GREENVILLE FREE MEDICAL CLINIC
COVID-19 GUIDANCE AND PATIENT FLOW
(ALL PATIENTS AND THOSE THAT ACCOMPANY)

Are you currently experiencing fever, cough or shortness of breath?

YES

AND

In the past 14 days have you traveled to Iran/China/Japan/South Korea/Italy or the state of Washington?

Yes / No

Have you been in close contact with a person known to have Covid-19 illness? (Coronavirus)

Yes / No

NO

Experiencing symptoms of fever/cough/shortness of breath?

YES

Provide person with mask. Patient will receive flu test. If test is negative and no other reasons for symptoms deemed, then DHEC should be called to determine if person meets criteria for further testing for Covid-19

1-888-801-1046

NO

Proceed with visit as scheduled.

WHAT TO REPORT TO DHEC

- Patient’s Name
- Patient’s complete address, phone, county, date of birth, race, sex, last five digits of social security number, if applicable
- Physician’s name and phone number – Palmira Snape MD 864-232-1470 ext 27
- Disease or condition (suspect Covid-19)
- Date of diagnosis
- Symptoms
- Date of onset of symptoms
- Recent Travel History (arrival dates, departure dates, mode of transportation)
- If female, pregnancy status
- Patient status: in childcare, food handler-health care worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks

HIPPA: Federal HIPPA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (HIPPA 45CFR164.512)

3/8/2020—Subject to change