



MAILING ADDRESS
 PO Box 17179
 Chapel Hill, NC 27516-7179
 (919) 933-8494
 FAX (919) 933-9201



CORPORATE OFFICE
 299 Lloyd Street
 Carrboro, NC 27510-1821
 (919) 933-8494
 FAX (919) 933-9201

December 17, 2010

CARRBORO COMMUNITY HEALTH CENTER
 301 Lloyd Street
 Carrboro, NC 27510-1821
 (919) 942-8741
 FAX (919) 942-1473

Dear Greater Chapel Hill Association of Realtors Members,

Welcome new members from the Greater Chapel Hill Association of Realtors (GCHAR) to our Business Health Services Program! We are very excited to offer this new health program to your Association's members and associate members. We look forward to providing a medical home with its associated benefits to you. We have six medical centers available to meet your health care needs. Please go to our website for a list of the locations of our health centers, www.piedmonthhealth.org.

CHARLES DREW COMMUNITY HEALTH CENTER
 221 N. Graham Hopedale Road
 Burlington, NC 27217-2971
 (336) 570-3739
 FAX (336) 570-1215

If you have questions, please feel free to contract Debra Markley of Piedmont Health Services. Please free to stop by the corporate office, call or email here.

MONCURE COMMUNITY HEALTH CENTER
 PO Box 319
 7228 Pittsboro-Moncure Road
 Moncure, NC 27559-9595
 (919) 542-4991
 FAX (919) 542-3726

**Debra Markley
 Piedmont Health Services
 299 Lloyd Street
 Carrboro, NC 27510
markleyd@piedmonthhealth.org
 (919) 619-4340 or (919) 933-8494 ext 1468**

PROSPECT HILL COMMUNITY HEALTH CENTER
 PO Box 4
 140 Main Street
 Prospect Hill, NC 27314-9436
 (336) 562-3311
 FAX (336) 562-4444
 TOLL FREE (800) 898-9577

Thank you and we look forward to providing you with quality primary health services.

SCOTT COMMUNITY HEALTH CENTER
 5270 Union Ridge Road
 Burlington, NC 27217-7594
 (336) 421-3247
 FAX (336) 421-3275

Sincerely,

SILER CITY COMMUNITY HEALTH CENTER
 PO Box 831
 224 South 10th Avenue
 Siler City NC 27344-2779
 (919) 663-1744
 FAX (919) 663-1635

Brian Toomey, CEO



PIEDMONT

Health Services, Inc.

"People Caring For People"



Business Health Services Registration Form (Please Print)

Name: _____

Responsible Party: _____ Relationship to Patient: _____
(If under 18)

Number of Dependents: _____

Address: _____

City/State/Zip: _____

Best Phone number to reach you: (____) _____ 2nd Phone: (____) _____

Date of Birth: _____ Sex: Male___ Female___

Race: White/Caucasian___ Black/African American___ Asian___ Multi-racial___
American Indian___ Other___ Hispanic: Yes ___ No___

Circle appropriate program name:

Associations:	Chamber of Commerces:	
Greater Chapel Hill Association of Realtors	Chapel Hill- Carrboro	Caswell
	Hillsborough-Orange County	Chatham

GCHAR Employer: _____

Chamber Employer: _____

Employed Since: _____

Job/Occupation: _____

Email: _____ Military Veteran: Yes___ No___

Piedmont Health Center where you want to receive care: _____

Emergency Contact: Name: _____

Phone: _____ Relationship: _____

*****Please bring Photo Identification upon your first arrival at one of our
six Community Health Centers*****

TREATMENT/OPERATION/PAYMENT AGREEMENT WITH PIEDMONT HEALTH SERVICES, INC.

I authorize PIEDMONT HEALTH SERVICES to provide me and/or my family with medical/dental care. I authorize assignments of insurance benefits for medical/dental care to be paid to PIEDMONT HEALTH SERVICES. I authorize the use or disclosure of protected health information belonging to myself and/or family members for the purposes of treatment and operations. I understand that it is my responsibility to pay for the medical/**dental care provided by PIEDMONT HEALTH SERVICES. I have reviewed the Notice of Information Privacy** Practices and have been offered a copy of it. I have been given an opportunity to ask questions about the Privacy Policy and the protection of my confidential health information at PIEDMONT HEALTH SERVICES.

Signature: _____ Date: _____

(Patient or responsible party if under 18)



Notice of Information Privacy Practices
Effective date: April 13, 2003

WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU
This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Piedmont Health Services may use or disclose Protected Health Information (PHI) about you in the following circumstances:

- To provide health care treatment to you
- To obtain payment for services rendered
- For operation of our health care facilities
- When the state or federal law requires it
- To contact you with appointment reminders
- To contact you with information about treatment or services

Where your Protected Health Information is concerned, you have the right

- To object to certain uses or disclosures
- To request restrictions on the uses or disclosure of information about you
- To request different ways of communicating with you
- To request copies of your health care information
- To request an amendment of PHI about you
- To see a list of disclosures we have made of your PHI
- To request a copy of this notice

**You may file a complaint about our privacy practices.
To do so, please ask to speak with the Center Manager.**

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If you have questions about the rights and protections that guard the privacy of your health information at Piedmont Health Services, please contact:

**Privacy Officer
Piedmont Health Services, Inc.
PO Box 17179
Chapel Hill, NC 27519-7179
(919) 933-8494**