spent on such activities at the current hourly training rate.

10. No Assignment. Employee's rights under this Agreement may not be assigned without the prior written consent of PPSAT.

1765 Dobbins [
Chapel Hill, NC 27
p: 866.942 7762 f: 919.933.5
www.ppsat

11. Entire Agreement of the Parties. This Agreement supersedes any and all agreements, oral or written, between the parties with respect to the subject matter of this Agreement. Each party acknowledges that the party has had the opportunity to consult with legal counsel concerning this Agreement and that the party understands this Agreement and has entered into it freely and voluntarily. Each party acknowledges that no representations, inducements, promises, or agreements, orally or otherwise, have been made by any party, or anyone acting on behalf of any party, that are not contained in this Agreement, and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding. Any modification of this Agreement will be effective only if it is in writing signed by the party to be bound.

12. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. A photocopied, scanned, or faxed version of the signed Agreement shall have the same force and effect as an original.

Employee		**Planned Parenthood South Atlantic, Inc.**	
Signature	[redacted]	Signature	Jenny Black
Printed Name	[redacted] MD	Printed Name	Jenny Black
Date	6-25-2015	Title	CEO
		Date	6·15·2015

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

Appendix A -- Compensation

Planned Parenthood South Atlantic ("PPSAT") will pay Employee a professional fee of:

[redacted]

* Except when LARC is covered by the Ryan Fund

Such consideration will be payable bi-weekly [redacted]

[redacted]

Employee Signature

6-25-2015
Date

[redacted]

Print Name

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

Appendix B – Reimbursement

Planned Parenthood South Atlantic ("PPSAT") will reimburse mileage at the IRS rate for Employee travel that is more than 60 miles each way from Employee's home, and PPSAT will pay for mileage at the IRS rate or for a rental car and for hotels and meals (within policy guidelines) for Employee travel that is more than 120 miles each way from Employee's home.

[redacted]
Employee Signature

6-25-2015
Date

[redacted]
Print Name

[redacted]

Redacted Staff A
Job Description

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

Job Title:	Abortion Physician
Reports To:	Medical Director and VP for Patient Services
Department:	Patient Services
FLSA Status:	Non-exempt
Access to ePHI:	Full
Revision Date:	06/08/2015

JOB PURPOSE

Provide surgical and medication pregnancy terminations in an outpatient clinic setting in accordance with PPFA, PPSAT, and State guidelines.

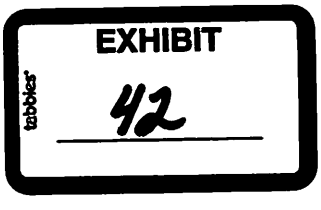
ESSENTIAL FUNCTIONS

Abortion Physicians perform a wide range of duties including, but not limited to the following:

1. Comply with all State Health Department and federal rules and regulations, PPSAT and Planned Parenthood Federation of America policies, procedures, and medical standards and guidelines.
2. Comply with all informed consent, mandated waiting periods and parental consent notification laws. Document compliance with all laws.
3. Obtain (or delegate obtaining) a pre-operative history, ultrasound, physical examination, and appropriate laboratory tests as indicated.
4. Perform surgical and medication abortion procedures.
5. Supervise post-operative care until all clients are stable and/or discharged as defined by protocol.
6. Order post-operative medication, including contraceptives.
7. Document all medical findings, prescriptions, and treatments completely and legibly in client's medical record.
8. Be familiar with PPSAT emergency policy and procedures and assumes responsibility for triage in case of a medical emergency.
9. Maintain a professional demeanor in dress and appearance, bedside comportment, and in communication with staff, patients, volunteers, and other professionals.

EDUCATION AND EXPERIENCE

1. Doctor of Medicine.
2. Licensed to practice medicine in each state privileged to provide services.



3. Board eligible or Board certified physician preferred.
4. Minimum 3 years' experience performing surgical and medication abortions.
5. Demonstrate the necessary sensitivity and ability to function with the staff team and communicate effectively and compassionately with the client.

PHYSICAL AND MENTAL DEMAND

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the functions of this job, the employee is regularly required to sit, talk, hear, and read documents both on paper and on a computer screen; operate a computer, including keyboarding with repetitive motions of both hands and wrists. The employee frequently is required to stand and walk. Specific vision abilities required by this job include close vision, and the ability to adjust focus. The employee must occasionally lift and/or move up to 10 pounds.

The employee is regularly required to utilize acquired knowledge and experience, problem solving skills, organizational skills, judgment, and tact; read, analyze and interpret complex documents, including contracts, architectural plans, or similar documents. The employee is frequently required to respond effectively to inquiries or complaints; define problems, collect data, and find solutions. The employee must be able to function efficiently in a fast paced environment despite distractions and interruptions.

KNOWLEDGE, SKILLS, ABILITIES

- Ability to communicate with patients and colleagues in a professional, warm and sensitive matter.
- Ability to manage multiple tasks and priorities while affording attention to detail and organization.
- Certified in ACLS and capable of performing other procedures for airway management.
- Willing to participate in a team approach to health care.
- Demonstrate commitment to nonjudgmental approach to provision of information and services and respect for confidentiality of client records and information.

COMPETENCIES

- **Planned Parenthood Mission** - Demonstrates understanding of and abides by PPSAT mission and core values, including diversity, self-determination, privacy, access and choice; practices these values in the work environment with internal and external customers.
- **Customer Service Orientation** - Demonstrates concern for meeting internal and external customer needs in a manner that provides satisfaction. Anticipates additional needs of the customer beyond their current use of PPSAT services. Understands and finds solutions within the limits of what is available. Gains trust and support of peers.
- **Judgment** - Demonstrates the ability to make decisions authoritatively and wisely, after adequately contemplating various available courses of action.
- **Attention to Detail** - Thoroughness in accomplishing a task through concern for all the areas involved no matter how small.
- **Interpersonal Sensitivity** - Acts in a way that indicates understanding and accurate interpretation of other's concerns, feelings, strengths and limitations. Uses interpersonal understanding to shape one's own response.

- **Teamwork** - Able to develop cooperation and work collaboratively toward solutions which generally benefit all involved parties.
- **Technical Expertise** – Possesses specialized knowledge or skills to accomplish a result. Picks up on technical things quickly; is good at learning new skills.

WORKING CONDITIONS

- **Environment:** Work in a clinical environment. May encounter protestor activity.
- **OSHA:** Exposure to blood borne pathogens and other potentially infectious materials.
- **Work Week:** Schedules vary between Mondays through Saturdays, including evenings.
- **Driving Responsibilities:** None.
- **Extra Time:** May be required to work over-time or attend staff meetings outside the regular schedule.

I have received a copy of this job description for reference. I have been given the opportunity to review this document with my supervisor and ask for clarification. I understand the contents of this job description and acknowledge that I am able to perform the essential functions.

Signature:_____ **Date:** 6-25-2015

Print Name:_____ MD

Copies to: ❑ **Employee**
❑ **Human Resources File**

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

Appendix A -- Compensation

Planned Parenthood South Atlantic ("PPSAT") will pay Employee a professional fee of:

[redacted]

* Except when LARC is covered by the Ryan Fund

Such consideration will be payable bi-weekly. [redacted]

Employee Signature **Date**

Print Name

Planned Parenthood® Care. No matter what.

Physician On-Site Orientation

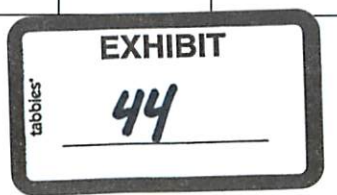
AB Services Only

Physician Name: _____

Health Center: _____

New Physician Medical Services On-site orientation/training topics To be completed within 30 days of hire Retain copy in HC and HR files	Date of Medical Services Orientation	If applicable, use scale below to evaluate training/review: 1=needs improvement (action plan & date for re-evaluation) 2=satisfactory 3=exceeds requirement	Initials of medical services orientation provider	Medical Services Orientation Time=
Provision of Medical Services – General				
Responsibilities of clinic personnel				
PPFA Medical Standards & Guidelines, Loop				
Client confidentiality				
Taking, review of medical history for AB services				
Infection Prevention Manual, Sharps, PPE, waste disposal				
Informed Consent (review of pertinent CI and CIICs)				
Customer Service Practices and Goals (PPFA required)				
Productivity Practices and Goals (PPFA required)				
Bilingual certification, if applicable*				
EHR				
Login				
5 Point Check				
Documenting MAB				
Documenting SAB				
Resulting Ultrasound				
Bundled Consents				
Documenting Atypical AB visits (see cheat-sheet)				
Clinical Systems – Laboratory				
Lab Manual				
Documentation of lab tests on charts				
Clinical Systems – Pharmacy				
Pharmaceuticals, Preparation and provision of medications (PPFA required). Review PPSAT Pharmacy manual				
Prescription writing policies				
Formulary				
Clinical Systems – Family Planning				
Contraception – review of options available, prescribing, dispensing				
IUC Insertion (Cu IUD/LNG IUS)				
IUC Removal				
Nexplanon Insertion (documentation of manufacturer training)				
Implant Removal				
Medical Emergencies				
Personnel responsibilities				
Review of Emergency Care Manual				
Location/use of emergency equipment and supplies				

Physician On-Site Orientation Checklist



Planned Parenthood® Care. No matter what.

Physician On-Site Orientation

AB Services Only

Physician Name: _____

Health Center: _____

New Physician Medical Services On-site orientation/training topic To be completed within 30 days of hire. Retain copy in HC and HR files	Date of Medical Services Orientation	If applicable, use scale below to evaluate training/review: 1=needs improvement (action plan & date for re-evaluation) 2=satisfactory 3=exceeds requirement	Initials of medical services orientation provider	Medical Services Orientation Time=
Clinical Systems - Abortion Services				
Day 1 Abortion evaluation (VA only)				
Ultrasound (see Clinical Privileges to Interpret Ultrasound)				
Pregnancy of Unknown Location/Early Pregnancy Complications				
Miscarriage Management (undesired pregnancy)				
POC evaluation				
Recovery Room				
Post-abortion visit				
Management and documentation of complications				
High Alert Follow-up				
Referral protocols and documentation				
Medication Abortion (See AB Physician Procedure Privileging Tools)				
Suction Abortion 1st Trimester (See AB Physician Procedure Privileging Tools)				
Suction Abortion 2nd Trimester (See AB Physician Procedure Privileging Tools)				
Sedation Oversight				
Safety/Security				
Fire procedures				
Evacuation procedures				
Physician Safety and Security				
Risk/Quality Management Program – Audit Program and Incident Reporting				
Types of reportable incidents				
RQM audit program				
Responsibilities of personnel				

Physician needs additional training/supervision in the following area(s):	Plan for additional training/supervision:	Re-evaluation Date:

Recommendation: ☐ Appropriately trained in and/or approved to provide initialed items above except those with designation 1 (needs improvement)
☐ Needs additional training/supervision as noted above

Physician Signature: _____ Date: _____ Physician Trainer Signature: _____ Date: _____

HCM Signature: _____ Date: _____ AMD Signature: _____ Date: _____

SOUTH CAROLINA

Definition of Infectious Waste

An infectious waste is any used material which is: generated in the health care community in the diagnosis, treatment, immunization, or care of human beings; generated in autopsy or necropsy; generated in research pertaining to the production of biologicals which have been exposed to human pathogens; generated in research using human pathogens. Examples include: sharps; specimens, cultures, and stocks of human pathogenic agents; blood and blood products; pathological waste; contaminated animal waste; and isolation waste. Also, any material designated by written generator policy as infectious, or any other material designated by a generator as infectious by placing the material into a container labeled infectious is an infectious waste. In addition, any solid waste which is mixed with infectious waste becomes designated as infectious and must be managed unless expressly excluded,

Certain wastes are excluded from the definition of infectious waste such as infectious waste residues resulting from discharges, hazardous waste which is to be managed pursuant to the hazardous waste management regulations, radioactive material which is managed pursuant to the department regulation, infectious wastes generated in a private residence except when determined by the commissioner to be an imminent or substantial hazard to public health or the environment.

Managing Infectious Waste

The Department will determine how individual waste fits into the definitions and/or categories.

Generator Requirements.

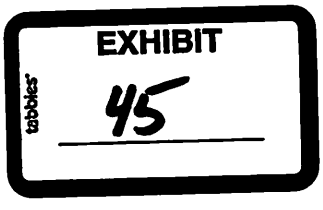
- All in-state generators of infectious waste must register with the Department of Health and Environmental Control. Information to be given should include the name of the business, name of the owner and responsible party if different, physical location of the site of waste generated, mailing address of the site of generation, telephone number of the site, a contact name of the infectious waste coordinator, and the categories and amount of infectious waste generated annually (estimated within + or -20%).

- When any changes occur in the information required the Department must be notified in writing of such changes within thirty (30) days.

- Renewal of registration will be every three (3) years for all generators. Registered generators will be notified of renewal requirements by the Department.

- Fees for registration are due at the time of registration and renewal.

- Each generator must have a designated infection control committee with the authority and responsibility for infectious waste management. This committee must develop or adopt a written protocol to manage the infectious waste stream from generation to disposal. The written protocol must include contingency plans and a Quality Assurance program to



monitor their own onsite treatment procedures. Small quantity generators are not required to have an infection control committee or a written protocol.

- Each generator must:
- segregate infectious waste from other waste at the point of generation;
- ensure infectious waste to be transported offsite for treatment and disposal is placed, stored, maintained before transport in rigid or semi rigid, leak resistant containers impervious to moisture initiate the manifest, SC DHEC Form 2116 or another Department approved form, if waste is to be transported offsite;
- prevent infectious waste containing radioactive material;
- maintain records;
- store waste properly;
- manage infectious waste in a manner which prevents exposure to the public or release to the environment;
- treat infectious waste onsite or offer infectious waste for offsite transport only to a transporter who maintains a current registration with the Department;
- obtain manifest from transporter that documents approximate weight and volume of waste being removed (accurate to within ten (10) percent) M(1)(f); and
- ensure manifest includes generator's registration number and transporter's registration number; and
- within 50 days of shipment, obtain completed manifest from treatment facility which records the accurate weight of waste (F)(6)(j); and
- Ensure completed manifest from treatment facility documents approved method of waste treatment and disposal F(1)(h);

    a. products of conception are to be incinerated, cremated, interred, or donated for medical research

- maintains monthly generation rates in the facility operating record.

Small Quantity Generators

- All in-state generators that produce less than fifty (50) pounds of infectious waste per calendar month are small quantity generators and are exempt from some of the provisions of this regulation. Planned Parenthood health center in Charleston, South Carolina is a small quantity generator, generating less than fifty (50) pounds of infectious waste per calendar month. Generators who qualify as small quantity generators, as defined above, may transport their own waste provided they never transport more than fifty pounds at a time, the

waste is packaged and labeled as required and the waste is not transported in the passenger compartment of the vehicle and is in an enclosed compartment to protect the container from inclement weather.

- If a small quantity generator offers infectious waste for transport offsite for treatment at a destination facility, the waste must be appropriately managed (e.g., segregated, packaged, labeled, etc.).

Segregation Requirements

Generators must segregate infectious waste from solid waste as close to the point of generation as practical to avoid commingling of the waste. If infectious waste is put in the same container as other waste, or if solid waste is put into a container labeled as infectious waste, the entire contents of the container must be managed as infectious waste unless hazardous and/or radioactive materials regulations apply, then the most stringent regulations apply.

Packaging Requirements

- Generators must assure that infectious waste is properly packaged before transporting or offering for transport offsite; must place and maintain all sharps in rigid, leak resistant, and puncture resistant containers which ate secured tightly to preclude loss of the contents and which are designed for the safe containment of sharps; all other types of infectious waste must be placed, stored, and maintained before and during transport in a rigid or semi-rigid, leak proof container which is impervious to moisture.

- Containers must have sufficient strength to prevent bursting and tearing during handling, storage, or transportation. They must be sealed to prevent any discharge of the contents at any time until the container enters the treatment system.

- Plastic bags used inside of containers must be a red or orange color and have sufficient strength to prevent tearing.

- Dumpsters, trailer bodies or other vehicle containment areas do not constitute a rigid containment system but are only a transport mechanism.

- Infectious waste must be contained in disposable or reusable containers that are appropriate for the type and quantity of waste, must withstand handling, transfer, and transportation without impairing the integrity of the container, must be closed tightly and securely, and must be compatible with selected storage, transportation, and treatment processes.

- Reusable containers are acceptable, These containers must be properly disinfected after each use.

- Infectious waste must not be compacted by any means prior to entering the containment of the treatment process.

- Exempt or excluded waste must not be packaged as infectious waste. Waste packaged as infectious waste must be managed as infectious waste.

- When infectious waste is treated by a technology which does not change the appearance of the bag or outer container, it must be clearly labeled with the word "Treated" and the date of treatment on the outside of the container to indicate that the waste was properly treated. This labeling method may be hand written, an indicator tape or chemical reaction. The labeling process must be water-resistant and indelible.

Labeling of Containers

- Generators and transporters must assure that containers of infectious waste are properly labeled in English.
- Containers of infectious waste offered for transport offsite must be labeled on outside surfaces so that it is readily visible with

    a. Universal biohazard symbol sign;

    b. Department issued number of the in-state generator;

    c. Water-resistant and indelible labeling process; and

    d. Date the container was placed in storage or sent offsite, if not stored.

- Each bag used to line inside of an outer container shall be labeled with indelible ink or imprinted as outlined in a-d immediately above.
- Transporters are required to label each outer container at the time it is accepted P(2).
- Transporters are required to affix required labels so that no other required markings or labels are obscured.
- No abbreviations may be used in required labeling except for common dictionary standard abbreviations.

Staff Responsibility:

- Staff will ensure that waste is handled in the manner that is listed above.
- Staff will ensure that all waste is labeled and packaged appropriatelys
- Staff will use the waste manifest checklist to ensure that manifests are completely and correctly documenting waste generation, transport and disposal.
- Staff will inform management if there are any irregularities in waste handling or manifests.
- Management will contact the waste management company to resolve any irregularities in a timely manner.pp

Stericycle

Route # 166 - 7

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21102

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU0085W3

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-2600 10/17/2014

CUSTOMER NUMBER 8027017-002 GENERATOR'S REGISTRATION # SC40-0339G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	4	16.5 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/17/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:

Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone # (866) 951-3537
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 10/17/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 1 2014

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Corrected

☒ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:
Stericycle, Inc. 4403 Republic Court Concord,NC 28027 (800) 883 - 9278 EPA#: 1305	Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (866) 783 - 7422 EPA#: 01-02-1	Stericycle, Inc. 4245 Maine Avenue Lakeland, FL 33801 (866) 783 - 7422 EPA#: FDOH # 7217

STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
OCT 21 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date [redacted]

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

00144 00388

ORIGINAL

tplRteMan2250Std 9/11

EXHIBIT
tabbies 46

Stericycle
Protecting People. Enriching Life.

Route # 166 11

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-00-STD
MDAU008870V

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: [redacted]
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478
(803) 256-2600

10/31/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-00336

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BXSS - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX96 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft
	TOTALS ▶	4	16.5 Cu Ft

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name [redacted] Signature [redacted] Date 10/31/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 951-9537
Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as [redacted]

Print/Type Name [redacted] Signature [redacted] Date 10/31/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 14 2014

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of [redacted]

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☒ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord,NC 28027
(800) 888-9278
EPA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783-7422
EPA#: 01-02-1

8C. Alternate Facility:
4240 Maine Avenue
Lakeland, FL 33801
(866) 783-7422
EPA#: FDOH # 7217

8D. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
NOV 14 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rptRteMan22505id 9/17

Stericycle
Protecting People & Reducing Risk

Route # 166 - 5

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU0089T5

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: [redacted]
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478
(803) 256-4908

12/5/2014

Customer Number 8027017-002 | Generator's Registration # SC40-03836

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BB44 - Medium Corrugated Box (4.12 cu ft)	6	24.7 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RB36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	6	24.7 Cu Ft.

8. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Printed/Typed Name [redacted] Signature [redacted] Date 12-5-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073
[ ] This is a Through Shipment
Phone #: (866) 951-3537
Applicable Permit Numbers
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 12-5-14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 20 2014

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical [redacted]

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

[X] 8A. Designated Facility:
Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 833 - 9278
EPA#: 1305

[ ] 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

[ ] 8C. Alternate Facility:
Stericycle, Inc.
4246 Maine Avenue
Lakeland, FL 33801
(866) 783 - 7422
EPA#: FLOH # 7217

[ ] 8D. Alternate Facility:
STERICYCLE, INC.
4409 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
DEC 09 2014
[redacted]
Date

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated [redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

80375

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6).(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rpIRleMan2250Rd 9/11

Stericycle
protecting People. Protecting Data.

Route # 166 - 7

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-08-STD

MDAU008ADF

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-4908

12/12/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-03336

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	2	8.2 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KREX - Corrugated Box (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291 Regulated Medical Waste, n.o.s., 6.2 PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft
	TOTALS ▶	2	8.2 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 12-12-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alpa Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 951-3537
Applicable Permit Numbers:
SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name [redacted] Signature [redacted] Date 12-12-14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 27 2014

TRANSPORTER 3 / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste a[redacted]

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☐ 8A. Designated Facility:
Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 883 - 9278
EPA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(888) 783 - 7422
EPA#: 01-02-1

☐ 8C. Alternate Fa[redacted]
Stericyc[redacted]
4245 Maine Ave
Lakeland, FL 33801
(866) 783 - 7422
EPA#: FLOH # 7[redacted]

This container was treated by Steam Sterilization in accordance with the NODENA regulations.

[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept and treated the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of [redacted] by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-105 F(6)(d) of the S.C. Infectious Waste Management Regulations.

UU747

ORIGINAL

rptRteMan22505id 9/11/

Advanced Environmental Options, Inc.
25 Stan Perkins Road
Spartanburg, SC 29307
864-488-9111

Thursday, August 27, 2015

Emily Adams
Planned Parenthood South Atlantic
1765 Dobbins Drive
Chapel Hill, NC 27514
919-929-5402 Phone

Quote Number: PPSA082715-01
Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies,material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) **Disposal** [redacted] **pound ($100.00 min/stop)**
Transportation to disposal facility in Atlanta **/ drum**

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center
Blacksburg Healh Center
Chapel Hill Healh Center
Charleston Healh Center
Charlotte Healh Center
Charlottesville Healh Center
Columbia Healh Center
Durham Healh Center
Fayetteville Healh Center
Greensboro Healh Center
Raleigh Healh Center
Roanoke Healh Center
Vienna Healh Center
Wilmington Healh Center
Winston-Salem Healh Center

[redacted]

For multiple facility pickups the price will be based on actual mileage to the multiple facilites & back then multiplied by $1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

** AEO's Energy and Insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track e national average price for diesel fuel as reported by the U.S. Department of Energy each month. This charge is applied to the ntire invoice, less taxes and fees. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available at (http://tonto.eia.doe.gov/oog/info/wohdp/diesel.asp).

EXHIBIT
tabbies
47

(Additional Costs and Assumptions That May Apply)

General:
- Per Diem for All Workers will be charged at a rate of $ 120.00 per man - per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a $75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

Transportation Section
- A $95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of $ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services
A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
B. In a workmanlike and professional manner;
C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:
A. Changes in applicable laws or regulations after the services are completed:
B. Acts or occurrences outside the scope of the services:
C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):
A. Its physical characteristics:
B. Soil reports and subsurface investigations:
C. Legal limitations and restrictions;
D. Utility locations;
E. Other reports or documents which may be reasonably by the contractor.
Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

INDEMNIFICATION
A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
1. The performance of these services in compliance with client's instructions or specifications:
2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
4. Failure of the client to obtain required permits, licenses or approvals:

B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
   1. The price of the services or products which give rise to the claim for indemnification, or
   2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

CHANGE ORDER.

A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the client and shall be only on a mutually agreeable time and financial basis.

B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

Planned Parenthood South Atlantic shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by *Planned Parenthood South Atlantic* to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. *Planned Parenthood South Atlantic* shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued pursuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on *Planned Parenthood South Atlantic* and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after *Planned Parenthood South Atlantic* executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

David W. Hitchens

David W. Hitchens
CEO / President

Planned Parenthood South Atlantic

Accepted By:

Authorized Signature [redacted]

Printed Name [redacted]

Date 8/27/15

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

South Carolina Minor Demographic Face Sheet

Patient full name _____
First Middle Last

Physical Address _____
Street, Apt.#, RR#

_____
City State Zip code

Mailing Address if different from physical address _____
Street, Apt.#, RR#, P.O. Box

_____
City State Zip code

Patient phone number _____
Circle: cell # home# other# (identify other)

Patient social security # _____

Patient's date of birth _____
Month Day Year

Name of patient's father _____
First Middle Last
Unknown or decline to provide _____ patient initials

Name of patient's mother _____
First Middle Last
Unknown or decline to provide _____ patient initials

Name, address, phone # of person to be contacted in case of emergency _____
Name Address Phone#

MR 47
9/2015

EXHIBIT
tabbies
48

[redacted]

CERTIFICATE OF VITAL RECORD

[redacted]

[redacted]

CERTIFICATE OF LIVE BIRTH

[redacted]

[redacted]

STATE FILE NO.

[redacted]

PATIENT REGISTRATION FORM

[redacted]

[redacted]

[redacted] Department of Health Vital Records

CERTIFICATE OF BIRTH REGISTRATION

[redacted]

DATE FILED [redacted] CERTIFICATE OF BIRTH

Birth No. [redacted]

[redacted]

[redacted]

Planned Parenthood South Atlantic, Inc.
Center. _____

EHR SC Abortion Chart Completeness Audit
Period covered by Review: _____ to _____

Criteria	Encounter # (10 charts)										Results	
											# charts in compliance	# charts in compliance
1. SC Women's Right to know Completed and Scanned to encounter (CO-14)												
2. Minor Face Sheet completed and scanned to encounter (if applicable)												
3. SC Report of Induced Termination of Pregnancy completed and scanned to encounter												
4. Clinical Assistants for procedures recorded on visit document												
5. Ultrasound picture scanned to encounter												
6. US completed time on visit document matches US time on picture												
7. US is completed at least 60 minutes prior to the procedure												
8. All required service- specific consent forms and CIICs are signed electronically by patient & witness												
9. Patient Education is documented												
10. Hemoglobin and Rh ordered and completed												
11. Rh negative pts Rhogam ordered and completed (if applicable)												
12. BCM at end of visit is completed												
13. Encounter is named correctly												
14. CT/GC ordered for all pts. Pap/RPR offered to pt. (pt declines RPR/Pap recorded on visit document if not ordered)												
15. RTC timeframe is documented for all patients												
16. Lot #/Exp date recorded for all medications dispensed												
17. Allergies noted with reactions or NKA checked												
18. Vitals documented for all pts												
19. IPV screening done on all pts (AB specific questions answered)												
20. Decision Assessment completed												
21. Visit Summary is generated, accurate, complete and signed off by clinician												
Results # of criteria items noted in compliance for this chart												

Summary of Findings: _____

Plan for Correction: (if indicated, include actions taken and date for follow up)_____

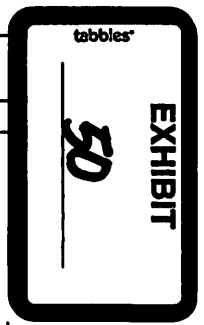
_____

_____

_____ _____ _____

Completed By / Title / Date | Health Center Manager/ Date | Lead Clinician / Date

Key: **Y** = compliant **N** = non-compliant **N/A** = non-applicable



Stericycle

Route # 166 - 7

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU0085W3

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-2600 10/17/2014

Customer Number 8027017-002 Generator's Registration # SC40-0333G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft
	TOTALS ▶	4	16.5 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/17/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:

Stericycle, Inc.
200 Alba Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone # (866) 951-3537
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 10/17/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 1 2014

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

Corrected

☒ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 883 - 9278 EPA#: 1305	Stericycle, Inc. 1168 Porter Ave. Haw River, NC 27258 (866) 783 - 7422 EPA#: 01-02-1	Stericycle, Inc. 4245 Maine Avenue Lakeland, FL 33801 (866) 783 - 7422 EPA#: FDOH # 7217	STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations. [redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated me... received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Da...

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.6(d) of the S.C. Infectious Waste Management Regulations.

00144 DD3X8

ORIGINAL

tp\RieMan2250Std 9/11/

EXHIBIT
tabbies
52

Stericycle
Protecting People. Redesigned.

Route # 166 11

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-00-STD
MDAU008870V

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: [redacted]
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2476
(803) 256-2600

10/31/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-0333G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB26 - 26 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (2.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
UN3291 Regulated Medical Waste n.o.s., 6.2 PGII	RX35 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft
	TOTALS ▶	4	16.5 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/31/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 351-3537
Applicable Permit Numbers:
SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Signature [redacted] Date 10/31/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 14 2014

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of me[redacted]

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☒ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord,NC 28027
(800) 888 - 0278
EPA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

☐ 8C.
4245 Maine Avenue
Lakeland, FL 33801
(866) 783 - 7422
EPA#: FDOH # 7217

Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated m[redacted] received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(8)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rpiRteMan22805id 9/11

Stericycle
Protecting People & Reducing Risk

Route # 166 - 5

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-05-STD
MDAU0089T5

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: [redacted]
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2476
(803) 256-4908

12/5/2014

CUSTOMER NUMBER 8027017-002 GENERATOR'S REGISTRATION # SC40-0383G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	6	24.7 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	6	24.7 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Printed/Typed Name [redacted] Signature [redacted] Date 12-5-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073
Phone #: (866) 951-3537
[ ] This is a Through Shipment
Applicable Permit Numbers
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name [redacted] Date 12-5-14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 20 2014

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Phone #:
Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION: Corrected

[X] 8A. Designated Facility:
Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 833 - 8278
EPA#: 1305

[ ] 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

[ ] 8C. Alternate Facility:
Stericycle, Inc.
4246 Maine Avenue
Lakeland, FL 33801
(866) 783 - 7422
EPA#: FLOH # 7217

[ ] 8D. Alternate Facility:
STERICYCLE, INC.
4409 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
DEC 09 2014
[redacted]

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated m... received the above indicated wastes in accordance with the requirement outlined in that authorization.
Print/Type Name _____ Signature _____

80376
I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-105, 6(6).(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rpIRteMan2250Sld 9/11

Stericycle
Protecting People. Protecting Life.

Route # 166

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-09-STD

MDAU008ADF

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: [redacted]

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478

(803) 256-4908

12/12/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-00336

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	2	8.2 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291 Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	2	8.2 Cu Ft.

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name [redacted] Signature [redacted] Date 12-12-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 851-3537
Applicable Permit Numbers:
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [redacted] Date 12-12-14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 27 20[redacted]

TRANSPORTER 3 / INTERMEDIATE HANDLER

8. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☑ 8A. Designated Facility:
Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 883 - 9278
EPA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

☐ 8C. Alternate
Stericy
4245 Maine Avenue
Lakeland, [redacted]
(866) 783 -
EPA#: FL[redacted]

☐ 8D. Facility:
[redacted] Court
[redacted] 28027

This certifies treatment by Steam Sterilization in accordance with the NODENR regulations.

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to [redacted] received the above indicated wastes in accordance with the requirement outlined in that autho[redacted]

Print/Type Name _____ Signature _____

I certify that the waste provided does not contain regulated quantit[redacted] by S.C. Hazardous Waste Management Regulations or radioactive materi[redacted] 7(6)(d) of the S.C. Infectious Waste Management Regulations.

UU747

ORIGINAL

rptRteMan22605d 9/11

Advanced Environmental Options, Inc.
25 Stan Perkins Road
Spartanburg, SC 29307
864-488-9111

Thursday, August 27, 2015

Emily Adams
Planned Parenthood South Atlantic
1765 Dobbins Drive
Chapel Hill, NC 27514
919-929-5402 Phone

Quote Number: PPSA082715-01
Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies,material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) Disposal [redacted] pound ($100.00 min/stop)
Transportation to disposal facility in Atlanta / drum

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center
Blacksburg Healh Center
Chapel Hill Healh Center
Charleston Healh Center
Charlotte Healh Center
Charlottesville Healh Center
Columbia Healh Center
Durham Healh Center
Fayetteville Healh Center
Greensboro Healh Center
Raleigh Healh Center
Roanoke Healh Center
Vienna Healh Center
Wilmington Healh Center
Winston-Salem Healh Center

[redacted]

For multiple facility pickups the price will be based on actual mileage to the multiple facilites & back then multiplied by $1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

** AEO's Energy and Insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track the national average price for diesel fuel as reported by the U.S. Department of Energy each month. This charge is applied to the entire invoice, less taxes and fees. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available at (http://tonto.eia.doe.gov/oog/info/wohdp/diesel.asp).

EXHIBIT
tabbies
53

(Additional Costs and Assumptions That May Apply)

General:
- Per Diem for All Workers will be charged at a rate of $ 120.00 per man - per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a $75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

Transportation Section
- A $95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of $ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services
A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
B. In a workmanlike and professional manner;
C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:
A. Changes in applicable laws or regulations after the services are completed:
B. Acts or occurrences outside the scope of the services:
C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):
A. Its physical characteristics:
B. Soil reports and subsurface investigations:
C. Legal limitations and restrictions;
D. Utility locations;
E. Other reports or documents which may be reasonably by the contractor.
Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

INDEMNIFICATION
A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
1. The performance of these services in compliance with client's instructions or specifications:
2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
4. Failure of the client to obtain required permits, licenses or approvals:

B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
   1. The price of the services or products which give rise to the claim for indemnification, or
   2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

CHANGE ORDER.

A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the client and shall be only on a mutually agreeable time and financial basis.

B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

Planned Parenthood South Atlantic shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by *Planned Parenthood South Atlantic* to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. *Planned Parenthood South Atlantic* shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued pursuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on *Planned Parenthood South Atlantic* and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after *Planned Parenthood South Atlantic* executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

David W. Hitchens

David W. Hitchens
CEO / President

Planned Parenthood South Atlantic

Accepted By:

Authorized Signature [redacted]

Printed Name [redacted]

Date 8/27/15

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T 803.753.3240
F 803.933.1484

October 20, 2015

Via Hand Delivery and e-mail

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities
Licensing
301 Gervais Street
Columbia, SC 29201

Re: Training information for Planned Parenthood South Atlantic Columbia Facility

Dear Ms. Thompson:

Per my conversation with Ms. Eva Johnson, enclosed please find a full set of all training documents requested by the Department pursuant to paragraph 3.c of the Administrative Order. The paragraph provides: "Planned Parenthood providing to the Department evident of Planned Parenthood's training of all employees and volunteers in the Facilities' policies and procedures, the requirements of the Women's Right To Know Act, S.C. Code Ann. 44-41-310, et seq., and all in-service/training requirements set forth in Section 204.F of Regulation 61-12."

Additionally, we note that the following training information, most of which is duplicated in the training documents attached hereto, was provided as part of the Plans of Correction ("POC") delivered earlier to the Department.

- Training for Reg. 61-12, infectious waste, and HIPAA (patient confidentiality—Exhibits 12-18
- Training for fire—Exhibit 19
- Training for "Women's Right to Know Act"—Ex. 30 ("CO-14")

I trust that the attached information satisfies the requirements of paragraph 3.c of the Administrative Order. Please do not hesitate to call me with any additional questions that you might have. With best wishes.

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

MCNAIR
ATTORNEYS

Sincerely,

M. Elizabeth Crum

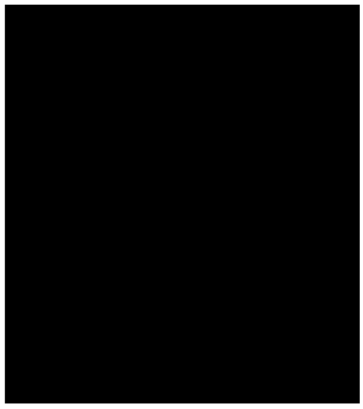
MEC:df
Enclosures

cc: Shelly B. Kelly, Esq.—Via e-mail only
Ashley C. Biggers, Esq. —Via e-mail only
Eva C. Johnson—Via e-mail only
Emily Adams—Via e-mail only

HIPAA

Minutes from Staff Meeting

Date: 10/14/14

Attendance: 

- Meeting called to order at 11am
- [redacted] gave [redacted] updates and told staff that [redacted] "Go live" will be done once [redacted] has been hires. Still in the process of hiring.
- Staff told that [redacted] team gave Cola positive comments about going live. Good job!!
- DHEC coming at anytime, so be prepared.
- TB tests will be done this month
- Emergency drills will be completed by [redacted] All staff has signed off.
- Make list of those who want flu shot. Let [redacted] [redacted] know.
- [redacted] spoke with staff about needle sticks. Report immediately if happens.
- Make sure all labs and reports are being printed after each AB clinic. The reports can be accessed through [redacted]
- Holiday closing for Thanksgiving and Christmas discussed.
- Yearly HIPAA training was compelted by [redacted] Make sure all patient info on forms are not in eyesight of others. Staff told to make sure patient's MR request is signed by patient/legal guardian before issuing any records and must present ID.
- Staff told to read the Notice of Health Information Privacy Practices located on each clip board and HIPAA binder.

Meeting was adjourned at 12:05pm

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

HIPAA

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

[redacted]
Employee Name

[redacted]
Employee Signature

10/14/14
Date

[redacted]
Witness

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

HIPAA

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

[redacted] RN
Employee Name

[redacted] RN
Employee Signature

10/14/14
Date

[redacted]
Witness

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

HIPAA

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

[redacted]
Employee Name

[redacted]
Employee Signature

10-14-14
Date

[redacted]
Witness

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

HIPAA

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

[redacted]

Employee Name

[redacted]

Employee Signature

10/14/14

Date

[redacted]

Witness

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

HIPAA

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

[redacted]

Employee Name

[redacted]

Employee Signature

10-14-14

Date

[redacted]

Witness

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

HIPAA

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

[redacted]

Employee Signature

10/14/14

Date

[redacted]

Witness

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

HIPAA

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

[redacted]
Employee Name

[redacted]
Employee Signature

10/14/14
Date

[redacted]
Witness

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

HIPAA

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

[redacted]
Employee Name

[redacted]
Employee Signature

10-14-14
Date

[redacted]
Witness

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

HIPAA

I have had the opportunity to review the Planned Parenthood Health Systems' HIPAA Policies and Procedures. I agree to protect all patient health information in accordance with these guidelines. I realize failure to do so may result in termination.

[redacted]
Employee Name

[redacted]
Employee Signature

10-14-14
Date

[redacted]
Witness

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 9-15-15

Signature Date

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: [redacted] Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 9-15-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Clinician

Date of Training	Subject	Facilitator/Verified by Signature
8/17/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 8/17/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: [redacted] Title: WHNP

Date of Training	Subject	Facilitator/Verified by Signature
10-8-15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10-8-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** WHNP

Date of Training	Subject	Facilitator/Verified by Signature
10-8-15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10-8-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Na[redacted] Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 9-17-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name [redacted] Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 9-17-19

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: [redacted] Title: Medical Director

Date of Training	Subject	Facilitator/Verified by Signature
17Sep15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 17Sep15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Nam[redacted] Title: Medical Director PPSC

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

Signatu[redacted] 15 Sep 15
Date

Fire Drill Report

Planned Parenthood of South Carolina
2712 Middleburg Dr. Suite 107
Columbia SC 29204

Reported by: [redacted]

Date: 9-14-15

Communications:

Was discovery of fire reported appropriately to available personnel? (Y) N
Was [redacted] called ? (Y) N
Was "all clear" called following the drill ? (Y) N
How much time elapsed between notification and evacuation ? 1min 39sec

Response:

Did personnel evacuate all patients? (Y) N
Was fire department called ? (Y) N
Was fire department met? (Y) N

Containment:

Were all windows and doors closed? (Y) N
Were the proper extinguishers brought to scene to contain fire? (Y) N

Evacuation:

Were proper evacuation methods used? (Y) N
Were bathrooms checked for patients? (Y) N
Were exits and corridors kept clear and free of obstruction? (Y) N
Were patients escorted to a safe area? (Y) N
Are all evacuation routes clearly posted? (Y) N

Recommendations: _____

Fire Drill

HCl

Fire Drill Report

Planned Parenthood of South Carolina
2712 Middleburg Dr. Suite 107
Columbia SC 29204

Reported by: [redacted]

Date: 9-14-15

Communications:

Was discovery of fire reported appropriately to available personnel? (Y) N
Was [redacted] called ? (Y) N
Was "all clear" called following the drill ? (Y) N
How much time elapsed between notification and evacuation ? 1min 32sec

Response:

Did personnel evacuate all patients? (Y) N
Was fire department called ? (Y) N
Was fire department met? (Y) N

Containment:

Were all windows and doors closed? (Y) N
Were the proper extinguishers brought to scene to contain fire? (Y) N

Evacuation:

Were proper evacuation methods used? (Y) N
Were bathrooms checked for patients? (Y) N
Were exits and corridors kept clear and free of obstruction? (Y) N
Were patients escorted to a safe area? (Y) N
Are all evacuation routes clearly posted? (Y) N

Recommendations: _____

Planned Parenthood South Atlantic Fire Drill Report

Date : 09/14/2015

[redacted] called at : 4:50pm

Location of supposed fire: Pharmacy

All accounted for at : End of driveway at 2712 Middleburg Dr

Participants

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

Planned Parenthood South Atlantic Fire Extinguisher and Safety Report

Date: 9/22/15

Facilitator: Benji Leverette

Participants:

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

OSHA

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] MD **Title:** Medical Director

Date of Training	Subject	Facilitator/Verified by Signature
9-18-15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

Signature [redacted] Date 18 Sept 15

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-17-19	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 9-17-19

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name [redacted] **Title:** MD (physician)

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	**Infection Prevention (OSHA)**	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 9-15-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
8/20/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 8/27/2015

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
8/20/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 8-20-15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name [redacted] Title: Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature
8/24/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 8/24/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
8/27/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 8.27.15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
8/-26/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 8/26/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
8/27/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 8/27/15
Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Nar [redacted] Title: HCM

Date of Training	Subject	Facilitator/Verified by Signature
8/27/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 8/27/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] Title: RN

Date of Training	Subject	Facilitator/Verified by Signature
8/27/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 8/27/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

INFECTION PREVENTION (OSHA) ANNUAL TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
8/27/15	Infection Prevention (OSHA)	[redacted]

By my signature below, I affirm that:

- I successfully completed the Infection Prevention CAL Curriculum.
- I have had the opportunity to ask questions about Infection Prevention and OSHA at PPSAT.
- I understand PPSAT's policies and procedures on Infection Prevention and agree to abide by them.
- I received a review of the PPSAT OSHA Manual and a staff person has reviewed with me the importance of universal precautions and the use of personal protective equipment in the healthcare setting.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not being followed.
- I understand that I am to immediately report any exposure incidents to the manager on duty when I am working in the health center.
- I understand that failure to follow the policies and procedures relating to Infection Prevention may lead to corrective action, up to and including termination of employment.

[redacted] 08/27/15

Signature Date

September 25, 2015

I, [redacted] fixed the ultrasound machine's time around the end of August. I do not remember the exact date it was done. I also did not realize the time was off until [redacted] pointed it out to me. I did not call GE for help. I figured it out on my own. Since I have fixed the time, the times have been correct. I make sure the time is correct when I first turn the machine on and between each pt.

If you have any questions please let me know.

Thanks,

[redacted]

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	**Abortion Regulations, Infectious Waste, Updated Forms**	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/24/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: MCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 09/25/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: RN

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name [redacted] Title: Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/25/15

Signature Date

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: MCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] HCA 9-24-15

Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	**Abortion Regulations, Infectious Waste, Updated Forms**	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-25-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-25-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Nam[redacted] Title: Hem

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name [redacted] Title: WHNP

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.

Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/24/15

Signature Date

Women's Right to Know training

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HCM

Date of Training	Subject	Facilitator/Verified by Signature
9-21-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-21-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature
9/14/15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/14/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name [redacted] **MD**_____ **Title:** _____**PHYSICIAN PROVIDER**_____

Date of Training	Subject	Facilitator/Verified by Signature
9-15-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-15-2015

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] Title: MD

Date of Training	Subject	Facilitator/Verified by Signature
9-16-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-16-15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Medical Director SCPP

Date of Training	Subject	Facilitator/Verified by Signature
17 Sep 15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signatur[redacted] 17 Sep 15
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** RN

Date of Training	Subject	Facilitator/Verified by Signature
9-22-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted]
Signature

22 Sept 15
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] Title: WHNP

Date of Training	Subject	Facilitator/Verified by Signature
9-21-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-21-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HEA

Date of Training	Subject	Facilitator/Verified by Signature
9-22-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-22-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** NCA

Date of Training	Subject	Facilitator/Verified by Signature
9-21-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted]

Signature [redacted] Date 9/21/15

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
9-22-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted]
Signature

9/22/15
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name [redacted] **Title:** MCA

Date of Training	Subject	Facilitator/Verified by Signature
9-21-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-21-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name [redacted] **Title:** NCA

Date of Training	Subject	Facilitator/Verified by Signature
9-22-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/22/15

Signature Date

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

October 21, 2015

Hand delivery and e-mail

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities
Licensing
301 Gervais St.,
Columbia, SC 29201

Re: Training information for Planned Parenthood South Atlantic Columbia Facility

Dear Ms. Thompson:

By way of follow-up to my e-mail exchange with Ms. Johnson yesterday afternoon, enclosed please find the training documentation for [redacted] inadvertently left out of the materials sent to you yesterday. There was no training material included for [redacted] since [redacted] last day with the facility was 5/30/2015. Also enclosed is the information regarding how the training was conducted, length of training, and trainer information.

Finally, per my email yesterday afternoon, the 2015 HIPAA training for the Columbia facility had previously been scheduled for this week. It will be completed by the end of the week and we will provide the 2015 training documentation by Friday. Please do not hesitate to contact me if there is any additional information the Department requires. With best wishes.

Sincerely,

M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq.—Via e-mail only
Ashley C. Biggers, Esq. —Via e-mail only
Eva C. Johnson—Via e-mail only
Emily Adams—Via e-mail only

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

SC ABORTION REGULATIONS TRAINING DOCUMENTATION

Employee Name [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9-20-15	SC ABORTION REGULATIONS	[redacted]

By my signature below, I affirm that:

- I received a copy of the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Abortion Regulations 61-12.
- I have reviewed and understand the SC Women's Right to Know Act.
- I understand that I am responsible for adhering to these regulations and laws.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted]

Date

HIPAA Training 10/14/14

Facilitator: [redacted] HCM

Length: 1 hour

Description: Lecture and handout review of HIPAA

Content:

- Review HIPAA Privacy Act and documentation handed to patients.
- Process for patient signing HIPAA.
- Review of HIPAA privacy manual
- Review process and patient authorization of for Medical Release
    - Requires patient identification for release of records
- Reviewed steps of reporting incidents of privacy breach

Infection Control/OSHA September 2015

Length: Two 30 minute electronic training modules

Facilitator: Center for Affiliated Learning (CAL) modules

Content:

- Review difference between clean and sterile
- Outline sterile technique
- Infection prevention strategies including hand hygiene, using PPE and managing exposures

Fire Prevention September 14 and 22, 2015

Length: 1 hour

Facilitator: [redacted] Director of Facilities and Security (9/14/2015) Benji Leverett, Fire Captain (9/22/2015)

Description: Fire drill (9/14/2015) and Didactic training and demonstration of fire extinguisher use (9/22/2015)

Content:

- Conducted fire drill
- Reviewed steps for evacuation and notification of authorities
- How to use fire extinguisher
- Reviewed steps for extinguishing fires
- Reviewed different types of fire extinguishers.

Licensing Regulations and Review of Women's Right to Know 9/21/2015

Length: 45 minutes

Facilitator: [redacted]

Description: Discussion and didactic training to review applicable laws and regulation with regard to providing abortion care in a clinic setting.

Content:

- Reviewed and discussed 60 minute waiting period between ultrasound and procedure as required by Women's Right to Know
- Reviewed procedure for confirming 24 hour consent documentation
- Reviewed location and content of the "Standards for Licensing Abortion Clinics"

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

October 22, 2015

RECEIVED
OCT 22 2015
HEALTH LIC.

Via Hand Delivery and E-mail

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities
Licensing
301 Gervais Street
Columbia, SC 29201

Re: HIPAA Training information for Planned Parenthood South Atlantic
Columbia Facility

Dear Ms. Thompson:

Per my letter of yesterday afternoon, the 2015 HIPAA training for the Columbia facility had previously been scheduled. The last HIPAA training was completed yesterday. Attached are the HIPAA Privacy Training Documentation and the information regarding how the training was conducted, length of training, and trainer information.

Please do not hesitate to contact me if there is any additional information the Department requires. With best wishes.

Sincerely,

M. Elizabeth Crum

MEC:df

Enclosures

cc: Shelly B. Kelly, Esq.—Via e-mail only
Ashley C. Biggers, Esq. —Via e-mail only
Eva C. Johnson—Via e-mail only
Emily Adams—Via e-mail only

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

HIPAA 101 and 102 Training October 2015

Facilitator: Center for Affiliate Learning

Length: Two 30 minute modules

Description: Online course

Content:

- Identify and respond to potential privacy and security enforcement issues.
- How to comply with a state's healthcare information privacy laws and adhere to the Planned Parenthood policies and standards with respect to patient privacy.
- Identify common HIPAA security risk areas.
- Define security measures for appropriately managing and working with PHI.
- Utilize tips and best practices for protecting PHI.

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name [redacted] **Title:** Hem

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10-20-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name [redacted] **Title:** HCM

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10-20-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Medical Assistant / HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted]

Signature

10-20-15
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Medical Assistant/HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10-20-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Medical Assistant

Date of Training	Subject	Facilitator/Verified by Signature
10/21/15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10/21/2015

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Medical Assistant

Date of Training	Subject	Facilitator/Verified by Signature
10/21/15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10/21/2015

Signature [redacted] Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10/20/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10/20/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10/20/15

Signature [redacted] Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted]
Signature

10/20/15
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Nam[redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10/20/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 102- Security Tips and Best Practices	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10-20-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name [redacted] **Title:** RN

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 20 Oct 15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name [redacted] Title: RN

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	HIPAA 102- Security Tips and Best Practices	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 22 Oct 15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature
10/13/15	HIPAA 101 – Protecting Patient Privacy	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10/13/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: [redacted] Title: Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature
10/13/15	HIPAA 102- Security Tips and Best Practices	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10/13/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA PRIVACY TRAINING DOCUMENTATION

Employee Na [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	**HIPAA 101 – Protecting Patient Privacy**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 101 – Protecting Patient Privacy, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10.20.15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

HIPAA SECURITY TRAINING DOCUMENTATION

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
10/20/15	**HIPAA 102- Security Tips and Best Practices**	[redacted]

By my signature below, I affirm that:

- I successfully completed the course, HIPAA 102 – Security Tips and Best Practices, on the CAL.
- I have had the opportunity to ask questions about HIPAA Privacy and Security at PPSAT.
- I understand PPSAT's HIPAA policies and procedures and agree to abide by them.
- I have read the HIPAA Guidelines pertaining to ePHI and agree to abide by them.
- I agree to alert a supervisor, the HIPAA Privacy Official, or the HIPAA Security Official if I observe situations where the policies or procedures are not being followed.
- I understand that failure to follow the HIPAA policies and procedures may lead to corrective action, up to and including termination of employment.

[redacted] 10.20.15

Signature Date

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

September 28, 2015

Via Hand Delivery

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities Licensing
301 Gervais Street
Columbia, SC 29201

Re: Plans of Correction—Planned Parenthood South Atlantic Columbia Facility and Requests for Consideration of Cited Violation

Dear Ms. Thompson:

Attached please find the original and 1 copy of the Planned Parenthood South Atlantic's ("PPSAT") Plan of Correction ("POC") for POCs beginning with 204.A (LO1 Routine), POC 208 (LO1 Routine) and 204.H (LO7 Investigation) with supporting documentation attached to each POC. We would appreciate the copy being stamped received and returned to us. Additionally, PPSAT is requesting consideration for the cited violations for Reg. 61-12 §§ 204.A, 208, 304.H, and 605. Copies of the Requests for Consideration of Cited Violation for the enumerated citations are enclosed.

Contemporaneously PPSAT is filing a Request for Final Review ("RFR"), pursuant to S.C. Code Ann. § 44-7-60. A copy is attached for your information.

Finally, enclosed is McNair Law Firm, PA's check number 65745 in the amount of $7,5000, made payable to DHEC. A portion of the $7,500 is attributable to citations for which PPSAT has filed its Requests for Consideration of Cited Violation and for which PPSAT has sought an RFR before the Board of the Department of Health and Environmental Control. Per my conversation with Ashley C. Biggers, Esq., PPSAT is submitting this check to comply with paragraph 3 of the Administrative Order regarding the conditions of lifting the suspension and in no way is waiving its statutory right to an RFR.

We appreciate your consideration of the attached information and are available to answer any questions you might have. With best wishes.

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

Sincerely,

M. Elizabeth Crum

MEC:df
Enclosures

cc: Shelly B. Kelly, Esq.
Ashley C. Biggers, Esq.
Eva C. Johnson
Emily Adams

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

REQUEST FOR CONSIDERATION OF CITED VIOLATION

Division of Health Licensing

2600 Bull Street Columbia South Carolina 29201

(803) 545-4370

RECEIVED
SEP 28 2015
HEALTH LIC.

1. FACILITY INFORMATION:

Planned Parenthood South Atlantic Columbia,
(Name of Facility)

2712 Middleburg Dr. Ste 107.
(Street Address or Location)

Columbia, S. C. 29204-2478
(City, State, & Zip Code)

PO Box 3528
(Mailing Address, if different from above)

Chapel Hill, NC 27515-3258
(City, State, & (Zip Code)

2. ADMINISTRATOR, LICENSEE OR FACILITY REPRESENTATIVE):

Prefix: Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Other: _____

First Name: Emily **MI:** ____ **Last Name:** Adams

Title: Vice President of Patient Services

3. STANDARD TO WHICH CONSIDERATION FOR REVIEW IS REQUESTED: REGULATION # 61-12

SECTION 204.A, **AS QUOTED**: The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate licensure, if applicable, and health and personal background of each employee.

4. THE SPECIFIC CITATION FOR WHICH RECONSIDERATION IS BEING REQUESTED:

SECTION 204.A **FOR HEALTH LICENSING REPORT OF VISIT, DATED** 8/31/2015

5. RECONSIDERATION OF THE CITED VIOLATION IS BEING REQUESTED BECAUSE:

PPSAT was in fact in compliance with Section 204.A. During the on-site inspection, PPSAT staff provided copies of the completed credentialing applications that constitute the application of employment for Staff A and B. These applications contain all of the necessary documentation required by the law. Attached are the redacted credentialing applications and the ARMS Practitioner Applications. Unfortunately, health center administrative staff failed to point out or provide copies of the Staff A and B Employee Health Forms, dated 11/7/09 and 3/16/09, respectively, which were in the Staff A and B files while DHEC was on site. Copies of the 2009 redacted Employee Health Forms, which were in the files on site are attached hereto.

6. WHAT ITEMS OF DOCUMENTATION AND/OR INFORMATION IS BEING PROVIDED WITH YOUR REQUEST FOR REVIEW AND CONIDERATION:

We are providing the redacted Employee Health Forms dated 11/7/09 and 3/16/09 for Staff members A and B respectively.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

Instructions for Completing DHEC Form 283
Request For Consideration Of Cited Violation

PURPOSE: To improve compliance with licensing standards enforced by the Division of Health Licensing, the Division will implement a consistent process by which facilities may request a review of cited violations. The following criteria outline the procedures used by the Division in review of cited violations:

1. Requests for Division review of a citation(s) issued during a compliance inspection or a complaint investigation may be made by the facility licensee, administrator or the staff member designated to act in the absence of the administrator.

2. Requests must be received by the Department's Division of Health Licensing within 15 calendar days following the date of the inspection/investigation when the violation was cited in order to be considered for review. Request received after 15 days will be evaluated by the section manager to determine if they will be reviewed. The Division Director will make the final determination to deny a request.

3. The requests shall include supporting documentation explaining the rationale for the request(s).

4. Requests should be submitted on DHEC Form 0283. Forms and supporting documentation maybe submitted by mail, fax or by e-mail.

5. A committee will review the request and the supporting documentation provided by the facility. The reviewers will make a final determination regarding the cited violation(s) with 15 workdays.

6. Facilities will not be required to provide a response to citations under review while the Division is considering a properly submitted and timely request.

7. Reports containing cited violations for which a request has been made for review will not be posted to the Department's website until the Division has reviewed the citation, rendered a decision, and advised the facility of the Division's decision regarding the cited violation(s).

8. Should the Division determine that a citation will not be rescinded, the facility will be required to provide an acceptable plan of corrections to the cited violation(s) within 15 days.

FORM INSTRUCTIONS:

Line 1 Self-explanatory.

Line 2 Enter the name of the facility licensee, administrator or staff member designated to act ion the absence of the administrator requesting the review.

Line 3 Enter the regulation number, the section of the regulation, and then quote that section of the regulation in the spaces provided.

Line 4 Enter the section of the regulation that was cited by the inspector and the date of the report in the spaces provided.

Line 5 Enter the reason as to why you are requesting our office to reconsider the cited violation.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

OFFICE MECHANICS AND FILING: The original shall be placed in the Master File of the activity in the Division of Health Licensing and kept there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in our Master Files is SBH-F&S-17, which requires documents to be kept for 6 years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than twenty-four years before destroying.

Redacted Staff A Employee Health Form

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Avenu
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

EMPLOYEE HEALTH FORM

NAME [redacted] DATE 11/2/09

GENERAL MEDICAL/SURGICAL HISTORY Excellent
Health - [redacted]

SIGNIFICANT FAMILY HISTORY None

CURRENT MEDICATIONS Plan B

ALLERGIES None

SOURCE OF MEDICAL CARE Private M.D.

DATE OF LAST PHYSICAL EXAM 1 yr

IMMUNIZATIONS/VACCINATIONS
TB: TINE_____ or PPD_____ DATE 11-2-09
RESULT_____ CHEST X-RAY_____

RUBELLA IMMUNITY STATUS N/A

TETANUS TOXOID---YEAR RECEIVED 2005

HEPATITIS VACCINE 2005

EMERGENCY CONTACT [redacted]
Name
Address
Phone Numbers

PPHS 11/04

EXHIBIT
2

Redacted Staff B Employee Health Form

Planned Parenthood
Health Systems, Inc.

Health care that respects and protects your personal choices

Administrative Services
100 South Boylan Aven
Raleigh, NC 27603
Phone: 919.833.7534
Fax: 919.833.0730

EMPLOYEE HEALTH FORM

NAME [redacted] DATE 3-16-09

GENERAL MEDICAL/SURGICAL HISTORY unremarkable

SIGNIFICANT FAMILY HISTORY non-contributory

CURRENT MEDICATIONS none

ALLERGIES PCN, latex

SOURCE OF MEDICAL CARE Center for Family Medicine, Spartanburg

DATE OF LAST PHYSICAL EXAM 1/09

IMMUNIZATIONS/VACCINATIONS

TB: TINE _____ or PPD neg 5/08 DATE _____

RESULT _____ CHEST X-RAY _____

RUBELLA IMMUNITY STATUS immune

TETANUS TOXOID—YEAR RECEIVED 2007 booster

HEPATITIS VACCINE received - immune

EMERGENCY CONTACT

Name [redacted]

Address [redacted]

Phone Numbers [redacted]

PPHS 11/04

EXHIBIT 3

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

REQUEST FOR CONSIDERATION OF CITED VIOLATION
Division of Health Licensing
2600 Bull Street Columbia South Carolina 29201
(803) 545-4370

RECEIVED
SEP 28 2015
HEALTH LIC.

1. **FACILITY INFORMATION:**

Planned Parenthood South Atlantic Columbia,
(Name of Facility)

2712 Middleburg Dr. Ste 107.
(Street Address or Location)

Columbia, S. C. 29204-2478
(City, State, & Zip Code)

PO Box 3528
(Mailing Address, if different from above)

Chapel Hill, NC 27515-3258
(City, State, & (Zip Code)

2. **ADMINISTRATOR, LICENSEE OR FACILITY REPRESENTATIVE):**

Prefix: Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Other: _____

First Name: Emily **MI**: ____ **Last Name**: Adams

Title: Vice President of Patient Services

3. **STANDARD TO WHICH CONSIDERATION FOR REVIEW IS REQUESTED: REGULATION # 61-12**

SECTION 208, AS QUOTED: Clinics must comply with the Woman's Right to Know Act, Section 44 41 310 et seq., of the S.C. Code of Laws, 1976, as amended, and maintain an adequate supply of current printed material from the Department which has not been altered in content.

4. **THE SPECIFIC CITATION FOR WHICH RECONSIDERATION IS BEING REQUESTED:**

SECTION 208 FOR HEALTH LICENSING REPORT OF VISIT, DATED 8/31/2015

5. **RECONSIDERATION OF THE CITED VIOLATION IS BEING REQUESTED BECAUSE:**

PPSAT clearly complied with the 60 minute waiting period as to Patients A, B, and E. The time recorded in the patient records reflects that following the completion of the ultrasound, the ultrasound image was scanned into the Electronic Health Record ("EHR"). The record also reflects the start of the Miso time. For Patient A, the time difference was 62 minutes-- Patient B – 62 minutes and Patient 3 – 56 minutes. Furthermore, these times are conservative because they do not reflect the additional time that inherently exists in the process at both the ultrasound and procedure ends. Specifically, these times do not include the time required for completion of the ultrasound until the results were scanned into the EHR. Following the completion of the ultrasound, the technician assists the patient and prints the ultrasound image which are then scanned into the EHR. (Attachment hereto describes these steps which takes a minimum of 5 minutes to complete.) Additionally, the times do not include the time lapse from the start of the Miso administration until the procedure actually commences.

As to Patients C and D, the records evidence a minimum of 42 and 44 minutes wait time, but neither reflects the inherent additional time within the process that is described above.
See attached separate page to complete paragraph 5.

6. WHAT ITEMS OF DOCUMENTATION AND/OR INFORMATION IS BEING PROVIDED WITH YOUR REQUEST FOR REVIEW AND CONIDERATION:

Attachments include September 25, 2015 Attestation of employee and executed Training of Form Updates of Employees, Photograph of calibration and Training of Form Updates, Abortion Reulations and Infectious Waste with Attached Form CO-14.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

Instructions for Completing DHEC Form 283
Request For Consideration Of Cited Violation

PURPOSE: To improve compliance with licensing standards enforced by the Division of Health Licensing, the Division will implement a consistent process by which facilities may request a review of cited violations. The following criteria outline the procedures used by the Division in review of cited violations:

1. Requests for Division review of a citation(s) issued during a compliance inspection or a complaint investigation may be made by the facility licensee, administrator or the staff member designated to act in the absence of the administrator.

2. Requests must be received by the Department's Division of Health Licensing within 15 calendar days following the date of the inspection/investigation when the violation was cited in order to be considered for review. Request received after 15 days will be evaluated by the section manager to determine if they will be reviewed. The Division Director will make the final determination to deny a request.

3. The requests shall include supporting documentation explaining the rationale for the request(s).

4. Requests should be submitted on DHEC Form 0283. Forms and supporting documentation maybe submitted by mail, fax or by e-mail.

5. A committee will review the request and the supporting documentation provided by the facility. The reviewers will make a final determination regarding the cited violation(s) with 15 workdays.

6. Facilities will not be required to provide a response to citations under review while the Division is considering a properly submitted and timely request.

7. Reports containing cited violations for which a request has been made for review will not be posted to the Department's website until the Division has reviewed the citation, rendered a decision, and advised the facility of the Division's decision regarding the cited violation(s).

8. Should the Division determine that a citation will not be rescinded, the facility will be required to provide an acceptable plan of corrections to the cited violation(s) within 15 days.

FORM INSTRUCTIONS:

Line 1 Self-explanatory.

Line 2 Enter the name of the facility licensee, administrator or staff member designated to act ion the absence of the administrator requesting the review.

Line 3 Enter the regulation number, the section of the regulation, and then quote that section of the regulation in the spaces provided.

Line 4 Enter the section of the regulation that was cited by the inspector and the date of the report in the spaces provided.

Line 5 Enter the reason as to why you are requesting our office to reconsider the cited violation.

September 25, 2015

I, [redacted] fixed the ultrasound machine's time around the end of August. I do not remember the exact date it was done. I also did not realize the time was off until Stephanie pointed it out to me. I did not call GE for help. I figured it out on my own. Since I have fixed the time, the times have been correct. I make sure the time is correct when I first turn the machine on and between each pt.

If you have any questions please let me know.

Thanks,

[redacted]

EXHIBIT
tabbies
28

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	AD

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature [redacted] Date 9/24/15

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: MCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	DT

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 09/25/15

Signature Date

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: RN

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	DB

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: Nursing Director

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	[redacted]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/25/15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: MEA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[signature]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature [redacted] Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	D.B

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] **Title:** Physician

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	**Abortion Regulations, Infectious Waste, Updated Forms**	AD

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-25-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: Physician

Date of Training	Subject	Facilitator/Verified by Signature
9/25/15	Abortion Regulations, Infectious Waste, Updated Forms	DR

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted]
Signature

9-25-15
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] **Title:** Hem

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	[signature]

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: WHNP

Date of Training	Subject	Facilitator/Verified by Signature
9-24-15	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9-24-15

Signature Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] Title: HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	AD

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted]
Signature

9-24-15
Date

Planned Parenthood®
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: [redacted] **Title:** HCA

Date of Training	Subject	Facilitator/Verified by Signature
9/24/15	Abortion Regulations, Infectious Waste, Updated Forms	AB

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time?
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

[redacted] 9/24/15

Signature Date


4:28 PM
9/25/2015
B
Media
09/25/15 4:28:20PM
EXHIBIT
29

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

TRAINING OF FORM UPDATES, ABORTION REGULATIONS, AND INFECTIOUS WASTE

Employee Name: _____ **Title:** _____

Date of Training	Subject	Facilitator/Verified by Signature
	Abortion Regulations, Infectious Waste, Updated Forms	

By my signature below, I affirm that:

- I was trained on the updated CO-14. Which now has the ultrasound completion time, the time of the procedure, and the minutes between the completed ultrasound and procedure start time.
- I understand each patient must wait 60 minutes between the ultrasound and start of procedure.
- I was trained on the Minor's Demographic Face Sheet. All minors must receive, fill out, and staff must scan into EHR by close of business.
- I understand that all abortions must be reported to DHEC within 7 days.
- I was trained that infectious waste must be kept in the rigid containers and disinfected after each use as outlined in the R.61-105, Infectious Waste Management Regulations.
- I agree to alert the Affiliate Medical Director or VP of patients Services if I observe situations where these policies or procedures are not being followed.
- I understand that failure to follow the SC Abortion Regulations and the Woman's Right to Know Act may lead to corrective action, up to and including termination of employment.

Signature Date

EXHIBIT
tabbies
30

Planned Parenthood
Care. No matter what.
Planned Parenthood South Atlantic

2712 Middleburg Drive Suite 107
Columbia, South Carolina 29204
(803) 256-4908

South Carolina Right to Know

Pursuant of South Carolina law, you have the right to view printed materials prepared by the State of South Carolina describing fetal development, list of agencies offering alternatives to abortion, and medical assistance benefits which may be available for prenatal care, childbirth and neonatal care. You also have the right to your ultrasound image. An abortion may not be performed sooner than sixty minutes following completion of the ultrasound.

The above referenced materials are contained in two booklets prepared by the South Carolina Department of Health and Environmental Control:

"The Development of the Embryo and Fetus by Two Week Intervals"

"The South Carolina Directory of Services for Women, Children & Families"

Signatures below certify the following:

1. I have been informed of my opportunity to review the information described above.
2. I have been provided this opportunity more than 24 hours before the abortion is to be performed.

_____ _____
Patient Date

_____ _____
Parent/Guardian of Minor Patient (if applicable) Date

I certify the patient has been offered the above information and the opportunity to review it more than 24 hours before the abortion is to be performed and that the required 60 minutes between completion of the ultrasound and starting the procedure has elapsed.

Hour, minute ultrasound completed	
Hour, minute procedure started	
Minutes between ultrasound and procedure	

_____ _____
Health Center Staff Date

_____ _____
Attending Physician Date

CO-14
9/2015

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

REQUEST FOR CONSIDERATION OF CITED VIOLATION

Division of Health Licensing

2600 Bull Street Columbia South Carolina 29201

(803) 545-4370

1. **FACILITY INFORMATION:**

Planned Parenthood South Atlantic Columbia,
(Name of Facility)

RECEIVED
SEP 28 2015
HEALTH LIC.

2712 Middleburg Dr. Ste 107.
(Street Address or Location)

Columbia, S. C. 29204-2478
(City, State, & Zip Code)

PO Box 3528
(Mailing Address, if different from above)

Chapel Hill, NC 27515-3258
(City, State, & (Zip Code)

2. **ADMINISTRATOR, LICENSEE OR FACILITY REPRESENTATIVE):**

Prefix: Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Other: _____

First Name: Emily **MI:** ____ **Last Name:** Adams

Title: Vice President of Patient Services

3. **STANDARD TO WHICH CONSIDERATION FOR REVIEW IS REQUESTED: REGULATION # 61-12**

SECTION 304.H, **AS QUOTED**: Products of conception resulting from the abortion procedure must be managed in accordance with requirements for pathological waste pursuant to Department R.61 105, Infectious Waste Management Regulations. All contaminated dressings and/or similar waste shall be properly disposed of in accordance with R.61 105.

4. **THE SPECIFIC CITATION FOR WHICH RECONSIDERATION IS BEING REQUESTED:**

SECTION 304.H **FOR HEALTH LICENSING REPORT OF VISIT, DATED** 8/31/2015

5. **RECONSIDERATION OF THE CITED VIOLATION IS BEING REQUESTED BECAUSE:**

PPSAT was in fact in compliance with Section 304.H regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

6. **WHAT ITEMS OF DOCUMENTATION AND/OR INFORMATION IS BEING PROVIDED WITH YOUR REQUEST FOR REVIEW AND CONIDERATION:**

We are providing the manifests showing that the waste was, in fact, incenerated in accordance with the regulation and a copy of the contract with the new waste management company.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

Instructions for Completing DHEC Form 283
Request For Consideration Of Cited Violation

PURPOSE: To improve compliance with licensing standards enforced by the Division of Health Licensing, the Division will implement a consistent process by which facilities may request a review of cited violations. The following criteria outline the procedures used by the Division in review of cited violations:

1. Requests for Division review of a citation(s) issued during a compliance inspection or a complaint investigation may be made by the facility licensee, administrator or the staff member designated to act in the absence of the administrator.

2. Requests must be received by the Department's Division of Health Licensing within 15 calendar days following the date of the inspection/investigation when the violation was cited in order to be considered for review. Request received after 15 days will be evaluated by the section manager to determine if they will be reviewed. The Division Director will make the final determination to deny a request.

3. The requests shall include supporting documentation explaining the rationale for the request(s).

4. Requests should be submitted on DHEC Form 0283. Forms and supporting documentation maybe submitted by mail, fax or by e-mail.

5. A committee will review the request and the supporting documentation provided by the facility. The reviewers will make a final determination regarding the cited violation(s) with 15 workdays.

6. Facilities will not be required to provide a response to citations under review while the Division is considering a properly submitted and timely request.

7. Reports containing cited violations for which a request has been made for review will not be posted to the Department's website until the Division has reviewed the citation, rendered a decision, and advised the facility of the Division's decision regarding the cited violation(s).

8. Should the Division determine that a citation will not be rescinded, the facility will be required to provide an acceptable plan of corrections to the cited violation(s) within 15 days.

FORM INSTRUCTIONS:

Line 1 Self-explanatory.

Line 2 Enter the name of the facility licensee, administrator or staff member designated to act ion the absence of the administrator requesting the review.

Line 3 Enter the regulation number, the section of the regulation, and then quote that section of the regulation in the spaces provided.

Line 4 Enter the section of the regulation that was cited by the inspector and the date of the report in the spaces provided.

Line 5 Enter the reason as to why you are requesting our office to reconsider the cited violation.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

OFFICE MECHANICS AND FILING: The original shall be placed in the Master File of the activity in the Division of Health Licensing and kept there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in our Master Files is SBH-F&S-17, which requires documents to be kept for

Stericycle
Protecting People, Enhancing Life

Route # 166 - 7

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU0085W3

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: MICHAEL WARD
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478
(803) 256-2600

10/17/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-0333G

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RRBX - Corrugated Box (4.9 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft
	TOTALS ▶	4	16.5 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/17/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone # (866) 951-3537
Applicable Permit Numbers: SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name John Lawson Signature [signature] Date 10/17/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 01 2014
Andrea Carden
Andrea Carden

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

8A. Designated Facility:	8B. Alternate Facility:	8C. Alternate Facility:	8D. Alternate Facility:
Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 888-9278 EPA#: 1305	Stericycle, Inc. 1168 Porter Ave, Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1	Stericycle, Inc. 4245 Maine Avenue Lakeland, FL 33801 (866) 783-7422 EPA#: PDOH # 7217	STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations. OCT 21 2014 Date

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste(s) and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

00388 I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(6)(d) of the S.C. Infectious Waste Management Regulations.

00144

ORIGINAL

rpiRteMan2250Std 9/11

Stericycle
Protecting People. Reducing Risk.

Route # 166 IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU00870V

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: MICHAEL WARD

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2476

(803) 256-2600

10/31/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-08336

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB26 - 26 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BB44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.3 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX35 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	4	16.5 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/31/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 951-3587
Applicable Permit Numbers:
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name John Lawson Signature John Lawson Date 10/31/14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above
Print/Type Name ______ Signature ______ Date ______

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 14 2014
Andrea Carden
Andrea Carden

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above
Print/Type Name ______ Signature ______ Date ______

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☒ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. 4403 Republic Court Concord, NC 28027 (800) 633-9278 EPA#: 1305	Stericycle, Inc. 1168 Porter Ave. Haw River, NC 27258 (866) 783-7422 EPA#: 01-02-1	Stericycle, Inc. 4245 Maine Avenue Lakeland, FL 33801 (866) 783-7422 EPA#: FDOH # 7217	STERICYCLE, INC. 4403 Republic Court Concord, North Carolina 28027 This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations. NOV 04 2014 Sara Johnson

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name ______ Signature ______ Date ______

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(3)(d) of the S.C. Infectious Waste Management Regulations.

00450

ORIGINAL

mpRteMan2230510 9/11/

Stericycle
Protecting People Naturally

Route # 165 – 5

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU0089T5

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: MICHAEL WARD
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478
(803) 256-4900

12/5/2014

CUSTOMER NUMBER 8027017-002 GENERATOR'S REGISTRATION # SC40-03836

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	6	24.7 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RB36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	6	24.7 Cu Ft.

8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

[X] Printed/Typed Name [redacted] Signature [redacted] Date 12-5-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073
[ ] This is a Through Shipment
Phone #: (866) 951-3537
Applicable Permit Numbers
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name [illegible] Signature [signature] Date 12-5-14

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 20 2014
Andrea Carden

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION
Corrected

TREATMENT FACILITY

[X] 8A. Designated Facility:
Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 833 - 9278
EPA#: 1305

[ ] 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave,
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

[ ] 8C. Alternate Facility:
Stericycle, Inc.
4246 Maine Avenue
Lakeland, FL 33801
(866) 783 - 7422
EPA#: FLDN # 7217

[ ] 8D. Alternate Facility:
STERICYCLE, INC.
4409 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
DEC 09 2014
Sara Johnson

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.
Print/Type Name _____ Signature _____ Date _____

20375
I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-105, 13(5)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

plRteMan2250Sld 9/11

Stericycle
Protecting People. Protecting Data.

Route # 166

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-08-STD
MDAU008ADF

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: MICHAEL WARD
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478
(803) 256-4908

12/12/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-03336

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB26 - 26 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.6 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	2	8.2 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX96 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	2	8.2 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 12-12-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29072

☐ This is a Through Shipment

Phone #: (866) 951-3537
Applicable Permit Numbers:
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name John Carson Signature [signature] Date 12-12-14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 27 2014
Andrea Cardona

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☒ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 833-9278
EEA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783-7422
EEA#: 01-02-I

☐ 8C. Alternate Facility:
Stericycle, Inc.
4245 Maine Avenue
Lakeland, FL 33801
(866) 783-7422
EEA#: FLOH # 7217

STERICYCLE, INC. Designated Facility:
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NODENR regulations.
DEC 15 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated pure cultures and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature Sara Johnson Date

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-105.6(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rpt\RteMan22505rd 9/11

UU747

Advanced Environmental Options, Inc.
25 Stan Perkins Road
Spartanburg, SC 29307
864-488-9111

Thursday, August 27, 2015

Emily Adams
Planned Parenthood South Atlantic
1765 Dobbins Drive
Chapel Hill, NC 27514
919-929-5402 Phone

Quote Number: PPSA082715-01
Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies,material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (Incineration) **Disposal** [redacted] **pound ($100.00 min/stop)**
Transportation to disposal facility in Atlanta **/ drum**

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

[redacted]

Asheville Healh Center
Blacksburg Healh Center
Chapel Hill Healh Center
Charleston Healh Center
Charlotte Healh Center
Charlottesville Healh Center
Columbia Healh Center
Durham Healh Center
Fayetteville Healh Center
Greensboro Healh Center
Raleigh Healh Center
Roanoke Healh Center
Vienna Healh Center
Wilmington Healh Center
Winston-Salem Healh Center

For multiple facility pickups the price will be based on actual mileage to the multiple facilites & back then multiplied by $1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

** AEO's Energy and Insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track the national average price for diesel fuel as reported by the U.S. Department of Energy each month. This charge is applied to the entire invoice, less taxes and fees. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available at (http://tonto.eia.doe.gov/oog/info/wohdp/diesel.asp).

(*Additional Costs and Assumptions That May Apply)*

General:

- Per Diem for All Workers will be charged at a rate of $ 120.00 per man - per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a $75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

Transportation Section

- A $95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of $ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
B. In a workmanlike and professional manner;
C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:

A. Changes in applicable laws or regulations after the services are completed:
B. Acts or occurrences outside the scope of the services:
C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

A. Its physical characteristics:
B. Soil reports and subsurface investigations:
C. Legal limitations and restrictions;
D. Utility locations;
E. Other reports or documents which may be reasonably by the contractor.

Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

INDEMNIFICATION

A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
   1. The performance of these services in compliance with client's instructions or specifications:
   2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
   3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
   4. Failure of the client to obtain required permits, licenses or approvals:

B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
   1. The price of the services or products which give rise to the claim for indemnification, or
   2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

CHANGE ORDER.

A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the client and shall be only on a mutually agreeable time and financial basis.
B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

Planned Parenthood South Atlantic shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by *Planned Parenthood South Atlantic* to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. *Planned Parenthood South Atlantic* shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued pursuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on *Planned Parenthood South Atlantic* and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after *Planned Parenthood South Atlantic* executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

David W. Hitchens
David W. Hitchens
CEO / President

Planned Parenthood South Atlantic

Accepted By: [redacted]
Authorized Signature _____

Printed Name _____

Date 8/27/15

Advanced Environmental Options, Inc.
25 Stan Perkins Road
Spartanburg, SC 29307
864-488-9111

Thursday, August 27, 2015

Emily Adams
Planned Parenthood South Atlantic
1765 Dobbins Drive
Chapel Hill, NC 27514
919-929-5402 Phone

Quote Number: PPSA082715-01
Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies,material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (Incineration) **Disposal** [redacted] **ound ($100.00 min/stop)**
Transportation to disposal facility in Atlanta **drum**

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center
Blacksburg Healh Center
Chapel Hill Healh Center
Charleston Healh Center
Charlotte Healh Center
Charlottesville Healh Center
Columbia Healh Center
Durham Healh Center
Fayetteville Healh Center
Greensboro Healh Center
Raleigh Healh Center
Roanoke Healh Center
Vienna Healh Center
Wilmington Healh Center
Winston-Salem Healh Center

[redacted]

For multiple facility pickups the price will be based on actual mileage to the multiple facilites & back then multiplied by $1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

** AEO's Energy and Insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track the national average price for diesel fuel as reported by the U.S. Department of Energy each month. This charge is applied to the entire invoice, less taxes and fees . The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available at (http://tonto.eia.doe.gov/oog/info/wohdp/diesel.asp).

(Additional Costs and Assumptions That May Apply)

General:

- Per Diem for All Workers will be charged at a rate of $ 120.00 per man - per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a $75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

Transportation Section

- A $95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of $ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
B. In a workmanlike and professional manner;
C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:

A. Changes in applicable laws or regulations after the services are completed:
B. Acts or occurrences outside the scope of the services:
C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

A. Its physical characteristics:
B. Soil reports and subsurface investigations:
C. Legal limitations and restrictions;
D. Utility locations;
E. Other reports or documents which may be reasonably by the contractor.

Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

INDEMNIFICATION

A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
   1. The performance of these services in compliance with client's instructions or specifications:
   2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
   3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
   4. Failure of the client to obtain required permits, licenses or approvals:

B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
   1. The price of the services or products which give rise to the claim for indemnification, or
   2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

CHANGE ORDER.

A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the client and shall be only on a mutually agreeable time and financial basis.

B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

Planned Parenthood South Atlantic shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by *Planned Parenthood South Atlantic* to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. *Planned Parenthood South Atlantic* shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued pursuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on *Planned Parenthood South Atlantic* and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after *Planned Parenthood South Atlantic* executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

David W. Hitchens

David W. Hitchens
CEO / President

Planned Parenthood South Atlantic

Accepted By: [redacted]

Authorized Signature _____

Printed Name [redacted]

Date 8/21/15

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

REQUEST FOR CONSIDERATION OF CITED VIOLATION
Division of Health Licensing
2600 Bull Street Columbia South Carolina 29201
(803) 545-4370

RECEIVED
SEP 28 2015
HEALTH LIC.

1. FACILITY INFORMATION:

Planned Parenthood South Atlantic Columbia,
(Name of Facility)

2712 Middleburg Dr. Ste 107.
(Street Address or Location)

Columbia, S. C. 29204-2478
(City, State, & Zip Code)

PO Box 3528
(Mailing Address, if different from above)

Chapel Hill, NC 27515-3258
(City, State, & (Zip Code)

2. ADMINISTRATOR, LICENSEE OR FACILITY REPRESENTATIVE):

Prefix: Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Other: _____

First Name: Emily **MI:** ____ **Last Name:** Adams

Title: Vice President of Patient Services

3. STANDARD TO WHICH CONSIDERATION FOR REVIEW IS REQUESTED: REGULATION # 61-12

SECTION 605.D, **AS QUOTED:** All waste meeting the definition of "infectious waste" as defined in Regulation 61 105 must be managed according to the requirements of that regulation.

4. THE SPECIFIC CITATION FOR WHICH RECONSIDERATION IS BEING REQUESTED:

SECTION 605.D **FOR HEALTH LICENSING REPORT OF VISIT, DATED** 8/31/2015

5. RECONSIDERATION OF THE CITED VIOLATION IS BEING REQUESTED BECAUSE:

PPSAT was in fact in compliance with Section 605.D regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced and reputable waste management company. A copy of the contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

6. WHAT ITEMS OF DOCUMENTATION AND/OR INFORMATION IS BEING PROVIDED WITH YOUR REQUEST FOR REVIEW AND CONIDERATION:

We are providing the manifests showing that the waste was, in fact, incenerated in accordance with the regulation and a copy of the contract with the new waste management company.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

Instructions for Completing DHEC Form 283
Request For Consideration Of Cited Violation

PURPOSE: To improve compliance with licensing standards enforced by the Division of Health Licensing, the Division will implement a consistent process by which facilities may request a review of cited violations. The following criteria outline the procedures used by the Division in review of cited violations:

1. Requests for Division review of a citation(s) issued during a compliance inspection or a complaint investigation may be made by the facility licensee, administrator or the staff member designated to act in the absence of the administrator.

2. Requests must be received by the Department's Division of Health Licensing within 15 calendar days following the date of the inspection/investigation when the violation was cited in order to be considered for review. Request received after 15 days will be evaluated by the section manager to determine if they will be reviewed. The Division Director will make the final determination to deny a request.

3. The requests shall include supporting documentation explaining the rationale for the request(s).

4. Requests should be submitted on DHEC Form 0283. Forms and supporting documentation maybe submitted by mail, fax or by e-mail.

5. A committee will review the request and the supporting documentation provided by the facility. The reviewers will make a final determination regarding the cited violation(s) with 15 workdays.

6. Facilities will not be required to provide a response to citations under review while the Division is considering a properly submitted and timely request.

7. Reports containing cited violations for which a request has been made for review will not be posted to the Department's website until the Division has reviewed the citation, rendered a decision, and advised the facility of the Division's decision regarding the cited violation(s).

8. Should the Division determine that a citation will not be rescinded, the facility will be required to provide an acceptable plan of corrections to the cited violation(s) within 15 days.

FORM INSTRUCTIONS:

Line 1 Self-explanatory.

Line 2 Enter the name of the facility licensee, administrator or staff member designated to act ion the absence of the administrator requesting the review.

Line 3 Enter the regulation number, the section of the regulation, and then quote that section of the regulation in the spaces provided.

Line 4 Enter the section of the regulation that was cited by the inspector and the date of the report in the spaces provided.

Line 5 Enter the reason as to why you are requesting our office to reconsider the cited violation.

Return completed form to: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201

OFFICE MECHANICS AND FILING: The original shall be placed in the Master File of the activity in the Division of Health Licensing and kept there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in our Master Files is SBH-F&S-17, which requires documents to be kept for 6 years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than twenty-four years before destroying.

Stericycle
Protecting People, Reducing Risk.

Route # 166 - 7

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-08-STD
MDAU0085W3

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: MICHAEL WARD
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478
(803) 256-2600

10/17/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-03336

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (3.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SS44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG21 - Sharps Containers (2.4 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX35 - 20 Gal Corrugated Box (2.8 cu ft)		Cu Ft
	TOTALS ▶	4	16.5 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/17/14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073
☐ This Is a Through Shipment
Phone #: (866) 851-3537
Applicable Permit Numbers: SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name John Lawson Signature John Lawson Date 10/17/14

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 01 2014

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name Andrea Carden Signature Andrea Carden Date

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☒ 8A. Designated Facility:
Stericycle, Inc.
4403 Republic Court
Concord, NC 28027
(800) 888 - 9278
EPA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:
Stericycle, Inc.
4245 Maine Avenue
Lakeland, FL 33801
(866) 783 - 7422
EPA#: FDOH # 7217

☐ 8D. Alternate Facility:
STERICYCLE, INC.
4403 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
OCT 21 2014
Sara Johnson
Date

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.
Print/Type Name _____ Signature _____

DD388
I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R.61-63.6(d) of the S.C. Infectious Waste Management Regulations.

00144

ORIGINAL

rpiRteMan2250Std 9/11

Stericycle® Protecting People. Reducing Risk.®

Route # 1?? 11 IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDAU00870V

1. Generator's Name, Address and Telephone Number
ATTN: MICHAEL WARD

PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2476

(803) 256-2500 10/31/2014

CUSTOMER NUMBER 8027017-002 GENERATOR'S REGISTRATION # SC40-08336

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB26 - 26 Gallon Reusable Tub (3.7 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.8 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.12 cu ft)	4	16.5 Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RRBX - Corrugated Box (4.3 cu ft)		Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft
~~UN3291, Regulated Medical Waste, n.o.s.,~~ 6.2, PGII	RX85 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft
	TOTALS ▶	4	16.5 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 10/31/14

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 951-3587
Applicable Permit No.(s):
SC14-02T

TRANSPORTER CERTIFICATION: *Receipt of medical waste as described above.*

Print/Type Name John Lawson Signature John Lawson Date 10/31/14

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name Signature Date

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
NOV 14 2014
Andrea Carden
Andrea Carden

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above

Print/Type Name Signature Date

7. DISCREPANCY INDICATION
Corrected

☒ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc.	Stericycle, Inc.	Stericycle, Inc.	STERICYCLE, INC.
4403 Republic Court	1168 Porter Ave.	4245 Maine Avenue	4403 Republic Court
Concord,NC 28027	Haw River, NC 27258	Lakeland, FL 33801	Concord, North Carolina 28027
(800) 633-6276	(866) 783-7422	(866) 783-7422	This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
EPA#: 1305	EPA#: 01-02-1	EPA#: FDOH # 7217	NOV 04 2014

Sara Johnson
Sara Johnson

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Signature Date

00450

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in F(8)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rnRleMan2230Std 9/11

3R143

Stericycle
Protecting People Reducing Risk

Route # 166 - 5

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-09-STD
MDAU0089T5

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: MICHAEL WARD
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478
(803) 256-4900

12/5/2014

CUSTOMER NUMBER 8027017-002

GENERATOR'S REGISTRATION # SC40-03836

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 30 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (3.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB97 - 97 Gallon Wheeled Cart (12.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BS44 - Medium Corrugated Box (4.12 cu ft)	6	24.7 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.8 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SG91 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX36 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	6	24.7 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

[X] Printed/Typed Name [redacted] Signature [redacted] Date 12-5-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29073

☐ This is a Through Shipment

Phone #: (866) 951-3537
Applicable Permit Numbers
SC14-02T

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [illegible] Signature [signature] Date 12-5-14

TRANSFERRED/INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 20 2014
Andrea Carden

TRANSFERRED/INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #:
Applicable Permit Numbers

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION: Corrected

TREATMENT FACILITY

☒ 8A. Designated Facility:
Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 833-8278
EPA#: 1306

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 788-7422
EPA#: 01-02-1

☐ 8C. Alternate Facility:
Stericycle, Inc.
4246 Maine Avenue
Lakeland, FL 33801
(866) 788-7422
EPA#: FDOH # 7217

☐ 8D. Alternate Facility:
STERICYCLE, INC.
4409 Republic Court
Concord, North Carolina 28027
This certifies treatment by Steam Sterilization in accordance with the NCDENR regulations.
DEC 09 2014
Sara Johnson

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

00376

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6).(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rpRteMan2205id 9/12

Stericycle
Protecting People. Protecting Data.

Route # 166

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
CUSTOMER NO. 21182

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-08-STD
MDAU008ADF

GENERATOR

1. Generator's Name, Address and Telephone Number
ATTN: MICHAEL WARD
PLANNED PARENTHOOD
2712 MIDDLEBURG DR SUITE 107
COLUMBIA, SC 29204- 2478
(803) 256-4909

12/12/2014

CUSTOMER NUMBER 8027017-002
GENERATOR'S REGISTRATION # SC40-08336

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB01 - 90 Gallon Reusable Tub (4.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB04/TB28 - 28 Gallon Reusable Tub (8.7 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	TB37 - 97 Gallon Wheeled Cart (12.6 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	BX55 - Medium Corrugated Box (5.5 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB19 - Small Corrugated Box (2.0 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB44 - Medium Corrugated Box (4.12 cu ft)	2	8.2 Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	KRBX - Corrugated Box (4.9 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	SB31 - Sharps Containers (2.4 cu ft)		Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII	RX35 - 20 Gal Corrugated Box (2.9 cu ft)		Cu Ft.
	TOTALS ▶	2	8.2 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name [redacted] Signature [redacted] Date 12-12-14

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
200 Alta Vista Court
Lexington, SC 29072
☐ This is a Through Shipment
Phone #: (866) 951-3537
Applicable Permit Numbers:
SC14-027

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name John Carson Signature [signature] Date 12-12-14

TRANSPORTER 2 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name Signature Date

STERICYCLE
1168 Porter Avenue
Haw River, NC 27258
INCINERATED
DEC 27 2014
Andrea Cardona

TRANSPORTER 3 / INTERMEDIATE HANDLER

9. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.
Print/Type Name Signature Date

TREATMENT FACILITY

7. DISCREPANCY INDICATION
Corrected

☑ 8A. Designated Facility:
Stericycle, Inc.
4409 Republic Court
Concord, NC 28027
(800) 833 - 9278
EPA#: 1305

☐ 8B. Alternate Facility:
Stericycle, Inc.
1168 Porter Ave.
Haw River, NC 27258
(866) 783 - 7422
EPA#: 01-02-I

☐ 8C. Alternate Facility:
Stericycle, Inc.
4245 Maine Ave
Lakeland, FL 33801
(866) 783 - 7422
EPA#: PROH # 7217

STERICYCLE Alternate Facility:
4409 Republic Court
Concord, North Carolina 28027
Rejected/Treatment by Steam Sterilization in accordance with the NODENA regulations.
DEC 16 2014

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.
Print/Type Name Signature Sara Johnson Date

00130

I certify that the waste provided does not contain regulated quantities of hazardous waste as defined by S.C. Hazardous Waste Management Regulations or radioactive materials above levels determined in R(6)(d) of the S.C. Infectious Waste Management Regulations.

ORIGINAL

rpfReMan22605td 9/11

00747

Advanced Environmental Options, Inc.
25 Stan Perkins Road
Spartanburg, SC 29307
864-488-9111

Thursday, August 27, 2015

Emily Adams
Planned Parenthood South Atlantic
1765 Dobbins Drive
Chapel Hill, NC 27514
919-929-5402 Phone

Quote Number: PPSA082715-01
Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies,material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) **Disposal** [redacted] **pound ($100.00 min/stop)**
Transportation to disposal facility in Atlanta **/ drum**

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

Asheville Healh Center
Blacksburg Healh Center
Chapel Hill Healh Center
Charleston Healh Center
Charlotte Healh Center
Charlottesville Healh Center
Columbia Healh Center
Durham Healh Center
Fayetteville Healh Center
Greensboro Healh Center
Raleigh Healh Center
Roanoke Healh Center
Vienna Healh Center
Wilmington Healh Center
Winston-Salem Healh Center

[redacted]

For multiple facility pickups the price will be based on actual mileage to the multiple facilites & back then multiplied by $1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include suppling new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

** AEO's Energy and Insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track the national average price for diesel fuel as reported by the U.S. Department of Energy each month. This charge is applied to the entire invoice, less taxes and fees. The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available at (http://tonto.eia.doe.gov/oog/info/wohdp/diesel.asp).

(*Additional Costs and Assumptions That May Apply*)

General:

- Per Diem for All Workers will be charged at a rate of $ 120.00 per man - per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a $75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

Transportation Section

- A $95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of $ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
B. In a workmanlike and professional manner;
C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:

A. Changes in applicable laws or regulations after the services are completed:
B. Acts or occurrences outside the scope of the services:
C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

A. Its physical characteristics:
B. Soil reports and subsurface investigations:
C. Legal limitations and restrictions;
D. Utility locations;
E. Other reports or documents which may be reasonably by the contractor.

Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

INDEMNIFICATION

A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
   1. The performance of these services in compliance with client's instructions or specifications:
   2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
   3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
   4. Failure of the client to obtain required permits, licenses or approvals:

B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
   1. The price of the services or products which give rise to the claim for indemnification, or
   2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

CHANGE ORDER.

A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the client and shall be only on a mutually agreeable time and financial basis.

B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

Planned Parenthood South Atlantic shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by *Planned Parenthood South Atlantic* to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. *Planned Parenthood South Atlantic* shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued pursuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on *Planned Parenthood South Atlantic* and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after *Planned Parenthood South Atlantic* executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

David W. Hitchens
David W. Hitchens
CEO / President

Planned Parenthood South Atlantic

Accepted By: [redacted]
Authorized Signature _____
Printed Name _____
Date 8/27/15

Advanced Environmental Options, Inc.
25 Stan Perkins Road
Spartanburg, SC 29307
864-488-9111

Thursday, August 27, 2015

Emily Adams
Planned Parenthood South Atlantic
1765 Dobbins Drive
Chapel Hill, NC 27514
919-929-5402 Phone

Quote Number: PPSA082715-01
Dear Emily:

Advanced Environmental Options, Inc. (AEO) is pleased to submit this proposal for the transportation and disposal of infectious waste located at various facilities in NC, SC, VA and WV. AEO will provide all labor, mob/demob, all supplies,material profiles, manifests, drum labels and associated documentation as required.

Infectious waste (incineration) **Disposal** [redacted] **ound ($100.00 min/stop)**
Transportation to disposal facility in Atlanta [redacted] **drum**

Stop Fees to each facility (based on mileage) should we have to go to each facility and back or for an emergency run:

[redacted]

Asheville Health Center
Blacksburg Health Center
Chapel Hill Health Center
Charleston Health Center
Charlotte Health Center
Charlottesville Health Center
Columbia Health Center
Durham Health Center
Fayetteville Health Center
Greensboro Health Center
Raleigh Health Center
Roanoke Health Center
Vienna Health Center
Wilmington Health Center
Winston-Salem Health Center

For multiple facility pickups the price will be based on actual mileage to the multiple facilites & back then multiplied by $1.75 / mile then divided by the number of stops (everyone shares the run equally) Per diem will be added if and only if a driver must spend the night due to a long run.

This quotation does not include supplying new or replacement containers. Should containers need to be supplied AEO will supply a seperate quotation. Please be aware that AEO does not believe in the "cardboard boxes" for infectious waste as they leak and are not puncture proof. We will pick them up if you have them or wish to supply your own. If requested - then AEO can supply you with DOT approved plactic containers with a removable lid and a gasket to contain any odors. We have them in 5 gallon, 15 gallon, 30 gallon and 55 gallon. Please let us know.

** AEO's Energy and Insurance recovery charge has two components. The first is a fixed 3% charge that assists in cost recovery for insurance, security, and environmental regulatory compliance. The second is a variable charge for energy-related costs that will track the national average price for diesel fuel as reported by the U.S. Department of Energy each month. This charge is applied to the entire invoice, less taxes and fees . The variable energy charge is established on the first Tuesday of the month based on the weekly pricing published by the Department of Energy and available at (http://tonto.eia.doe.gov/oog/info/wohdp/diesel.asp).

(Additional Costs and Assumptions That May Apply)

General:

- Per Diem for All Workers will be charged at a rate of $ 120.00 per man - per night for any overnight stays.
- Surcharges due to unconforming wastes that do not meet profile specifications will be applied at cost plus 25%.
- All overpacked drums (regardless of hazard class, except labpacks) will have a $75.00 overpack surcharge per drum.
- Any additional material or services required above & beyond the information included in this quotation will require a change order. Change Orders must be executed before any additional services will be provided.

Transportation Section

- A $95.00 per hour demurrage rate will be assessed after one (1) hour for loading and after one (1) hour for unloading.
- All trucks canceled after scheduling will be charged a cancellation fee of one-half the quoted cost or a minimum of $ 250.00 per vehicle.
- All materials offered to AEO for transportation must be in DOT applicable containers for shipment. Any containers that do not meet DOT standards will be transferred or overpacked and charged to the client or left on-site for future shipment.

TIME FOR PERFORMANCE. The contractor (AEO) will not be responsible for any delay or delays that, directly or indirectly, result from or are contributed to by any cause beyond contractor's reasonable control, including but not limited to: Fire, flood, or other act of God, strike or other labor disagreement, acts or requirements of governmental or other civil authorities, riot, war, embargo shortage of labor, material or energy. If equipment, materials, or personnel or supplies remain on client's site at contractor's request during such a period of delay, invoices will be rendered in accordance with the proposal, and client will also pay the contractor for all extra costs and expenses incurred by the contractor.

REPRESENTATION AND WARRANTIES OF THE CONTRACTOR. The contractor shall perform the services

A. In conformance with all applicable local, state and federal laws, regulations and guidelines:
B. In a workmanlike and professional manner;
C. In conformance with the proposal

LIMITATION OF REMEDIES. In the event of the contractors liability, whether based on contract, tort (including but not limited to, negligence, strict liability or otherwise: Client's sole and exclusive remedy will be limited to, at the contractor's option, replacement or correction of any services or products not in conformance with the proposal of these terms and conditions, or to the, repayment of the portion of purchase price paid by customer attributable to the nonconforming services or products. THE CONTRACTOR SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES, EITHER DIRECT, INDIRECT OR CONSEQUENTIAL OR OTHERWISE, AND IN NO EVENT SHALL THE CONTRACTOR'S LIABILITY EXCEED THE PRICE OF THE NONCONFORMING SERVICES OR PRODUCTS.

LIMITATION OF LIABILITY. The contractor shall not be liable for any liabilities, claims, demands, expenses or losses incurred by the client or other parties as a result of any claim , suit or proceeding based on:

A. Changes in applicable laws or regulations after the services are completed:
B. Acts or occurrences outside the scope of the services:
C. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractors:
D. Failure of client to obtain required permits, licenses or approvals.

TAXES. Unless otherwise agreed in writing, the client shall be responsible for all sales, use, excise or other taxes.

APPROVALS, PERMITS. Unless otherwise agreed in writing, clients shall be responsible for securing at its expense, all necessary permits, approvals, easements, and judicial and/or administrative orders to enable the contractor to perform the services.

SITE CONDITIONS. Client shall furnish the following information to the contractor with respect to the site on which the services are to be performed (SITE):

A. Its physical characteristics:
B. Soil reports and subsurface investigations:
C. Legal limitations and restrictions;
D. Utility locations;
E. Other reports or documents which may be reasonably by the contractor.

Client may also advise the contractor of any special chemical or physical hazards associated with the site and materials to be handled by the contractor in performance of the services.

INDEMNIFICATION

A. Client shall indemnify and hold the contractor harmless against any and all liabilities, claims, demands, expenses or losses resulting from:
   1. The performance of these services in compliance with client's instructions or specifications:
   2. The negligent or intentional acts or omissions of client, its employees, officers, agents, director, or subcontractors:
   3. Releases of toxic materials or hazardous substances to the environment which are not a result of the negligence of the contractor:
   4. Failure of the client to obtain required permits, licenses or approvals:

B. The contractor shall indemnify and hold client harmless against any and all liabilities, claims, demands, expenses, or losses resulting form the negligent or intentional acts or omissions of the contractor, its employees, officers, agents, directors, or subcontractor: Provided however, that the amount of such indemnification is limited to the greater of:
   1. The price of the services or products which give rise to the claim for indemnification, or
   2. The extent of the contractor's recovery from its insurance policy or policies for such claim for indemnification.

CHANGE ORDER.

A. Any changes in the scope of the services as set forth in the proposal shall be agreed to in writing between the contractor and the client and shall be only on a mutually agreeable time and financial basis.

B. In any emergency affecting the safety of persons or property, the contractor shall act, at its discretion, to prevent threatened damage, injury or loss. Within five (5) calendar days after taking such action the contractor shall supply a detailed report to the client which shall specify the emergency. The contractor shall invoice the client and the client shall pay for all extra cost incurred by the contractor in the event of such emergency.

RECORDS AND DATA. All records and data generated by the contractor in the performance of the services remain the property of the contractor. The contractor shall retain such records and data for a period of two years or such longer periods required by law. If requested, copies will be provided to the client at the client's expense.

QUOTATIONS. This quotation is valid for thirty (30) days and is contingent upon AEO's receipt of completed and approved material profile forms, samples (if requested), a credit application and a purchase order. Prices are subject to change without notice due to increased disposal costs. Any item(s) in the additional cost and assumptions section will be added to the invoice as a separate line item above and beyond the quoted costs.

Planned Parenthood South Atlantic shall pay AEO for AEO's labor, equipment, materials, reporting and administrative tasks, services and other items furnished in performance of AEO's work upon completion or upon the earlier termination of this work. Such payment shall be made by *Planned Parenthood South Atlantic* to AEO within thirty (30) days from the date of AEO's invoices for payment related to its work or extra work. If payment is not received by AEO within thirty (30) days of the date of AEO's invoices, interest shall accrue on such payment due at the rate of eighteen percent (18%) per annum or the maximum finance charge allowed by law, whichever is less. *Planned Parenthood South Atlantic* shall pay any attorneys' fees, collection fees, or other costs incurred by AEO in collecting any late amounts due AEO. These terms and conditions shall be construed and enforced in accordance with and governed by the laws of the state of South Carolina. All claims, disputes and other matters in queston arising out of, or relating to, this Contract or any subcontract made or purchase order issued pursuant to this Contract, or breach thereof shall be decided by a court of law in Spartanburg County, South Carolina.

The terms of this agreement are effective and binding on *Planned Parenthood South Atlantic* and AEO upon written execution or verbal initiation of performance of this proposal. AEO shall commence its work as soon as possible after *Planned Parenthood South Atlantic* executes this agreement.

Advanced Environmental Options, Inc. (AEO) was founded based on ethics and morals in December of 2000. It shall continue to do business based on its ethics and morals, for this, in our opinion, is the best and only way to gain our clients trust and to grow our company. AEO strives to the best of its ability to keep our prices as low as possible, however, due to economic and market conditions this is not always possible. AEO shall endeavor in any way possible to accommodate our clients needs, concerns and costs to the best of our ability.

Everyone at AEO thanks you for the opportunity to provide this quotation. Should you require further information or additional quotations please contact us.

Advanced Environmental Options, Inc.

David W. Hitchens

David W. Hitchens
CEO / President

Planned Parenthood South Atlantic

Accepted By: [redacted]

Authorized Signature _____

Printed Name [redacted]

Date 8/27/15

RECEIVED
SEP 28 2015
HEALTH LIC.

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

PLAN OF CORRECTION

BUREAU OF HEALTH FACILITIES LICENSING
2600 BULL STREET, COLUMBIA, SC, 29201
OFFICE (803) 545-4370 FAX (803) 545-4212 E-MAIL BHFL@dhec.sc.gov

NOTICE: Information on the audit inspection form will be needed to assist you in completing this form.

Inspection Date: 9/1/2015	Today's Date: 9/18/2015	License Prefix: *AB* Suffix #: 2

Type of Inspection: *L07 INVESTIGATION*

Name of Facility/Activity: Planned Parenthood South Atlantic

Administrators Certification: ☑ By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Administrator Name: Emily Adams E-mail: Emily.adams@ppsat.org Phone: 919-929-5402, ext. 233

RESPONSE TO CITATIONS

6/25/2015 Completion Date (Actual or Expected)

Section: 204.H

Corrective Action PPSAT was, in fact, in compliance with § 204.H. Staff member A signed his job description on 6/25/15, a copy of which was available at PPSAT's central office in Raleigh. Furthermore, as a point of clarification, the referenced document that was reviewed by inspectors was not the job description but was in fact the general PPSAT contract. PPSAT operates health centers across four states and uses a standard contract and fee schedule for all providers. The excerpt referenced in the report was from the fee schedule, including those who work at health centers outside of South Carolina, and does not specify job duties.

Preventive Action: Attached is the revised Appendix A that enumerates the only procedures that Staff A will be providing in the PPSAT Columbia facility. This Appendix will be reviewed and signed by Staff member A by 9/29/15. Additionally, attached are the Staff member A Redacted Employment Agreement, Redacted Job Description, and Physician On-site Orientation Check List.

9/18/2015 Completion Date (Actual or Expected)

Section: 301.D.4

Corrective Action: As described by staff, PPSAT procedure is that infectious waste is weighed by the certified infectious waste transport vendor and not weighed on site, which is in compliance with SC Infectious Waste Regulation 61-105.F.6.J. The written policy reviewed during the investigation was a legacy policy that had not been updated to match PPSAT's current procedure. The policy was updated to reflect practice. A copy of the revised policy is attached.

Preventive Action: The revised infectious waste policy requires certified waste transport vendors to weigh infectious waste in accordance with the requirements of S.C. Code Ann. Reg. 61-105.T.9. The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

8/27/2015 Completion Date (Actual or Expected)

Section: 304.H

Corrective Action: PPSAT was in fact in compliance with Section 304.H regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In

addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced and reputable waste management company. A copy of this contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that is in compliance with R. 61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be forwarded back to the waste management vendor for review and correction. This monthly review will be documented on the Infectious Waste Manifest Checklist.

9/25/2015 Completion Date (Actual or Expected)

Section: 401.A.1

Corrective Action: PPSAT was compliant with the South Carolina parental consent law and all minor charts had required parental signatures. PPSAT maintained documentation that included the names of minor's parents, where known. In response to the inspection, PPSAT has developed a stand-alone minor patient face sheet, a copy of which is attached, which minor patients will complete, and will include the name of their mother and father prior to the initiation of any abortion procedure. These paper face sheets will be scanned into the Electronic Health Record.

Preventive Action: The health center manager or designee will review all minor records on day of service to ensure that minor patients have completed the minor face sheet. All minor charts will be part of the monthly Abortion Chart Completion Audit that the health center manager will complete and document on the Health Center Manager RQM-03 Monthly RQM Checklist that is reviewed by the Regional Director. A copy of the RQM-03 is attached. The entry on the Checklist will be made under "Any Audits" for the Columbia site.

9/1/2015 Completion Date (Actual or Expected)

Section: 401.A.12

Corrective Action: A new Electronic Health Record system was implemented in October 2014. Staff immediately revised the electronic documentation to add the field for persons in attendance, if any, during the procedure. Inspectors reported that this solution met requirements.

Preventive Action: Health Center Manager will audit electronic health records to ensure that staff are documenting clinical assistants present, if any, during the abortion procedure. This field will be reviewed as part of the monthly Abortion Chart Completion Audit, a copy of which is attached. The health center manager will complete and document on the Health Center Manager RQM-82 the Infection-Free Environmental Rounds Checklist, a copy of which is attached, that is reviewed by the Regional Director.

9/19/2015 Completion Date (Actual or Expected)

Section: 403.A.1

Corrective Action: PPSAT submits a report of induced termination of pregnancy through an online portal system managed by DHEC. Staff have experienced times when this system is down causing delays in abortion reporting. All abortions will be reported to the DHEC Bureau of Vital Records within 7 days. In the event the online system is unavailable, staff will contact DHEC to report the issue and develop an alternate plan for reporting. Any delays will be documented on the form.

Preventive Action: Staff will receive training at the monthly staff meetings as to the requirement that all abortions be reported to the DHEC Bureau of Vital Records within 7 days. PPSAT has asked for assistance from the DHEC Bureau of Vital Records as to an alternate plan for reporting. PPSAT will maintain a folder of e-mails sent to the Bureau of Vital Records every time the system is down, thus preventing timely reporting.

8/27/2015 Completion Date (Actual or Expected)

Section: 605.D

Corrective Action: PPSAT was in fact in compliance with Section 605.D regarding the cited Stericycle manifests. PPSAT contacted Stericycle, the waste management vendor, to review the identified manifests. Stericycle provided updated manifests that demonstrate the waste was incinerated. Therefore, waste was treated in accordance with the requirements. These manifests are attached. In addition, effective 8/27/15, PPSAT initiated a contract with a licensed, experienced the reputable waste management company. A copy of the contract is attached. This contract expressly specifies that products of conception will be incinerated in accordance with South Carolina Infectious Waste Regulations.

Preventive Action: The Health Center Manager will continue to review the monthly manifests to ensure that the waste management company is clearly documenting the manner of destruction and that it is in compliance with R.61-105. Manifests that do not contain all the required information or information that does not reflect the appropriate treatment will be returned to the waste management vendor for correction and/or supplementation. This monthly review will be documented on the Infectious Waste Manifest Checklist.

Completion Date (Actual or Expected)

Section:

Corrective Action:

Preventive Action:

You can download this form as many times as needed in order to answer all citations. Is this a continuation page? Yes ☐ No ☒

Page Number (if you answered Yes to the question above)

Send completed form by e-mail at BHFL@dhec.sc.gov or by mail to SCDHEC, BHFL, 2600 Bull St, Columbia, SC, 29201

INSTRUCTIONS: DHEC FORM 0275
PLAN OF CORRECTION
BUREAU OF HEALTH FACILITIES LICENSING (BHFL)

PURPOSE: Provide facilities or services with a form to respond to citations after an inspection was conducted by the Department.

EXPLANATION: This form is used by facilities or activities, licensed by the Department through the Bureau of Health Facilities Licensing, to respond to citations made from an inspection.

Item by Item Instructions:

1. Inspection Date: From information on the inspection audit, enter the date the inspection was conducted at the facility.

2. Today's Date: Enter the date you are completing this form.

3. License Prefix & Suffix: From information on the inspection audit, choose the license prefix and then enter the suffix number (this is the license number that appears on your license).

4. Type of Inspection: From the information on the inspection audit, choose the type of inspection that was conducted at your facility. If you have several separate inspection audit forms to respond to, the type of inspection may be different. As such, you will need to submit a separate plan of correction form for each audit inspection type.

5. Administrators Certification: Check the box provided to attest that you are the administrator of the facility or activity and that this plan of correction is accurate. Checking the box also means that you are certifying that your response is detailing the corrective action that will be taken to correct and prevent recurrence of the cited deficiency.

Administrators Name: Enter your name in the space provided.

E-mail: Enter the e-mail address that you want the Department to correspond with you regarding this form.

Phone: Enter the phone number that you want the Department to correspond with you regarding this form.

6. Response to Citation: Spaces are provided for you to respond to each citation noted on the inspection audit form. For each citation, enter your expected or actual completion date for corrective action, the section number of the regulation applicable to your facility or activity, the corrective action you are taking, and the preventative action you are taken to prevent recurrence.

   NOTE: Normally no documentation is necessary to be submitted with this form unless specifically asked for by the Department.

7. Is this a continuation page? Check "No" to indicate that you do not need to download this form again to finish your response.

   Check "Yes", to indicate that you did not have enough space to complete this form. To answer additional citations that would not fit on this form, return to the web site and download the form as many times as need to complete your response. Be sure to complete all the facility information again.

8. Page Number: If you are submitting more than one page of this form, enter the page number for each additional form being submitted as specifically related to this inspection or audit.

9. When completed, the form is submitted either by e-mail at BHFL@dhec.sc.gov or via fax at (803) 545-4212 or by mail to the SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

October 9, 2015

Via E-mail and Hand Delivery (October 12, 2015)

Gwen C. Thompson
SC DHEC
Bureau Chief, Health Facilities
Licensing
301 Gervais St.,
Columbia,, SC 29201

Re: Requests for Consideration of Cited Violation

Dear Ms. Thompson:

On September 28, 2015 Planned Parenthood South Atlantic ("PPSAT") submitted to the Bureau of Health Facilities Licensing, Requests for Consideration of Citation Violation regarding the following citations: Reg. 61-12 § 204.A, Reg. 61-12 § 208, Reg. 61-12, § 304.H and Reg. 61-12 § 605.D. Pursuant to this letter, PPSAT hereby withdraws its Requests for Consideration of Citation Violation.

If you have any questions regarding these withdrawals, please do not hesitate to contact me. With best regards,

Sincerely,

M. Elizabeth Crum

MEC:df

cc: Shelly B. Kelly, Esq. (via e-mail)
Ashley C. Biggers, Esq. (via e-mail)
Eva C. Johnson (via e-mail)
Emily Adams (via e-mail)

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

McNAIR
ATTORNEYS

September 28, 2015

M. Elizabeth Crum

lcrum@mcnair.net
T 803.753.3240
F 803.933.1484

Via E-mail (lisa.longshore@dhec.sc.gov)
Via Hand Delivery

Lisa L. Longshore, Clerk of the Board
SC Department of Health and
Environmental Control
2600 Bull Street
Columbia, SC 29201

Re: Written Request for Final Review (RFR)

Dear Ms. Longshore:

Pursuant to §44-1-60, Planned Parenthood South Atlantic, 2712 Middleburg Dr., Suite 109, Columbia, SC 29204-2478 ("PPSAT"), hereby submits this written Request for Final Review (RFR) of the Department's Administrative Order executed September 11, 2015 and the required filing fee of One Hundred Dollars ($100.00).

PPSAT seeks to amend, modify or rescind the staff Administrative Order with regard to the following citations: Reg. 61-12 § 204.A; Reg. 61-12 § 208; Reg. 61-12 § 304.H and Reg. 61-12 § 605.D. The grounds for this request are set forth as to each citation in the attached Requests for Consideration of Cited Violation, attached hereto and incorporated herein as if fully set forth herein.

The relief requested is the rescinding and dismissal of Findings of Fact contained in paragraphs 1, 10, 15, and 20 of the Administrative Order, and of Conclusions of Law contained in paragraphs 5, 14, 19, 24 and 26, subparagraphs a, j, o, and t. A copy of the Administrative Order is also attached.

The address of the Requestor is the undersigned counsel and:

Jenny Black, CEO
Planned Parenthood South Atlantic
PO Box 3528
Chapel Hill, NC 27515-3258

Please provide me with an Acknowledgment of RFR. We will continue to engage in mediation and settlement discussions during the final review process as encouraged by the Board.

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

McNAIR
ATTORNEYS

Thank you for your attention to this matter.

Very truly yours,

McNAIR LAW FIRM, P.A.

M. Elizabeth Crum
Celeste T. Jones
Pamela A. Baker
Counsel for Planned Parenthood South Atlantic

MEC:sd

261215

McNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW
P.O. BOX 11390
COLUMBIA, SC 29211

Bank of America

[redacted]

PAY One hundred and 00/100**

TO THE ORDER OF	DATE	AMOUNT
SOUTH CAROLINA DHEC ATTENTION: BUREAU OF FINANCIAL MANAGEMENT 2600 BULL STREET COLUMBIA, SC 29201	September 28, 2015	$ ***100.00***

TWO SIGNATURES REQUIRED FOR PAYMENTS OF $1,000.00 AND OVER

[redacted]

VOID AFTER 90 DAYS

[redacted]

McNAIR LAW FIRM, P.A. • OPERATING ACCOUNT
COLUMBIA, SC 29211

261215

Payee: SOUTH CAROLINA DHEC

Vendor ID: [redacted] NA

Invoice/Ref: 09/28/15,

Check #: 261215

Check Date: Sep 28/15

[redacted]

Invoice Num	Invoice Date	Reference	Invoice Amount	Amount Paid	Discount Taken	Payment Amt
09/28/15	Sep 28/15		100.00	100.00	0.00	100.00

Disb Date	Disb ID	Disbursement Description	Client	Matter	Amount
9/28/2015	3940664	FILING FEES	[redacted]	00008	$100.00

VENDOR: SOUTH CAROLINA DHEC; INVOICE#: 09/28/15; DATE: 9/28/2015 - FILING FEE FOR RFP

Disbursements Total: $100.00

Totals:	$100.00	$100.00	$0.00	$100.00

Catherine E. Heigel, Director
Promoting and protecting the health of the public and the environment

September 11, 2015

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

CERTIFIED MAIL
ELECTRONIC RECEIPT REQUESTED
91 7199 9991 7033 6612 9698

Dear Ms. Black:

Please find enclosed the Department's Administrative Order, executed September 11, 2015. This Administrative Order represents a final staff determination regarding the Department's enforcement action against Planned Parenthood of South Atlantic.

Also, enclosed are instructions regarding the process should you elect to submit a Request for Final Review (RFR) by the S.C. Board of Health and Environmental Control.

Should you have questions, please contact me at (803) 545-4370.

Sincerely,

Gwen C. Thompson

Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing

Enclosures: Administrative Order, executed September 11, 2015
Appeal Guidelines

CC: Shelly Bezanson Kelly, DHEC
Eva C. Johnson, DHEC
Ashley C. Biggers, DHEC
Emily Adams, Administrator

CERTIFICATE OF SERVICE

The undersigned for the South Carolina Department of Health and Environmental Control (DHEC) states that he/she has on September 11, 2015, served upon the necessary parties the Department's certified letter and contents (**91 7199 9991 7033 6612 9698**), dated September 11, 2015, to the facility listed below by depositing copies of same in the U.S. Mail, return address clearly stated with sufficient postage affixed thereto, addressed as follows:

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

Additional copies were mailed to the following address:

Emily Adams, Administrator
Planned Parenthood of South Atlantic
2712 Middleburg Drive, STE 107
Columbia, S.C. 29204-2478

(If applicable) Additional copies of this letter were sent to the facility's legal representative(s) at the following address:

Shelton M. Collins
DHEC Employee

Columbia, South Carolina

September 11, 2015
Date

Sworn to before me this 11
Day of September, 2015
Katrina S Davis
Katrina S Davis
NOTARY PUBLIC for S.C.
My Commission Expires: 3/23/19

Embossed Hereon is My
State of South Carolina Notary Public Seal
My Commission Expires March 23, 2019
Katrina S Davis

STATE OF SOUTH CAROLINA
THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE:
Planned Parenthood South Atlantic, Licensee
Planned Parenthood of South Atlantic
2712 Middleburg Drive, Suite 107
Columbia, S.C. 29204-4908

ADMINISTRATIVE ORDER

Planned Parenthood of South Atlantic ("Planned Parenthood" or "the Facility") is an abortion clinic licensed by the South Carolina Department of Health and Environmental Control ("DHEC" or "the Department") pursuant to the *State Certification of Need and Health Facility Licensure Act* ("the Act"), S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.*, and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2011). The Department visited Planned Parenthood of South Atlantic on August 31, 2015, to conduct a general inspection and complaint investigation. Based upon the violations cited and taking into consideration the severity of the violations, the Department has determined it appropriate to suspend the license of Planned Parenthood of South Atlantic and impose a civil monetary penalty.

FINDINGS OF FACT

1. Planned Parenthood South Atlantic is the licensee of Planned Parenthood of South Atlantic, an abortion clinic located in Columbia, South Carolina.

2. On August 31, 2015, Department representatives conducted a general inspection and a complaint investigation. As a result of the inspections, the Department representatives cited the following violations of Regulation 61-12:

	Section	Description of violation
1.	204.A	Documentation of personal background information for 2 staff members was not available for review.
2.	204.C	The Facility did not have documentation of training/certification in cardiopulmonary resuscitation (CPR) for 3 staff members.
3.	204.E	The Facility did not have documentation of orientation for 3 staff members.
4.	204.F.1	The Facility did not have documentation of training in infection control for 2 staff members.
5.	204.F.2	The Facility did not have documentation of training in fire protection for 3 staff members.
6.	204.F.3	The Facility did not have documentation of training in patient confidentiality for a staff member.
7.	204.F.4	The Facility did not have documentation of training in licensing regulations for a staff member.
8.	204.G.1	The Facility did not have a job description for 2 staff members.
9.	204.H	The job description documented in the personnel file of a Facility physician was not in accordance with the requirements of § 302.A, Regulation 61-12, *Standards for Licensing Abortion Clinics*, which states, in part, "Abortions performed in abortion clinics shall be

		performed only on patients who are within 18 weeks from the first day of their last menstrual period. Those beyond 18 weeks shall be performed in a hospital. Specifically, Appendix A of the job description documented, in part, "...per surgical abortion procedure between 16.0 and 19.6 weeks."
10.	208	The Facility did not comply with a provision of the Woman's Right to Know Act, specifically S.C. Code Ann. § 44-41-330(A)(1). In 5 of 25 medical records reviewed, the record documented that an abortion procedure was performed sooner that 60 minutes following completion of the ultrasound.
11.	301.D.4	The Facility did not adhere to and follow the provisions for tissue examination and disposal in its Infection Prevention Manual, which in Chapter 3 included a policy specific to South Carolina generator requirements and which stated, in part, "...weigh waste prior to sending off site for disposal." When asked if the Facility's infectious waste was weighed prior to it leaving the Facility, staff stated, "No. We do not weigh the waste at the Facility."
12.	301.K	The Facility did not have a written policy and procedure regarding registration of fetal death or death certificates.
13.	303.A.1	The Facility's emergency drug cart did not have a listing of the contents on the cart.
14.	303.C	Expired medications were stored in the Facility's patient care areas and pharmacy., e.g., Methylergonovine 0.2 mg expired 6/15/15 (9 bottles with 12 tablets per bottle); RhoGam expired 8/8/15 (2 boxes with 5 syringes per box); Influenza Virus Vaccine expired 6/2015 (1 vial); Lactated Ringers IV fluid expired 10/2014 (2-1000 ml bags).
15.	304.H	Products of conception resulting from abortion procedures were not managed and properly disposed of by incineration in accordance with Regulation 61-105, *South Carolina Infectious Waste Management. See* 8 S.C. Code Ann. Regs. 61-105 § T.9 (2012)
16.	401.A.1	A) For 25 records of clients reviewed during the general inspection, 8 of whom were minors, 8 of the minors' records either did not include the name of the minor's mother or did not include the name of the minor's father. B) For 25 records of clients reviewed during the investigation, 1 of whom was a minor, the minor's record did not include the name of the minor's father.
17.	401.A.12.e	A) In 25 of 25 client records review during the general inspection, the records did not document the names of clinical assistants in attendance during the abortion procedure. B) In 25 of 25 client records review during the investigation, the records did not document the names of clinical assistants in attendance during the abortion procedure.
18.	403.A.1	A) In 4 of 5 records reviewed, the record documented that the abortion procedures were reported to the Department's Office of Vital Records at time intervals ranging from 13 to 33 days after the abortion procedures were performed and not within 7 days of the procedure as required. B) In 1 of 5 records review, the record did not document that the abortion procedure was reported to the Department's Office of Vital Records.
19.	602.B	Sterile gloves were stored and mixed with non-sterile supplies, including non-sterile examination gloves, in the work cabinet of the procedure room nearest to the waiting room.
20.	605.D	Waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, was not managed and properly disposed of by incineration in accordance with the requirements of Regulation 61-105. Manifest dated 10/17/14, 10/31/14. 12/5/14 and 12/12/14 were stamped "steam sterilized."

21.	808.A	The water temperature measured in excess of 125 degrees Fahrenheit when tested at the following hand sink fixtures: A) At the staff hand washing sink in the procedure room nearest the waiting room (133.6 degrees F). B) At the staff hand washing sink in the recovery room (133.4 degrees F). C) At the patient bathroom sink in the recovery area (131.3 degrees F).

3. As a result of the above, the Department determined that suspension of the license of Planned Parenthood of South Atlantic and the imposition of a civil monetary penalty is appropriate at this time.

CONCLUSIONS OF LAW

1. The Department is the agency of the State of South Carolina responsible for licensing abortion facilities pursuant to the *State Certification of Need and Health Facility Licensure Act*, S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.* (2002), and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2012).

2. An abortion facility may not be operated in South Carolina without first obtaining a license from the Department. S.C. Code § 44-7-260(A)(4) (2002), S.C. Code Ann. § 44-41-75(A) (2002), and 3 S.C. Code Ann. Regs. 61-12 § 102.A (2012).

3. The Department is authorized to make inspections and investigations as considered necessary. S.C. Code Ann. § 44-7-150(1) (2002) and 3 S.C. Code Ann. Regs. 61-12 § 102.F.1 (2012).

4. The Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for violation of the Act or departmental regulations. S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014); *see also* 3 S.C. Code Ann. Regs. 61-12 § 103 (2012).

5. Abortion clinics shall obtain and verify information on applications for employment from all employees as to the personal background of the employee. 3 S.C. Code Ann. Regs. 61-12 § 204.A.

6. Abortion clinics shall ensure that all staff members are currently certified in CPR by the American Red Cross or American Heart Association. *Id.* § 204.C.

7. Abortion clinics shall have and execute a written orientation program to familiarize each new staff member with the facility and its policies and procedures. *Id.* § 204.E.

8. Abortion clinics shall plan and provide inservice training in infection control to all employees and volunteers. *Id.* § 204.F.1.

9. Abortion clinics shall plan and provide inservice training in fire protection to all employees and volunteers. *Id.* § 204.F.2.

10. Abortion clinics shall plan and provide inservice training in confidentiality of patient information and records, and protecting patient rights to all employees and volunteers. *Id.* § 204.F.3.

11. Abortion clinics shall plan and provide inservice training in licensing regulations to all employees and volunteers. *Id.* § 204.F.4.

12. Abortion clinics shall maintain written job descriptions that adequately describe the duties of every position. *Id.* § 204.G.1.

13. Abortion clinics shall maintain a personnel file for each employee and volunteer that accurately documents a current job description that reflects the individual's responsibilities and work assignments. *Id.* § 204.H.

14. Abortion clinics shall comply with the Woman's Right to Know Act, S.C. Code Ann. § 44-41-310, *et seq.* *Id.* § 208.

15. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include tissue examination/disposal. *Id.* § 301.D.4.

16. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include registration of fetal death or death certificates. *Id.* § 301.K.

17. Abortion clinics shall place a listing of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. *Id.* § 303.A.1.

18. Abortion clinics shall ensure that medicines and drugs maintained and used in the Facility shall not be expired. *Id.* § 303.C.

19. Abortion clinics shall ensure that products of conception resulting from abortion procedures are managed in accordance with requirements for pathological waste pursuant to Regulation 61-105, *South Carolina Infectious Waste Management.* *Id.* § 304.H.

20. Abortion clinics shall ensure that patients' records include the father's and mother's names when the patient is a minor. *Id.* § 401.A.1.

21. Abortion clinics shall ensure that patients' records include the names of clinical assistants in attendance when abortion procedures are performed. *Id.* § 401.A.12.c.

22. Abortion clinics shall ensure that any abortion performed is reported to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure. *Id.* § 403.A.1.

23. Abortion clinics shall ensure that sterile equipment and supplies are not mixed with unsterile supplies. *Id.* § 602.B.

24. Abortion clinics shall ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, is managed in accordance with Regulation 61-105. *Id.* § 605.D.

25. Abortion clinics shall ensure that patient and staff handwashing lavatories supplied with hot water are thermostatically controlled to a temperature between 100 and 125 degrees Fahrenheit. *Id.* § 808.

26. Based upon the foregoing findings of fact, the Department finds that the Facility violated Regulation 61-12 as follows:

a. The Facility violated Section 204.A on August 31, 2015, by failing to have documentation of personal background information for 2 staff members. Violation of Section 204.A is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

b. The Facility violated Section 204.C on August 31, 2015, by failing to have documentation of training/certification in CPR for 3 staff members. Violation of Section 204.C is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

c. The Facility violated Section 204.E on August 31, 2015, by failing to have documentation of orientation for 3 staff members. Violation of Section 204.E is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

d. The Facility violated Section 204.F.1 on August 31, 2015, by failing to have documentation of training in infection control for 2 staff members. Violation of Section 204.F.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

e. The Facility violated Section 204.F.2 on August 31, 2015, by failing to have documentation of training in fire protection for 3 staff members. Violation of Section 204.F.2 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

f. The Facility violated Section 204.F.3 on August 31, 2015, by failing to have documentation of training in confidentiality of patient information and records, and protecting patient rights for a staff member. Violation of Section 204.F.3 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

g. The Facility violated Section 204.F.4 on August 31, 2015, by failing to have documentation of training in licensing regulations for a staff member. Violation of Section 204.F.4 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

h. The Facility violated Section 204.G.1 on August 31, 2015, by failing to have documentation of job descriptions for 2 staff members. Violation of Section 204.G.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

i. The Facility violated Section 204.H on August 31, 2015, by failing to have a current job description for a staff member that was in accordance with Section 302.A. Regulation 61-12, *Standards for Licensing Abortion Clinics*. Violation of Section 204.H is a Class II penalty and carries a penalty range of

$100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

j. The Facility violated Section 208 on August 31, 2015, by failing on five occasions to comply with Section 44-41-330(A)(1) of the Woman's Right to Know Act. Violation of Section 208 is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $1,000 monetary penalty for this violation.

k. The Facility violated Section 301.D.4 on August 31, 2015, by failing to adhere to its written patient care policies and procedures with respect to tissue examination/disposal. Violation of Section 301.D.4 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

l. The Facility violated Section 301.K on August 31, 2015, by failing to have a written procedure and policy regarding registration of fetal death or death certificate. Violation of Section 301.K is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

m. The Facility violated Section 303.A.1 on August 31, 2015, by failing to have a listing of the of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. Violation of Section 303.A.1 is a Class I penalty and carries a penalty range of $200-1,000 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

n. The Facility violated Section 303.C on August 31, 2015, by failing to ensure that medications and drugs maintained in the Facility were not expired. Violation of Section 303.C is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

o. The Facility violated Section 304.H on August 31, 2015, by failing to ensure that products of conception resulting from abortion procedures were managed and properly disposed of by incineration in accordance with Section T.9 of Regulation 61-105, *South Carolina Infectious Waste Management*. Violation of Section 304.H is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

p. The Facility violated Section 401.A.1 on August 31, 2015, by failing to document the names of the father and/or mother in the medical record of minors. Violation of Section 401.A.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

q. The Facility violated Section 401.A.12.e on August 31, 2015, by failing to document in medical records the names of clinical assistants in attendance during abortion procedures. Violation of Section 401.A.12 is a Class III penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

r. The Facility violated Section 403.A.1 on August 31, 2015, by failing to report abortion procedures performed to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure being performed. Violation of Section 403.A.1 is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

s. The Facility violated Section 602.B on August 31, 2015, by failing to ensure that sterile supplies and equipment were not mixed with unsterile supplies. Violation of Section 602.B is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $500 monetary penalty for this violation.

t. The Facility violated Section 605.D on August 31, 2015, by failing to ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, was managed in accordance with Regulation 61-105. Violation of Section 605.D is a Class III penalty.

u. The Facility violated Section 808.A on August 31, 2015, by failing to ensure that patient and staff handwashing lavatories supplied with hot water were maintained at a temperature between 100 and 125 degrees Fahrenheit. Violation of Section 808.A is a Class II penalty and carries a penalty range of $100-500 for a first occurrence. The Department has determined to impose a $250 monetary penalty for this violation.

27. In consideration of the above, the Department determined that the following discipline is warranted at this time.

NOW, THEREFORE IT IS ORDERED THAT, pursuant to S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014) and 3 S.C. Code Ann. Regs. 61-12 § 103 (2011):

1. The license of Planned Parenthood of South Atlantic is hereby suspended until further notice from the Department, which will be contingent upon the facility complying with the conditions set forth below.

2. The Department assesses a $7,500 monetary penalty against Planned Parenthood of South Atlantic for the above noted violations. Payment of the $7,500 assessed monetary penalty is due within 30 days of execution of this Administrative Order by certified check or money order payable to the S.C. Department of Health and Environmental Control. Payment shall be sent to the following address:

Attention: Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing
S.C. Department of Health and Environmental Control
2600 Bull Street
Columbia, S.C. 29201

If payment is late for any reason not otherwise approved by the Department, the Department may assess additional monetary penalties and/or initiate additional enforcement action against Planned Parenthood of South Atlantic, up to and including revocation of the Facility's license to operate as an abortion clinic.

3. The Department will lift the suspension upon the following conditions:

a) Planned Parenthood's payment of the imposed monetary penalty.

b) Planned Parenthood's timely submission of a plan of correction ("POC") to the Department addressing the corrective actions taken, the preventive actions taken and the date of those action in

regard to the violations contained in the Department's reports of visits for the August 31, 2015 general inspection and August 31, 2015 investigation.

c) Planned Parenthood providing to the Department evidence of Planned Parenthood's training of all employees and volunteers in the Facility's policies and procedures, the requirements of the Women's Right To Know Act, S.C. Code Ann. §§ 44-41-310, *et seq.*, and all inservice/training requirements set forth in Section 204.F of Regulation 61-12.

4. Planned Parenthood shall ensure that all files and records are maintained and preserved as required by Regulation 61-12.

IT IS SO ORDERED.

THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Shelly Bezanson Kelly
Director of Health Regulation

9-11-15
Date

Gwen C. Thompson
Bureau Chief for Health Facilities Licensing

9/11/15
Date

Reviewed by:

Ashley Biggers, Esquire
Chief Counsel for Health Regulation

9-11-15
Date

South Carolina Board of Health and Environmental Control

Guide to Board Review

Pursuant to S.C. Code Ann. § 44-1-60

The decision of the South Carolina Department of Health and Environmental Control (Department) becomes the final agency decision fifteen (15) calendar days after notice of the decision has been mailed to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of $100 is filed with Department by the applicant, permittee, licensee or affected person.

Applicants, permittees, licensees, and affected parties are encouraged to engage in mediation or settlement discussions during the final review process.

If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed that the Board declined to hold a final review conference. In matters pertaining to decisions under the South Carolina Mining Act, appeals should be made to the South Carolina Mining Council.

I. Filing of Request for Final Review

1. A written Request for Final Review (RFR) and the required filing fee of one hundred dollars ($100) must be received by Clerk of the Board within fifteen (15) calendar days after notice of the staff decision has been mailed to the applicant, permittee, licensee, or affected persons. If the 15th day occurs on a weekend or State holiday, the RFR must be received by the Clerk on the next working day. RFRs will not be accepted after 5:00 p.m.
2. RFRs shall be in writing and should include, at a minimum, the following information:
   - The grounds for amending, modifying, or rescinding the staff decision;
   - a statement of any significant issues or factors the Board should consider in deciding how to handle the matter;
   - the relief requested;
   - a copy of the decision for which review is requested; and
   - mailing address, email address, if applicable, and phone number(s) at which the requestor can be contacted.
3. RFRs should be filed in person or by mail at the following address:

   South Carolina Board of Health and Environmental Control
   Attention: Clerk of the Board
   2600 Bull Street
   Columbia, South Carolina 29201

   Alternatively, RFR's may be filed with the Clerk by facsimile (803-898-3393) or by electronic mail (boardclerk@dhec.sc.gov).
4. The filing fee may be paid by cash, check or credit card and must be received by the 15th day.
5. If there is any perceived discrepancy in compliance with this RFR filing procedure, the Clerk should consult with the Chairman or, if the Chairman is unavailable, the Vice-Chairman. The Chairman or the Vice-Chairman will determine whether the RFR is timely and properly filed and direct the Clerk to (1) process the RFR for consideration by the Board or (2) return the RFR and filing fee to the requestor with a cover letter explaining why the RFR was not timely or properly filed. Processing an RFR for consideration by the Board shall not be interpreted as a waiver of any claim or defense by the agency in subsequent proceedings concerning the RFR.
6. If the RFR will be processed for Board consideration, the Clerk will send an Acknowledgement of RFR to the Requestor and the applicant, permittee, or licensee, if other than the Requestor. All personal and financial identifying information will be redacted from the RFR and accompanying documentation before the RFR is released to the Board, Department staff or the public.
7. If an RFR pertains to an emergency order, the Clerk will, upon receipt, immediately provide a copy of the RFR to all Board members. The Chairman, or in his or her absence, the Vice-Chairman shall based on the circumstances, decide whether to refer the RFR to the RFR Committee for expedited review or to decline in writing to schedule a Final Review Conference. If the Chairman or Vice-Chairman determines review by the RFR Committee is appropriate, the Clerk will forward a copy of the RFR to Department staff and Office of General Counsel. A Department response and RFR Committee review will be provided on an expedited schedule defined by the Chairman or Vice-Chairman.
8. The Clerk will email the RFR to staff and Office of General Counsel and request a Department Response within eight (8) working days. Upon receipt of the Department Response, the Clerk will forward the RFR and Department Response to all Board members for review, and all Board members will confirm receipt of the RFR to the Clerk by email. If a Board member does not confirm receipt of the RFR within a twenty-four (24) hour period, the Clerk will contact the Board member and confirm receipt. If a Board member believes the RFR should be considered by the RFR Committee, he or she will

respond to the Clerk's email within forty-eight (48) hours and will request further review. If no Board member requests further review of the RFR within the forty-eight (48) hour period, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Final Review Conference. Contested case guidance will be included within the letter.
NOTE: If the time periods described above end on a weekend or State holiday, the time is automatically extended to 5:00 p.m. on the next business day.

9. If the RFR is to be considered by the RFR Committee, the Clerk will notify the Presiding Member of the RFR Committee and the Chairman that further review is requested by the Board. RFR Committee meetings are open to the public and will be public noticed at least 24 hours in advance.
10. Following RFR Committee or Board consideration of the RFR, if it is determined no Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Conference. Contested case guidance will be included within the letter.

II. Final Review Conference Scheduling

1. If a Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, informing the Requestor of the determination.
2. The Clerk will request Department staff provide the Administrative Record.
3. The Clerk will send Notice of Final Review Conference to the parties at least ten **(10)** days before the Conference. The Conference will be publically noticed and should:
    - include the place, date and time of the Conference;
    - state the presentation times allowed in the Conference;
    - state evidence may be presented at the Conference;
    - if the conference will be held by committee, include a copy of the Chairman's order appointing the committee; and
    - inform the Requestor of his or her right to request a transcript of the proceedings of the Conference prepared at Requestor's expense.
4. If a party requests a transcript of the proceedings of the Conference and agrees to pay all related costs in writing, including costs for the transcript, the Clerk will schedule a court reporter for the Conference.

III. Final Review Conference and Decision

1. The order of presentation in the Conference will, subject to the presiding officer's discretion, be as follows:
    - Department staff will provide an overview of the staff decision and the applicable law to include [10 minutes]:
        - Type of decision (permit, enforcement, etc.) and description of the program.
        - Parties
        - Description of facility/site
        - Applicable statutes and regulations
        - Decision and materials relied upon in the administrative record to support the staff decision.
    - Requestor(s) will state the reasons for protesting the staff decision and may provide evidence to support amending, modifying, or rescinding the staff decision. [15 minutes] *NOTE: The burden of proof is on the Requestor(s)*
    - Rebuttal by Department staff [15 minutes]
    - Rebuttal by Requestor(s) [10 minutes]

    Note: Times noted in brackets are for information only and are superseded by times stated in the Notice of Final Review Conference or by the presiding officer.
2. Parties may present evidence during the conference; however, the rules of evidence do not apply.
3. At any time during the conference, the officers conducting the Conference may request additional information and may question the Requestor, the staff, and anyone else providing information at the Conference.
4. The presiding officer, in his or her sole discretion, may allow additional time for presentations and may impose time limits on the Conference.
5. All Conferences are open to the public.
6. The officers may deliberate in closed session.
7. The officers may announce the decision at the conclusion of the Conference or it may be reserved for consideration.
8. The Clerk will mail the written final agency decision (FAD) to parties within 30 days after the Conference. The written decision must explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court or in matters pertaining to decisions under the South Carolina Mining Act, to request a hearing before the South Carolina Mining Council.. The FAD will be sent by certified mail, return receipt requested.
9. Communications may also be sent by electronic mail, in addition to the forms stated herein, when electronic mail addresses are provided to the Clerk.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

MCNAIR
ATTORNEYS

M. Elizabeth Crum

lcrum@mcnair.net
T (803) 753-3240
F (803) 933-1484

November 6, 2015

Via E-mail

Lisa Longshore
Clerk Board of Health and
Environmental Control
SC DHEC
2600 Bull Street
Columbia, South Carolina 29201

Re: Planned Parenthood South Atlantic Withdrawal of Request for Review

Dear Ms. Longshore:

On behalf of our client Planned Parenthood South Atlantic, 2712 Middleburg Dr., Suite 109, Columbia, SC 29204-2478 ("PPSAT"), we hereby withdraw PPSAT's September 28, 2015 Request for Final Review (RFR) of the Department's Administrative Order executed September 11, 2015.

Thank you for your consideration of this matter. With best wishes.

Sincerely,

M. Elizabeth Crum

MEC:df

cc: Jenny Black
Emily Adams
Ashley C. Biggers, Esquire
Shelly B. Kelly, Esq.
Ashley C. Biggers, Esq.
Gwen C. Thompson
Eva C. Johnson

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

D H E C

PROMOTE PROTECT PROSPER

Catherine E. Heigel, Director

Promoting and protecting the health of the public and the environment

October 26, 2015

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

CERTIFIED MAIL
ELECTRONIC RECEIPT REQUESTED
91 7199 9991 7033 6612 9858

Dear Ms. Black:

As a result of violations of *Standards for Licensing Abortion Clinics,* 3 S.C. Code Ann. Regs. 61-12 (2011) cited during a general inspection and investigation conducted on August 31, 2015, the Department executed an Administrative Order which ordered suspension of the license of Planned Parenthood South Atlantic ("Planned Parenthood" or "the Facility") and imposition of a $7,500 monetary penalty. The Administrative Order stated that lifting of the suspension was contingent upon the following:

1. Planned Parenthood paying the imposed monetary penalty;
2. Planned Parenthood timely submitting a plan of correction ("POC") to the Department addressing the corrective actions taken, the preventive actions taken and the dates of those actions in regard to the violations contained in the Department's reports of visits for the August 31, 2015, general inspection and August 31, 2015, complaint investigation; and
3. Planned Parenthood providing to the Department evidence of the Facility's training of all employees and volunteers in the Facility's policies and procedures, the requirements of the Woman's Right To Know Act, S.C. Code Ann. §§ 44-41-310, *et seq.*, and all inservice/training requirements set forth in Section 204.F of Regulation 61-12.

The Department acknowledges that Planned Parenthood of South Atlantic made payment of the monetary penalty on September 28, 2015, submitted final documents evidencing training on October 22, 2015, and submitted a final POC for the investigation on October 12, 2015, and for the general inspection on October 14, 2015.

Therefore, based on the above the Department does hereby notify you that all conditions in the Administrative Order for lifting the suspension imposed on Planned Parenthood have been met.

Please ensure that Planned Parenthood remains in compliance with Regulation 61-12. Should you have questions, please contact me at (803) 545-4370.

Sincerely,

Gwen C. Thompson

Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing

CC: Shelly Bezanson Kelly, DHEC
Eva C. Johnson, DHEC
Ashley C. Biggers, Esquire, DHEC
Emily Adams, Administrator
M. Elizabeth Crum, Esquire

CERTIFICATE OF SERVICE

The undersigned for the South Carolina Department of Health and Environmental Control (DHEC) states that he/she has on October 26, 2015, served upon the necessary parties the Department's certified letter **(91 7199 9991 7033 6612 9858),** dated October 26, 2015, to the facility listed below by depositing copies of same in the U.S. Mail, return address clearly stated with sufficient postage affixed thereto, addressed as follows:

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

Additional copies were mailed to the following address:

Emily Adams, Administrator
Planned Parenthood of South Atlantic
2712 Middleburg Drive, STE 107
Columbia, S.C. 29204-2478

(If applicable) Additional copies of this letter were sent to the facility's legal representative(s) at the following address:

Liz Crum, Esquire
McNair Law Firm, P.A.
P.O. Box 11390
Columbia, S.C. 29211

Shelton M. Caldwell
DHEC Employee

Columbia, South Carolina

October 26, 2015
Date

Sworn to before me this 26th
Day of October, 2015

Beverly A Hubbard
NOTARY PUBLIC for S.C.
My Commission Expires: 2/18/2025

BEVERLY A. HUBBARD
Notary Public
South Carolina
Comm. Expires 02/18/2025