

STATE OF SOUTH CAROLINA  
IN THE COURT OF APPEALS

RECEIVED

SEP 01 2022

SC Court of Appeals

Certiorari to Cherokee County

The Honorable Robin B. Stilwell, Circuit Court Judge

Case No. 2016-CP-11-00293

Alenzo C. Jeter, III, ----- APPELLANT,

v

State of South Carolina, ----- RESPONDENT.

SUPPLEMENTAL REPLY TO THE  
RETURN OF PETITIONER'S MOTION  
FOR JUDICIAL NOTICE AND LEAVE  
TO FILE RULE 60(B) MOTION  
AND NEWLY DISCOVERED EVIDENCE

Appellant, Alenzo C. Jeter, III, hereby submits as follows as Supplemental reply to the return to petitioner's motion for judicial notice and leave to file a Rule 60(B) motion and newly discovered evidence. (Please see attached Covid Explanation, dated 8/16/2022, if there is any concern as to the delay of this filing. Appellant filed, on July 19, 2022, a Reply to the return of petitioner's motion for judicial notice and leave to file Rule 60(B) motion and newly discovered evidence. On page 2 of the Reply, Appellant speaks of the Cherokee County Detention

Center success thus far in covering up and hiding what was done to him as he was in the midst of a mental health crisis while ~~he~~ being held at the Cherokee County as a pretrial detainee prior to Appellant's entry to the charges in this case.

Appellant has gathered the documents which will provide irrefutable evidence of this which further demonstrates the many inequities which existed then and has continued to exist as Appellant seeks to bring these injustices to light. (See attachment, 62-Pages of 'Alonso C. Jeter, III Attempts to Acquire Medical, Mental Health, and Disciplinary Records From Cherokee County Detention Center and Southern Health Partners'. See also FOIA dispute pending in the Richland County Court of Common Pleas in the case of Alonso C. Jeter, III v SLED, CIA No. 2021-CP-40-04301. Appellant seeks that this Court would take Judicial Notice of these things mentioned. See Justice 360 v Stirling, 42 F. 4th 450 (4th Cir. 2022) ("Court of Appeals may properly take Judicial notice of matters of public record.").

Respectfully submitted, 

Alonso C. Jeter, III  
APPELLANT/ PRO SE

This 29<sup>th</sup> day of August, 2022

# THE EPPS LAW FIRM, LLC

┆ LITIGATION ATTORNEY || LEGAL COUNSELOR ┆

Steven D. Epps, Esquire  
864-590-4848 - Office  
844EPPSFAX (377-7329) - Fax  
steven@eppslawfirm.com

Mailing Address:  
104-A Franklin Avenue  
# 281  
Spartanburg, SC 29301

November 3, 2016

Alonzo C. Jeter, III  
Perry Correctional Institution  
Q1-B-215 / 282902  
430 Oaklawn Road  
Pelzer, SC 29669

Re: Alonzo C. Jeter III v. State (PCR)  
Case: 2016-CP-11-0293 (Cherokee County)

Dear Alonzo:

I have received numerous letters from you, at least one of which requested various records or requested I obtain various records. I hope this letter addresses your prior requests and gets us toward a situation where we have a common understanding of your requests and my representation of you.

Let me first say that as your PCR counsel, I am appointed to represent you solely related to your PCR. That has some bearing on your requests as I do not know how some relate to your PCR. Please look the below over and help answer the questions I have by a return letter to me.

**Your Requests:**

- 1.) Materials regarding Family Court case Eugenia Wilson v. Alonzo Jeter, III: I do not know what bearing this has on your PCR. Please help explain this to me. Without some more detail on your part, I do not see this as relevant to your PCR and I will not be obtaining these materials.
- 2.) Copy of 7-year plea agreement between Solicitor Cliff Sams and your attorney Chris Kennedy: I've discussed this with Cliff Sams and Chris Kennedy. Both have said that a 7-year deal was originally considered but eventually denied by the Solicitor's office. As you may know, until a negotiated sentence is officially offered by the Solicitor's Office, it cannot be accepted. It is my understanding that the number of charges you faced and the amounts of drugs you were accused of distributing (and that you admitted to in your guilty plea) led the Solicitor's Office to reject any such 7-year sentence potential. My further understanding is that there was considerable push to get you to plead to the mandatory minimum of the 25 years under your trafficking charge but that Mr. Kennedy successfully brokered a deal to get the Solicitor's Office to accept a plea to a lesser charge with only a 15-year sentence.

- 3.) Map and Pictures of Macedonia Church playground: I am uncertain as to why you need a close-up view of this playground. You admitted to the charge of possession of methamphetamine within proximity of a park in your guilty plea.
- 4.) Disciplinary records and other records from the Cherokee County Detention Center: After talking with the Cherokee County Detention Center, it is my understanding you have been in and out of their facility from at least 2001 until just after your plea on the charges in your PCR on July 16, 2015. Rather than asking for and then trying to find a needle in a haystack, I'd appreciate some more detail and information as to what I am looking for. Otherwise, I get the impression you want me to just get records for you which is not part of my role as your PCR counsel.
- 5.) Mental Health Records from Cherokee County Mental Health: Enclosed please find a HIPAA form which I need you to sign and date at the bottom. Without your signature on this form, I cannot obtain your records. However, before obtaining these records, I would like some detail and information as to what I'm looking for similar to number 4.) above.
- 6.) Court transcripts regarding your prior plea on August 15, 2013: Similar to the above, I am uncertain what this has to do with your current PCR case. Your plea to a marijuana charge does not appear to have any bearing on this PCR.

In addition to my response to the above, I also have some questions based on your PCR application, particularly the four pages you wrote out that accompany it. In those four pages, specifically page 2 of 4 at section 10 (a), you wrote out five (5) points which you believe show you did not receive effective assistance of counsel. I need some further information on those points also.

- 1.) Counsel failed to investigate and request continuance: You pled guilty to the charges alleged against you. If you believed your attorney did not investigate the case and needed to request a continuance, why did you plead guilty? Why did you also not make any mention of this during your guilty plea? If you did, the judge likely would not take your plea and you would have been granted a continuance simply because the plea would not go forward. When we have a hearing on this PCR, the Attorney General will make this statement and I do not know how you and I will counter it, if at all.
- 2.) Counsel failed to challenge insufficient indictments: Similar to the above, if you believed the indictments were insufficient then why did you plead guilty to them? Judge Alford told you at your plea that you could have even had these indictments reviewed by the grand jury but you waived that opportunity. How do we counter this?
- 3.) Counsel failed to present mitigating evidence and factors: I need you to provide me more detail here. The sentence you received was a negotiated sentence as opposed to one where the Court had complete control to determine the sentence. Outside of presenting some evidence and factors to entice Judge Alford to accept the negotiation, there would be no need to present mitigation as the Judge would be unable to deviate from the amount of time of the sentence as it was negotiated. I do not see the issue you are stating here.

- 4.) Counsel failed to obtain the original plea offer of seven (7) years: Again, I am not aware of there being seven years officially offered to you as a sentence based on my conversations with Assistant Solicitor Sams and your prior attorney. Keep in mind that the Attorney General will counter such an allegation with the fact that you also were not placed in the situation of pleading to, or having to go through a trial on, a trafficking charge with a mandatory minimum sentence of 25 years where there was videotape evidence of you committing the act.
- 5.) Counsel failed to inform me of my right to appeal and how to do it: Fundamentally, I understand your argument / statement here. But, we also have to show prejudice in a PCR case. You would have to show something like prejudice in an appeal of a plea as well. Said differently, you would need to show an appeals court something went wrong during your plea such that you had a credible argument for appeal. In looking at the transcript, I do not see an issue to appeal, much less one preserved for appeal for an appellate court to rule on. At the same time, your sentences are based on negotiations between your attorney and the Solicitor and that negotiation was accepted by the Court. I don't understand what you would appeal beyond the issues you have listed in your PCR which are issues to be heard in a PCR, not an appeal.

Keep in mind that a PCR case only allows you to obtain a new trial or, possibly, a new sentencing. At either of those scenarios, all of your original charges of which you pled to would be brought back against you in full. There would not have to be any negotiations and you could expect there to not be any. Also, you should consider the range of sentences you could be facing in those charges. For instance, you could be looking at a sentence range of:

- 1.) Distribution of Methamphetamine, 3<sup>rd</sup> offense [44-54-375 (B)(3)]: This is for a crime that is alleged to have occurred on January 12, 2015. The basic sentence on this crime is prison for not less than ten years nor more than thirty years, or a fine of not more than fifty thousand dollars, or both.
- 2.) Distribution or Possession with Intent to Distribute a Controlled Substance (Meth) near a Park [44-53-445 (A)]: This is for a crime that is alleged to have occurred on January 12, 2015. The basic sentence on this crime is prison for not more than ten years, a fine of not more than ten thousand dollars, or both.
- 3.) Distribution of Methamphetamine, 3<sup>rd</sup> offense [44-54-375 (B)(3)]: This is for a crime that is alleged to have occurred on January 14, 2015. The basic sentence on this crime is prison for not less than ten years nor more than thirty years, or a fine of not more than fifty thousand dollars, or both.
- 4.) Distribution or Possession with Intent to Distribute a Controlled Substance (Meth) near a Park [44-53-445 (A)]: This is for a crime that is alleged to have occurred on January 14, 2015. The basic sentence on this crime is prison for not more than ten years, a fine of not more than ten thousand dollars, or both;

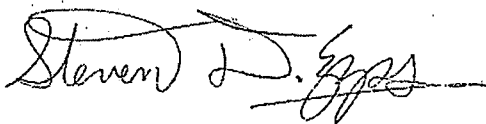
- 5.) Trafficking in Ice (Meth), 3<sup>rd</sup> or subsequent offense [44-53-0375 (C)(1)]: This is for a crime that is alleged to have occurred on January 15, 2015. This crime carries a mandatory minimum term of imprisonment of not less than twenty-five years and not more than thirty years, no part of which may be suspended nor probation granted, and a fine of fifty thousand dollars (you may recall this was actually pled down at your guilty plea to a charge of Trafficking, 2<sup>nd</sup> offense which allowed you to get a 15-year sentence).

Collectively, you have a maximum sentencing exposure of 110 years if you get the maximum sentence for each charge and they are run concurrent. Even if you look at this through the lens of the minimum amount of sentence time you could receive, 3 of your charges have minimum sentence ranges, one of which is a mandatory minimum of 25 years. Therefore, considering all your minimum sentence exposures, you could at least be facing 45 years of sentencing time if all you get is the minimum sentence and they are run concurrent. However, you should also know there is a chance a retrial will run you afoul of the “three strikes law” as you are alleged to have committed these offenses on three separate dates and all of your crimes are classified as serious crimes. If so, you would automatically be given a life without parole (LWoP) sentence. Many times, my PCR clients want to get their sentences overturned because they believe they will get a better sentence on a re-trial or re-sentencing. The opposite is very easily the case. Also, you could end up with exactly the same sentence or the same amount of sentence time through a combination of concurrent / consecutive jail sentence structure. I hope you take this into consideration as we work together on your PCR, particularly in that your SCDC release date is currently December 26, 2027, meaning you will serve a little over 12.5 years for all of these sentences rather than a considerably longer time.

I look forward to your response. In addition to the above, I enclose a copy of the transcript for your guilty plea regarding the charges listed in your PCR.

With best regards, I remain

Very truly yours,



Steven D. Epps

SDE/bmh

STATE OF SOUTH CAROLINA

COUNTY OF CHEROKEE

Alonzo Columbus Jeter, III, #282902

Applicant / Petitioner,

v.

State of South Carolina,

Respondent.

IN THE COURT OF COMMON PLEAS

SEVENTH JUDICIAL CIRCUIT

CASE NO.: 2016-CP-11-0293

**PETITIONER'S NOTICE AND MOTION  
FOR DISCOVERY**

To: The Honorable Alan Wilson, Attorney General for the State of South Carolina and Assistant Attorney General Julie Coleman, Esquires:

Please take note that the Petitioner, within 10 days or as soon as may be heard, will move before the Court seeking discovery in this matter pursuant to S.C. Code Ann.


§17-27-150 (A). Specifically, Petitioner would like to pursue discovery in the following areas for the following reasons:

1. SLED drug analysis records related to the drugs he is alleged to have sold during the dates of January 12, 14, and 15, 2015 (the underlying charges to this PCR) to dispute an actual sale took place during January 12, 2015 and that the charge for trafficking would not stand;
2. His medical records and disciplinary records with the Cherokee County Sheriff's Detention Center during the dates of January – July 2015 to corroborate his mental condition at the time of the underlying guilty plea leading to this PCR;
3. His Cherokee County Department of Mental Health records to corroborate his mental condition at the time of the underlying guilty plea leading to this PCR; and
4. Family Court transcripts and materials in the case of Jeter v. Jeter for mitigation material as to his employment.

FILED IN THE OFFICE  
CLERK OF THE COURT  
2017 MAR 10 P 3:33  
CHEROKEE COUNTY, SC

Therefore, Petitioner requests an Order granting discovery on the above items and an Order directing for payment of any fees or costs relative to the securing of this discovery.

EPPS LAW FIRM, LLC

  
STEVEN D. EPPS (SC Bar # 72722)

104-A Franklin Avenue, # 281  
Spartanburg, SC 29301

(864) 590-4848 Telephone

steven@eppslawfirm.com

ATTORNEY FOR PETITIONER

Spartanburg, South Carolina  
March 10, 2017

FILED IN THE OFFICE  
OF THE CLERK  
2017 MAR 10 P 3:33  
Spartanburg, SC  
CHARLOTTE COUNTY, SC

**ALONZO C. JETER, III**

**ATTEMPT TO ACQUIRE MEDICAL, MENTAL HEALTH, AND  
DISCIPLINARY RECORDS FROM CHEROKEE COUNTY  
DETENTION CENTER AND SOUTHERN HEALTH  
PARTNERS**

PAGE

SCDC FORM 19-11, Request to Enloe/K. Burgess, RN, dated 11/16/2015 ..... 1

SCDC FORM 19-11, Request to Enloe/K. Burgess, RN, dated 4/27/2016 ..... 2

SCDC FORM 19-11, Request to Enloe/K. Burgess, RN, dated 5/2/2016 ..... 3

Letter to Cherokee County Detention Center (CCDC), dated 5/19/2016 ..... 4

Proof of Service associated with Letter to CCDC, dated 5/19/2016 ..... 5

SCDC FORM 19-11, Request to Enloe/K. Burgess, RN, dated 7/22/2016 ..... 6

SCDC FORM 19-11, Request to Enloe/K. Burgess, RN, dated 1/28/2019 ..... 7

SCDC FORM 19-11, Request to Dr. B. Wood, (Kirkland Corr. Inst.) dated 1/29/2019 ..... 8

Fax Transmission Report, dated 2/19/2019 ..... 9

Correspondence of Megan Harris of SCDC to CCDC ..... 10

Authorization for Release of Records, dated 2/14/2019 ..... 11

Complainant’s Correspondence to (CCDC) ..... 12

Proof of Service associated with Correspondence to CCDC, 4/1/2019 ..... 13

Correspondence to Southern Health Partners, LLC, (SHP), dated 4/1/2019 ..... 14

Proof of Service associated with (SHP) correspondence, dated 4/1/2019 ..... 15

Authorization for Release of Records, dated 8/16/2019 ..... 16

Email Correspondence of Hanna Bishop & Kathy Wyant, dated 8/16/2019-12/13/2019 ..... 22

Correspondence from Wyant w/Boozer Confirmation, dated 12/14/2019 ..... 23

SCDC FORM 19-11, Request to Ms. S. Boozer, dated 12/20/2019 ..... 24

Proof of Service associated with Request to Ms. S. Boozer, 12/20/2019 ..... 25

SCDC FORM 19-11, Request to Kathy Wyant, dated 12/20/2019 ..... 26

Proof of Service associated with Request to Kathy Wyant, dated 12/20/2019 ..... 27

Correspondence to Southern Health Partners, LC, (SHP), dated 1/2/2020 ..... 28

Proof of Service associated with Correspondence to SHP, dated 1/3/2020 ..... 30

SCDC FORM 19-11, Request to Kathy Wyant, dated 1/3/2020 .....	31
Proof of Service associated with Request to Kathy Wyant, dated 1/3/2020 .....	32
SCDC FORM 19-11, Request to S. Boozer, dated 1/3/2020 .....	33
Proof of Service associated with Request to S. Boozer, dated 1/3/2020 .....	34
Response to Request to S. Boozer w/attachment Confirmation Email and Affidavit .....	35
SCDC FORM 19-11, Request to Health Information Resources, dated 1/6/2020 .....	37
Proof of Service associated with Request to Health Information Resources .....	38
Response of Request to Health Information Resources .....	39
SCDC FORM 19-11, Request to Kathy Wyant, dated 1/22/2020 .....	41
Proof of Service associated with Request to Kathy Wyant, dated 1/23/2020 .....	42
SCDC FORM 19-11, Request to S. Boozer, dated 1/22/2020 .....	43
Proof of Service associated with Request to S. Boozer, dated 1/23/2020 .....	44
Response of Request to S. Boozer, dated 1/27/2020 .....	45
Correspondence to Southern Health Partners, LLC, (SHP), dated 2/6/2020 .....	46
Proof of Service associated with Correspondence to SHP, dated 2/7/2020 .....	48
Psychiatric Clinic (Psychopharm) w/ Megan Howard, dated 8/15/2019 .....	49
QMHP Session (Psychiatric Counsel), dated 5/30/2019 .....	52
Email between Hanna Bishop (SHP) and Kathy Wyant, dated Nov. 22 & 25 2019 .....	53
Email between Kathy Wyant and Hanna Bishop (SHP), dated Dec. 13, 2019 .....	54
SCDC FORM 19-11, Request dated 9/17/2020 & Response dated 9/23/2020 .....	55
Email between Hanna Bishop (SHP) and Kathy Wyant, dated 9/29/2020 & 12/13/2019 .....	56
Email between Kathy Wyant and Hanna Bishop (SHP), dated Feb. 10 & 11, 2021 .....	57
Lillie R. Edwards Request for Records .....	59
Authorization for Release of Records, dated 2/6/2020 .....	60

Proof of Service associated with Lillie R. Edwards Request for Records, dated 7/26/2021 ..... 61  
Southern Health Partners, Jennifer Hairsine, Response dated 8/9/2021 ..... 62

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

1

TO: NAME:	TITLE:	DATE:
EnLOE / To Whom Concerns Medical Records		11/16/2015
INMATE'S NAME:		SCDC#:
Alonzo Jeter		282902
INSTITUTION:		LIVING QUARTERS:
Perry Correctional Institution		Q3/A/115

Hello I would like to know what process I must  
 take to get access to my medical/mental  
 Health Records From:
 

- ① Spartanburg Psychiatric Hospital
- ② Naval Health Hospital (GRIFFNEY)
- ③ St. Luke's of Spartanburg
- ④ Patrick B HARRIS Psychiatric (Anderson)
- ⑤ Cherokee County Mental Health
- ⑥ Cherokee County Detention Center

\* Perry Correctional has been authorized to receive these records.  
 I would like to obtain a copy for myself from Perry, etc.

Thanks for your time *[Signature]*

It is the patient's responsibility to obtain medical follow-up from the physician or clinic of his choice, if necessary. That physician or clinic may obtain further health information by sending a signed release of information to:

**HEALTH INFORMATION RESOURCES**  
**SCDC CENTRAL OFFICE ANNEX**  
**4542 BROAD RIVER ROAD**  
**COLUMBIA, SC 29210**

**RECEIVED**

NOV 17 2015

PERRY MEDICAL RECORDS

send staff request to above address.

DATE:	SIGNATURE:
11/17/15	K. Burgess, RN

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

2

TO: NAME: <i>ENLOE/Burgess</i>	TITLE: <i>MEDICAL</i>	DATE: <i>4/27/2016</i>
INMATE'S NAME: <i>Alonzo C Jeter III</i>	SCDC #: <i>282902</i>	
INSTITUTION: <i>Perry Correctional Institution</i>	LIVING QUARTERS: <i>Q1-B-215</i>	

will you please confirm for me the name of the Anti-psychotic medication (s), along with any other medication (s) that I was being prescribed while at:

- 1) Cherokee County Detention Center
- 2) Cherokee County mental Health

Please also provide me with the names of the psychologist and psychiatrist seen at Cherokee County Detention Center - Also the name of Doctor (s).

Thanks for Your Time and All that You Do.

Regards,  
*[Signature]*

DISPOSITION BY STAFF MEMBER:

*Cherokee County medical records  
not available at this time.*

**RECEIVED**

**APR 27 2016**

**PERRY MEDICAL RECORDS**

DATE: <i>4/27/16</i>	SIGNATURE: <i>K. Burgess RN</i>
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**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

3

TO: NAME: <i>ENLOE/BURGESS</i>	TITLE: <i>MEDICAL</i>	DATE: <i>5/2/2016</i>
INMATE'S NAME: <i>Alonzo C Jeter III</i>	SCDC #: <i>282902</i>	
INSTITUTION: <i>Perry Correctional Institution</i>	LIVING QUARTERS: <i>Q1-B-215</i>	

Hello K. Burgess, I came into your office on 4/4/2016 requesting my medical Records From Cherokee County Detention Center. You stated that you nor the medical/mental Health staff at Kirkland Reception & Evaluation or Perry Correctional Institution had obtained these records.

At that time you presented to me a Medical Release Form that I signed the same day in your presence. You assured me that you would Fax the signed Medical Release Form to Cherokee County Detention Center on that same day, Requesting those Records.

I came into your office again on April 27<sup>th</sup> and asked concerning the medical/mental Health Records From Cherokee County Detention Center. I spoke with nurse Harriff who then spoke with you concerning these records. She (Harriff) stated that she was told by you that the medical/mental Health records still had not been obtained. Harriff then assured me that she would both Call Cherokee County Detention Center and send another Fax to them requesting my medical/mental Health Records.

As of today 5/2/2016 Cherokee County Detention Center's medical/mental Health staff has failed to Comply to the release of my medical/mental Health Records.

Has Cherokee County Detention and/or it's medical/mental Health staff given you a reason for this Approximately (1) one month delay in complying to the Request?

**DISPOSITION BY STAFF MEMBER:**

*NO medical records received.  
last faxed 04/07/16.*

**RECEIVED**

MAY 17 2016

PERRY MEDICAL RECORDS

DATE: <i>05/17/16</i>	SIGNATURE: <i>K. Burgess, RN</i>
--------------------------	-------------------------------------

4

REC

MAY 19 2016

P.C.I. MAILROOM

# PROOF OF SERVICE

Cherokee County Detention Center  
315 East Dr. LM Rosemond Blvd.  
Gaffney, SC 29340

Attention: Administration/Records/Medical

I, Alonzo C Jeter III, hereby certify that I have this 19<sup>th</sup> day of MAY, 2016 served a Request for Disciplinary, Medical, and Mental Health Records upon the Cherokee County Detention Center by depositing a letter stating such Request in the US. Mail (by and through the Perry Correctional Institution legal Mail system). Cherokee County Detention Center has been served at the following Address:

Cherokee County Detention Center  
315 East Dr. LM Rosemond Blvd.  
Gaffney, SC 29340

S/ Alonzo C Jeter III  
#282902

# 282902

SWORN to and Subscribed before me  
this 19 day of May, 2016  
Notary: Tamara Conwell  
Expires: Sept -25-2023

Alonzo C Jeter III  
Perry Correctional Institution  
430 OAKLAWN ROAD  
Pelzer, SC 29669

RECEIVED

MAY 16 2016

P.C.I. MAILROOM

5

Alonzo C Jeter III  
Perry Correctional Institution  
Q1-B-215/282902  
430 OAKLAWN ROAD  
Petzer, SC 29669

Cherokee County Detention Center  
315 East Dr. L.M. Rosemond Blvd.  
GAFFNEY, SC 29340  
Attn: Records  
Attn: Medical

RECEIVED

MAY 19 2016

P.C.I. MAILROOM

I am writing to you today in regards of the release of my Disciplinary Records, Medical Records, and Mental Health Records. 2005 - Present

Please forward any and all of these records to me. This letter serves as consent and a request for the release of my disciplinary, medical, and mental health records. Send to: Alonzo C Jeter III, Perry Correctional Institution, 430 Oaklawn Road, Petzer, SC 29669.

Regards,

Alonzo C Jeter III

SWORN and Subscribed before me  
this 16 day of May, 2016  
Notary: Jamaic Currell  
Expires: Sept - 25 - 2023

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

6

TO: NAME:	TITLE:	DATE:
M <sup>s</sup> Enloe / M <sup>s</sup> Burgess - Medical		7/22/2016
INMATE'S NAME:	SCDC #:	
Alonso C Jeter III	282902	
INSTITUTION:	LIVING QUARTERS:	
Perry Correctional Institution	Q1-B-215	

Hello, I am writing to you concerning the release of my Medical and Mental Health Records from Cherokee County Detention Center and Cherokee County Mental Health Center,

It has been several months that I have inquired with Perry Correctional Medical Department concerning obtaining these records and both Cherokee County Detention Center's and Cherokee County Mental Health's failure to release these records.

Will you please confirm the date(s) that you have sent requests Medical Release information, etc to these places?

If you have ~~not~~ received these records as of today, have these places responded acknowledging the inquiry and given any reason(s) for their failures to comply to the release?

Will you be again sending Medical Release information to these places today?

**DISPOSITION BY STAFF MEMBER:**

Cherokee County Detention Center contacted 04/20/16 and 05/17/16 requesting records.

**RECEIVED**

JUL 25 2016

PERRY MEDICAL RECORDS

DATE:	SIGNATURE:
07/25/16	K. Burgess, RN

TO: PERRY CORRECTIONAL INSTITUTION

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

7

TO: NAME: MS. ENLOE	TITLE: MEDICAL	DATE: January 28, 2019
INMATE'S NAME: Alonzo C. Tetel, III	SCDC #: 282902	
INSTITUTION: Tiger River Correctional Institution	LIVING QUARTERS: U-9-216A	

Dear Ms. Enloe:

I am writing you in regards of my request for Mental Health and disciplinary records from Cherokee County Detention Center. I was seeking to be provided my complete files from the period of March of 2015 thru July 16, 2015. I have requested these records several times through you and have signed Medical Release Forms. However, I have not received these records as of yet.

- 1) Please confirm for me whether these records have been received by you or your office.
- 2) Please provide me with the dates that you have sent Fax, etc in attempt to obtain these records. Please also provide me with copies of the Fax confirmations of those dates.
- 3) Please inform me of the reason given for their inordinate delay and refusal to honor the request for these records.

Thank you for your time, attention, and all that you do.

Regards,  
Alonzo C. Tetel, III

It is the patient's responsibility to obtain medical follow-up from the physician or clinic of his choice, if necessary. That physician or clinic may obtain further health information by sending a signed release of information to:

HEALTH INFORMATION RESOURCES  
SCDC CENTRAL OFFICE ANNEX  
4542 BROAD RIVER ROAD  
COLUMBIA, SC 29210

**RECEIVED**

FEB 05 2019

PERRY MEDICAL RECORDS

request medical records from above address.

DATE: 02/05/19	SIGNATURE: K. Burgess, RN
-------------------	------------------------------

TO: Kinkland Correctional Institution

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REQUEST TO STAFF MEMBER

8

TO: NAME:	TITLE:	DATE:
Dr. B. Wood	MENTAL HEALTH	January 29, 2019
INMATE'S NAME:	SCDC #:	
Alonzo C Jeter, III	282902	
INSTITUTION:	LIVING QUARTERS:	
Tyger River Correctional Institution	U-9-216A	


TO:

Dr. Wood: When a person is prescribed and receiving mental health medication and are under care of mental health of the County Detention Center while awaiting court; once the person has been sentenced to serve time in SCDC is there an order of referral for continuation of treatment sent along with the inmate to SCDC at intake for the inmates continued care, etc?

Will you please provide me with a copy of this referral for continuation of treatment?

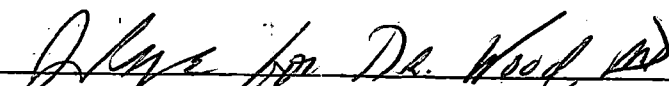
Are there any other documents received from the County Detention Center that gives notice to SCDC that I was under Mental Health Care of the Detention Center?

Thank you for your time, attention, and all that you do.

Sincerely,   
Alonzo C. Jeter, III

DISPOSITION BY STAFF MEMBER:

The only thing that needs to be done is to report needing mental health services to SCDC staff.

DATE:	SIGNATURE:
3/20/19	

9

# Transmission Report

Fax Number 8038963547  
Local Name  
Fax Name

The job has been sent.  
Original Size: 8.5 x 11"



**SOUTH CAROLINA**  
DEPARTMENT OF CORRECTIONS  
*Safety, Service, and Stewardship*

Tyger River Correctional Inst.  
200 Prison Road  
Enoree, South Carolina 29335  
(P) 803.896.3570  
(F) 803.896.3547

**CONFIDENTIAL**

Date: 2/14/19 Pages (incl. cover): 3

Attn: Records (Medical)  
Fax #: 804-487-8557

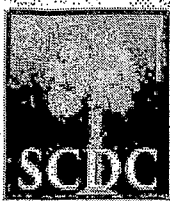
From: Megan Harris, MS, MEd, CBHC-BS  
Mental Health Department

Message:

Thank you!

This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us via U.S. Postal Service. Your cooperation is expected and appreciated.

No.	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	6209	8644878557	2-19; 3:20 PM	39 Secs	3/3	Super G3		Completed



**SOUTH CAROLINA**  
**DEPARTMENT OF CORRECTIONS**  
*Safety, Service, and Stewardship*

10  
HENRY MCMASTER, Governor  
BRYAN P. STIRLING, Director

Cherokee County Detention Center  
315 E. Dr. L.M. Rosemond Blvd.  
Gaffney, SC 29341  
(P) 864-487-2529  
(F) 864-487-8557

**To Whom It May Concern:**

The purpose of this letter is to request records pertaining to the following individual:

Alonzo Columbus Jeter, III  
SCDC ID: 282902  
Birthdate: 10/12/1977  
SSN: 247-53-5003

Mr. Jeter is currently receiving mental health services at Tyger River Correctional Institution, and he has reported receiving services through your agency in the past. Any records you can provide, as soon as possible, would be greatly appreciated. They can be sent via fax, listed below, or email at [Harris.Megan@doc.sc.gov](mailto:Harris.Megan@doc.sc.gov).

Sincerely,

Megan Harris, MS, MEd, CBHC-BS  
Mental Health Department  
Tyger River Correctional Institution  
200 Prison Road  
Enoree, SC 29335  
(Office) 803.896.3570  
(Fax) 803.896.3547

**AUTHORIZATION FOR RELEASE/REQUEST OF INFORMATION/RECORDS**

South Carolina Department of Corrections – Tyger River Correctional Institution

Megan Harris, QMHP \* 803-896-3570 \* Harris.Megan@doc.sc.gov

200 Prison Road \* Enoree, SC 29335

11

I, Alonzo Jeter

SCDC#: 282902

hereby give my permission to the South Carolina Department of Corrections to release or request from a third-party information contained in my medical record. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, sexual abuse treatment, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions, and that under law these records are classified as privileged and confidential and cannot be released to me or those designated by me or my legal guardian without an expressed and informed consent. In addition, I understand that those records will not be released to entities other than those designated by myself or my personal representative or otherwise provided in Florida or federal law.

This information will be released/requested upon request to the following:

To/From: Cherokee County Detention Center, 315 E. Dr. L.M. Rosemond Blvd, Gaffney SC 29341  
First and last name, phone, and address of person(s)

(P) 803-487-2529  
(F) 803-487-8557

The type of information to be disclosed/requested is as follows:

**To Be Released** \* from SC Dept. of Corrections

- Treatment Plans
- Clinical Notes
- Health/Medical Records (if applicable)
- Letter(s) of Progress
- Bio-Psychosocial Evaluation/Assessment (if applicable)
- Verbal Communication
- Other (Specify): \_\_\_\_\_

**To Be Requested** \* from third parties

- Treatment Plans
- Clinical Notes
- Health/Medical/Academic Records
- Psychological/Psychiatric Evaluations/Assessments
- Court Documents
- Verbal Communication
- Other (Specify): disciplinary records

\* In the case of notes documenting or analyzing the contents of conversation during a private counseling session ("clinical notes"), such records may be protected from disclosure under the HIPAA Privacy Rule).

[Signature] (initial) I understand that I have the right to withdraw my authorization at any time except to the extent that action has already been taken pursuant to the authorization. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to SCDC.

[Signature] (initial) I understand that authorizing the disclosure of this health information is voluntary, I can refuse to sign, and SCDC will not base my treatment or payment whether or not I provide authorization for the requested use or disclosure. I understand that I may inspect or copy the information to be disclosed, as provided in CFR164.524 (with reasonable charge).

[Signature] (initial) I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and is no longer protected by federal confidentiality laws or SCDC will not be held liable for information disclosed to another party per the client's request.

[Signature] (initial) I understand that SCDC will release only the minimum amount of information necessary to fulfill a request.

*This authorization shall expire when the client is discharged from the current episode of care (treatment has been completed, the client rejects/declines/drops out of treatment, is referred elsewhere, moves, or in the case of the client's death.) This agreement is subject to revocation in writing at any time.*

**Release:**

Signature Client/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Clinician Signature/Credentials \_\_\_\_\_ Date \_\_\_\_\_

**Request:**

[Signature] Signature Client/Guardian \_\_\_\_\_ Date 2/14/19

[Signature] Clinician Signature/Credentials \_\_\_\_\_ Date 2/14/19

Alonzo C Jeter, III  
Tyger River Correctional Institution  
U-7-101 / #282902  
200 Prison Road  
Enoree, SC 29335

1a

April 1, 2019

Cherokee County Detention Center  
315 East Dr. L.M. Rosemond Blvd.  
Gaffney, SC 29340

Dear Sir or Madam:

I am writing seeking to know the proper process I must take to receive a copy of my medical, mental health and disciplinary records from the Cherokee County Detention Center where I was lodged as a pretrial detainee from March of 2015 - July of 2015. I desire to have these full and complete files of these records consisting of this period.

I have requested these records from your office in the past and my request for these records have been unanswered. Please allow this letter to you to serve as both confirmation and authorization for the release of these complete files and records to both myself and South Carolina Department of Corrections.

I look forward to receiving a response from you soon. Thank you for your time, attention, and all that you do in these regards.

Sincerely, 

Alonzo C. Jeter, III

RECEIVED

APR 01 2019

TYRCI MAIL

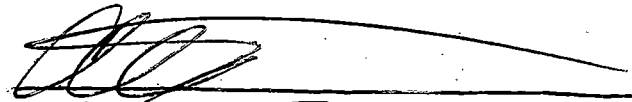
# PROOF OF SERVICE

13

I, Alonzo C. Jeter, III, hereby certify that I have mailed the within letter dated April 1, 2019, to Cherokee County Detention Center, on this 1 day of April, 2019, by depositing a copy of the same in the United States Mail, postage prepaid, by and through the interagency mail room service by placing the same in the hands of Tyger River Correctional Institution mail room personnel for mailing addressed as follows:

Cherokee County Detention Center  
315 East Dr. L.M. Rosemond Blvd.  
Gaffney, SC 29340

I further certify under the penalty of perjury that the above statement is true and correct.



Alonzo C. Jeter, III  
Tyger River Correctional Institution  
U-7-101 / #282902  
200 Prison Road

SWORN and Subscribed before me Enoree, SC 29335  
this 1 day of April, 2019



Notary Public for South Carolina  
My Commission Expires: Dec. 10, 2024

**RECEIVED**

APR 01 2019

TYRCI MAILROOM

Alonzo C. Jeter, III  
Tyger River Correctional Institution  
U-7-101/#282902  
200 Prison Road  
Enoree, SC 29335

14

April 1, 2019

Southern Health Partners, LLC  
2030 Hamilton Pl Blvd. #140  
Chattanooga, TN 37421

Dear Sir or Madam:

I am writing seeking to know the proper process I must take to receive a copy of my medical records from the Cherokee County Detention Center in Gaffney, South Carolina where I was an inmate held there as pretrial detainee.

I have requested these records from the Detention Center in the past and they have failed to grant this request.

Please allow this letter to you to serve as both confirmation and authorization for the release of my entire medical, mental health, disciplinary, records and files to both myself and South Carolina Department of Corrections.

I look forward to receiving a response from you soon.

Thank you for your time, attention, and all that you do in these regards.

Sincerely,   
Alonzo C. Jeter, III

RECEIVED

APR 01 2019

TYRCI MAILROOM

# PROOF OF SERVICE


15

I, Alonzo C. Jeter, III, hereby certify that I have mailed the within letter dated April 1, 2019, to Southern Health Partners, by depositing a copy of the same in the United States Mail, postage prepaid, by and through the interagency mail room service by placing the same in the hands of Tyger River Correctional Institution mail room personnel for mailing addressed as follows:


Southern Health Partners, LLC  
2030 Hamilton PL Blvd. #140  
Chattanooga, TN 37421

on this 1<sup>st</sup> day of April, 2019.

I further certify under the penalty of perjury the above statement is true and correct.

  
\_\_\_\_\_  
Alonzo C. Jeter, III  
Tyger River Correctional Institution  
200 Prison Road  
Enoree, SC 29335

SWORN and Subscribed before me  
this 1 day of April, 2019

  
\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: Dec. 10, 2024

RECEIVED

APR 01 2019

TYRCI MAILROOM

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
Division of Medical and Professional Health Services

RELEASE OF MEDICAL INFORMATION TO THE SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

TO: *Southern Health Partners*  
*2030 Hamilton Place Blvd*  
*Chattanooga TN 37421*  
*(888) 231-2888* ATTN: *Hanna Bishop*  
*Hanna.bishop@southernhealthpartners.com*

DATE: *8/16/19*

RE: Name & SCDC No. *Alonzo Columbus Jeter III* *282902*  
Alias  
Soc. Sec. No. *247-53-5003*  
Date of Birth *10-12-1977*

Injury/Illness: *Mental Health*

Date of Treatment (Month and Year) *Jan. - Aug. 2015*

How long under treatment: *7 months*

State if inpatient and/or outpatient:

Physician requesting information: *Dr. Megan Howard*

Please furnish us with a copy or summary of the above named patient's medical record while he/she was under your treatment. This information will be confidential and privileged.

This is my authorization for you to release the requested information to the South Carolina Department of Corrections, Division of Medical and Professional Health Services for the purpose of: *Continuity of*  
*Psychiatric and Mental Health Care*

*[Signature]* *282902*  
Patient's Signature SCDC #

*August 15, 2019*  
Date

PLEASE SEND REPLY TO:  
ATTN: *Kathy Wyant*

NAME: *Kathy Wyant, EdS, LPC, LAC*  
INSTITUTION: *Mental Health Administrator*  
ADDRESS: *Tyger River Correctional*  
*200 Anson Rd*  
*Enoree SC 29335*

Subject: RE: Request for mental health records

He was at Cherokee County Detention Center in Gaffney, SC.  
Sorry I didn't specify that.

-----Original Message-----

From: Hanna Bishop, Risk Management/Operations  
[mailto:Hanna.Bishop@southernhealthpartners.com]  
Sent: Friday, August 16, 2019 9:50 AM  
To: Kathy Wyant [REDACTED]  
Subject: RE: Request for mental health records

\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\*

What jail facility are you requesting the records from?

Hanna Bishop  
Risk Management/Operations

Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984 Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

AT THE DIRECTION OF COUNSEL - IN ANTICIPATION OF LITIGATION - ATTORNEY-CLIENT PRIVILEGE This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender or hr@southernhealthpartners.com. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of SHP. Finally, the recipient should check this email and any attachments for the presence of viruses. The company accepts no liability for any damage caused by any virus transmitted by this email.

-----Original Message-----

From: Kathy Wyant [REDACTED]  
Sent: Friday, August 16, 2019 9:40 AM  
To: Hanna Bishop, Risk Management/Operations <Hanna.Bishop@southernhealthpartners.com>  
Subject: Request for mental health records

Ms. Bishop,

Please find attached a Request/release for Mental Health records for inmate Alonzo Jeter III. SCDC #282902.

Thank you,

Kathy M Wyant

Mental Health Administrator  
Perry and Tyger River Correctional Institutions  
864-243-4700 ext. 1168

-----Original Message-----

From: Kathy Wyant [REDACTED]  
Sent: Friday, August 16, 2019 10:14 AM  
To: Hanna Bishop, Risk Management/Operations <Hanna.Bishop@southernhealthpartners.com>  
Subject: RE: Request for mental health records

Thank you, I appreciate it!

-----Original Message-----

From: Hanna Bishop, Risk Management/Operations  
[mailto:Hanna.Bishop@southernhealthpartners.com]  
Sent: Friday, August 16, 2019 10:12 AM  
To: Kathy Wyant [REDACTED]  
Subject: RE: Request for mental health records

\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\*

Not a problem. I will get these records to you as soon as I can.

Hanna Bishop  
Risk Management/Operations

Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984 Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

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-----Original Message-----

From: Kathy Wyant [REDACTED]  
Sent: Friday, August 16, 2019 9:52 AM  
To: Hanna Bishop, Risk Management/Operations <Hanna.Bishop@southernhealthpartners.com>

From: Hanna Bishop, Risk Management/Operations  
[mailto:Hanna.Bishop@southernhealthpartners.com]  
Sent: Monday, September 16, 2019 2:45 PM  
To: Kathy Wyant  
Subject: RE: Request for mental health records

\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\*

The last I heard on this was his records were moved to storage and they were pulling them for me. I have not received the records as of right now so I will call and check on this for you.

Thanks!

Hanna Bishop  
Risk Management/Operations

Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984 Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

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-----Original Message-----

From: Kathy Wyant  
Sent: Sunday, September 15, 2019 12:01 PM  
To: Hanna Bishop, Risk Management/Operations <Hanna.Bishop@southernhealthpartners.com>  
Subject: FW: Request for mental health records

Hello Ms. Bishop,

Any progress on these records for Mr. Jeter?

The Psychiatrist is asking me if we have a timeframe on when they might be available. Any information you could provide would be very helpful.

Thanks,

Kathy Wyant

Kathy Wyant, EdS, LPC, LAC

**\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\***

I have not heard anything on the records for Mr. Jeter. I will call and see what is going on with it. Also, just so you are aware, the nurse at the jail will have to wait until the Jail Administrator lets her in the storage unit.

Hanna Bishop  
Risk Management/Operations



**Southern Health  
Partners**

Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984

Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

**AT THE DIRECTION OF COUNSEL - IN ANTICIPATION OF LITIGATION - ATTORNEY-CLIENT PRIVILEGE**

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-----Original Message-----

From: Kathy Wyant [REDACTED]  
Sent: Monday, October 21, 2019 7:52 AM  
To: Hanna Bishop, Risk Management/Operations <[Hanna.Bishop@southernhealthpartners.com](mailto:Hanna.Bishop@southernhealthpartners.com)>  
Subject: RE: Request for mental health records

Good morning Ms. Bishop,

Any word on Mr. Jeter's records as of yet?

Thanks,

Kathy Wyant

Kathy Wyant, EdS, LPC, LAC  
Mental Health Administrator  
Perry and Tyger River Correctional Institutions  
864-243-4700 ext. 1168

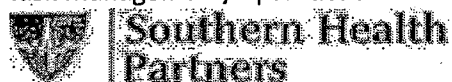
-----Original Message-----

**Kathy Wyant (C060623)**

**From:** Hanna Bishop, Risk Management/Operations  
**Sent:** Monday, November 25, 2019 8:21 AM  
**To:** Kathy Wyant [REDACTED]  
**Subject:** RE: Request for mental health records  
**Attachments:** Jeter Records.pdf

The records are attached for you. Thanks!

Hanna Bishop  
Risk Management/Operations



Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984  
Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

**AT THE DIRECTION OF COUNSEL - IN ANTICIPATION OF LITIGATION - ATTORNEY-CLIENT PRIVILEGE**

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---

**From:** Kathy Wyant [REDACTED]  
**Sent:** Friday, November 22, 2019 3:52 PM  
**To:** Hanna Bishop, Risk Management/Operations <[Hanna.Bishop@southernhealthpartners.com](mailto:Hanna.Bishop@southernhealthpartners.com)>  
**Subject:** RE: Request for mental health records

Yes, please

---

**From:** Hanna Bishop, Risk Management/Operations [<mailto:Hanna.Bishop@southernhealthpartners.com>]  
**Sent:** Friday, November 22, 2019 3:04 PM  
**To:** Kathy Wyant [REDACTED]  
**Subject:** RE: Request for mental health records

**\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\***

The nurse finally found these records for Alonzo Jeter. Are they still needed?

Hanna Bishop  
Risk Management/Operations



Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984  
Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

**Kathy Wyant (C060623)**

22

**From:** Hanna Bishop, Risk Management/Operations  
<Hanna.Bishop@southernhealthpartners.com>  
**Sent:** Friday, December 13, 2019 9:24 AM  
**To:** Kathy Wyant [REDACTED]  
**Subject:** RE: Request for mental health records  
**Attachments:** RE\_ Request for mental health records.msg

\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\*

Good morning,

These records were sent on 11/25. See attached.

Have a good day.

Hanna Bishop  
Risk Management/Operations



**Southern Health  
Partners**

Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984

Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

**AT THE DIRECTION OF COUNSEL - IN ANTICIPATION OF LITIGATION - ATTORNEY-CLIENT PRIVILEGE**

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---

**From:** Kathy Wyant [REDACTED]  
**Sent:** Friday, December 13, 2019 9:02 AM  
**To:** Hanna Bishop, Risk Management/Operations <Hanna.Bishop@southernhealthpartners.com>  
**Subject:** Re: Request for mental health records

Good morning,

I still have not received these records.

Thanks,

Kathy Wyant

Sent from my iPhone

FINALLY got these records requested for Alonzo Jeter at Tyger River.

Ms. Boozer, please print a copy for yourself/his records and a copy to give to him.

Thanks!

*Kathy Wyant*

Kathy Wyant, EdS, LPC, LAC  
Mental Health Administrator  
Perry and Tyger River Correctional Institutions  
864-243-4700 ext. 1168  
Cell: 864-420-4622

QMHP Boozer received  
74 pages of reports for  
Alonzo Jeter on Dec. 14, 2019  
@ 12:4pm  
JB

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

#

<b>TO: NAME:</b> <i>Ms. Boozer, Mental Health Counselor</i>	<b>TITLE:</b>	<b>DATE:</b> <i>December 20, 2019</i>
<b>INMATE'S NAME:</b> <i>Alenzo C. Jeter, III</i>	<b>SCDC #:</b> <i>282902</i>	<b>RECEIVED</b> DEC 20 2019
<b>INSTITUTION:</b> <i>Tyger River Correctional Institution</i>	<b>LIVING QUARTERS:</b> <i>U-7-101</i>	<b>PRC MAILROOM</b>

Hello Ms Boozer, I received medical and mental health records from you on December 16, 2019. These records are from Cherokee County Detention Center and Southern Health Partners who is contracted medical care through Cherokee County Detention Center. However, this is only a partial records file from these sources. Will you please contact and receive confirmation from Southern Health Partners/Cherokee County Detention Center that this is or is not the full and complete records from these sources?

Please also confirm the following:

1. Did these sources inform you that this was/is the full and complete records?
2. Do you have, and will you be maintaining a copy of these records for your file and record?
3. How many pages total are these records (please indicate front & back count).
4. Will you please provide me a copy of the last emails you received from Southern Health Partners (emails sent and received between November of 2019 - present regarding the records). Thank you. *Alenzo Jeter, III*

**DISPOSITION BY STAFF MEMBER:**

<b>DATE:</b>	<b>SIGNATURE:</b>
--------------	-------------------

# Proof of Service

25 ~~22~~

I, Alonzo C. Jeter, III, hereby certify that I have mailed the within SCDC Request To Staff Member dated December 20, 2019, to Ms. Boozer, Mental Health Counselor at Tyger River Correctional seeking confirmation regarding full and complete medical and mental health records from Southern Health Partners and Cherokee County Detention Center on this 20 day of December, 2019, by placing a copy of the same in the hands of Tyger River Correctional Institution mailroom personnel for mailing via the Interagency Mail, addressed as follows: Ms. Boozer, Mental Health Counselor, Tyger River Correctional Institution.

SWORN and Subscribed before me  
this 20<sup>th</sup> day of DEC. 2019

Paul Davis  
Notary Public for South Carolina

My Commission Expires: DEC-19-2024

Alonzo C. Jeter, III

Alonzo C. Jeter, III  
Tyger River Correctional Institution  
200 Prison Road  
Enoree, SC 29335

**RECEIVED**

DEC 20 2019

TYRCI MAILROOM

TO: PERRY CORRECTIONAL INSTITUTION

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

RECEIVED 26  
DEC 20 2019

TO: NAME: <i>Kathy WYANT - Mental Health Administrator</i>	TITLE:	DATE: <i>December 20, 2019</i>
INMATE'S NAME: <i>Alenzo C. Jeter, III</i>	SCDC #: <i>282902</i>	
INSTITUTION: <i>Tyger River Correctional Institution</i>	LIVING QUARTERS: <i>U-7-101</i>	

Hello Ms. Wyant, I received medical and mental health records from Ms. Boozer here at Tyger River on December 16, 2019. These records are from Cherokee County Detention Center and Southern Health Partners who is contracted medical care through Cherokee County Detention Center. However, this is only a partial records file from these sources. Will you please contact and receive confirmation from Southern Health Partners/Cherokee County Detention Center that this is or is not the full and complete records from these sources?

Please also confirm the following:

1. Did these sources inform you that this was/is the full and complete records?
2. Do you have, and will you be maintaining a copy of these records for your file and record?
3. How many pages total are these records (please indicate front & back count).
4. Will you please provide me a copy of the last emails you received from Southern Health Partners (emails sent and received between November of 2019 - present regarding the records). Thank you.

*Alenzo Jeter III*

DISPOSITION BY STAFF MEMBER:

DATE:	SIGNATURE:
-------	------------

# PROOF OF SERVICE

27

I, Alonzo C Jeter, III, hereby certify that I have mailed the within SCDC Request To Staff Member dated December 20, 2019, to Kathy Wyant seeking confirmation regarding full and complete medical and mental health records from Southern Health Partners and Cherokee County Detention Center on this 20 day of December, 2019, by placing a copy of the same within a postage prepaid envelope and placing said envelope in the hands of Tiger River Correctional Institution mailroom personnel for mailing via the United States Mail, addressed as follows: Kathy Wyant, Eds, LPC, LAC, Mental Health Administrator, Perry Correctional Institution, 430 Oaklawn Road, Pelzer, South Carolina 29669.

s/ Alonzo C. Jeter, III  
Alonzo C. Jeter, III  
Tiger River Correctional Institution  
200 Prison Road  
Enoree, SC 29335

SWORN and Subscribed before me  
this 20 day of Dec., 2019

Paul Owen Cree  
Notary Public for South Carolina  
My Commission Expires: Dec. 10, 2024

**RECEIVED**  
DEC 20 2019  
TYRCI MAILROOM

January 2, 2020

Alonzo C. Jeter, III  
Tyger River Correctional Institution  
U-7-101/#282902  
200 Prison Road  
Enoree, SC 29335

28

Hanna Bishop  
Operations/Risk Management  
Southern Health Partners  
2030 Hamilton Place Blvd.  
Suite 140  
Chattanooga, TN 37421

RECEIVED

JAN 03 2019

TYRCI MAILROOM

RE: Medical Records - Page Count

Cherokee County Detention Center - Alonzo Jeter, III

Dear Ms. Bishop:

I have signed an Authorization for Release of Medical Records which should have been faxed, emailed, etc. from Dr. Megan Howard/Kathy Wyatt of the South Carolina Department of Corrections. The Authorization for Release was in regards of my entire medical records file from Cherokee County Detention Center in Gaffney, South Carolina.

Will you please inform me of the number of pages these records consists of? (Please specify whether count is front/back page, etc). Please also inform me of what years the records pertain to as well. Also please inform me of whether or not this is my complete and full medical file from Cherokee County Detention Center.

28

Kathy Wyant would have corresponded with you via email on or about October 21, 2019 et seq.

Kathy Wyant, Eds, LPC, LAC  
Mental Health Administrator  
Perry and Tyger River Correctional Institutions

I look forward to hearing from you soon in these regards as I am seeking to be informed of the total page count of the records considering that I may have to pay the per page costs to be released to another third party in the near future.

Thank you for your assistance in these matters.

Sincerely,  
  
Alanzo C. Jeter, III

PROOF OF SERVICE

I, Alonzo C. Jeter, III, hereby certify that I have mailed the within letter, seeking page count, to Hanna Bishop / Southern Health Partners, by placing a copy of the same inside of a postage prepaid envelope and placing said envelope in the hands of Tyger River Correctional Institution's mailroom personnel on this 3<sup>rd</sup> day of January, 2020, for mailing via the United States mail, addressed as follows: Hanna Bishop, Operations / Risk Management, Southern Health Partners, 2030 Hamilton Place Blvd., Suite 140, Chattanooga, TN 37421.

Swoorn and Subscribed before me  
this 3<sup>rd</sup> day of JANUARY, 2020

Paul Dennis Co

Notary Public for South Carolina  
My Commission Expires: Dec. 10, 2024

Alonzo C. Jeter, III  
Alonzo C. Jeter, III  
Tyger River Correctional Inst.  
200 Prison Road  
Euree, SC 29335

**RECEIVED**  
JAN 03 2020  
TYRCI MAILROOM

TO: PERRY CORRECTIONAL INSTITUTION

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

RECEIVED

31

JAN 03 2019

TO: NAME: <i>Kathy Wyant - Mental Health Administrator</i>	TITLE: <i>Mental Health Administrator</i>	DATE: <i>3/20/2020</i>
INMATE'S NAME: <i>Alonzo C. Jeter, III</i>	SCDC #: <i>282902</i>	<i>300</i> <i>JANUARY 2020</i> <i>MAIL ROOM</i>
INSTITUTION: <i>Tyger River Correctional Institution</i>	LIVING QUARTERS: <i>U-7-101</i>	

Hello Ms. Wyant, I received medical and mental health records from Ms. Boozer here at Tyger River on December 16, 2019. These records are from Cherokee County Detention Center and Southern Health Partners who is contracted medical care through Cherokee County Detention Center. However, this is only a partial records file from these sources. Will you please contact and receive confirmation from Southern Health Partners/Cherokee County Detention Center that this is or is not the full and complete records from these sources?

Please also confirm the following:

1. Did these sources inform you that this was/is the full and complete records?
2. Do you have, and will you be maintaining a copy of these records for your file and record?
3. How many pages total are these records (please indicate front & back count).
4. Will you please provide me a copy of the last emails you received from Southern Health Partners (emails sent and received between November of 2019 - present regarding the records).

Thank You,  
*Alonzo C. Jeter, III*

DISPOSITION BY STAFF MEMBER:

DATE:	SIGNATURE:
-------	------------

# PROOF OF SERVICE

32

I, Alonzo C. Jeter, III, hereby certify that I have mailed the within SCDC Request To Staff Member dated January 3<sup>rd</sup> 2020, to Kathy Wyant, Mental Health Administrator, seeking confirmation regarding full and complete medical and mental health records from Southern Health Partners and Cherokee County Detention Center on this 3<sup>rd</sup> day of January, 2020, by placing a copy of the same within a postage prepaid envelope and placing said envelope in the hands of Tiger River Correctional Institution mailroom personnel for mailing via the United States mail, addressed as follows: Kathy Wyant, Eds, LPC, LAC, Mental Health Administrator, Perry Correctional Institution, 430 Oaklawn Road, Petzer, South Carolina 29669

SWORN and Subscribed before me  
this 3<sup>rd</sup> day of JANUARY, 2020

Paul Deen

Notary Public for South Carolina

My Commission Expires: Dec. 10, 2024

Alonzo C. Jeter, III  
Alonzo C. Jeter, III  
Tiger River Correctional Inst.  
200 Prison Road  
Enoree, SC 29335

**RECEIVED**  
JAN 03 2019  
TYRCI MAILROOM

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

330

TO: NAME: <i>Ms. Boozer</i>	TITLE: <i>Mental Health</i>	DATE: <i>January 07, 2020</i>
INMATE'S NAME: <i>Alonzo C. Jeter, III</i>		SCDC #: <i>282700</i>
INSTITUTION: <i>Tyger River Correctional Institution</i>		LIVING QUARTERS: <i>U-7-101</i>

**RECEIVED**  
JAN 03 2019

MAILROOM

Hello Ms Boozer, I received medical and mental health records from you on December 16, 2019. These records are from Cherokee County Detention Center and Southern Health Partners, who is contracted medical care through Cherokee County Detention Center. However, this is only a partial records file from these sources. Will you please contact and receive confirmation from Southern Health Partners / Cherokee County Detention Center that this is or is not the full and complete records from these sources? Please also confirm the following:

1. Did these sources inform you that this was/is the full and complete records?
2. Do you have and will you be maintaining a copy of these records for your file and record?
3. How many total pages are these records (please indicate front and back count).
4. Will you please provide me a copy of the last emails you received from Southern Health Partners (emails sent and received between November of 2019 - present regarding the records).

Thank You. *[Signature]*  
Alonzo C. Jeter, III

DISPOSITION BY STAFF MEMBER:

DATE:	SIGNATURE:
-------	------------

# PROOF OF SERVICE

34

I, Alonzo C. Jeter, III, hereby certify that I have mailed the within SCDC Request To Staff Member dated January 3<sup>rd</sup>, 2020, to Ms. Boozer, Mental Health Counselor at Tyger River Correctional seeking confirmation regarding full and complete medical and mental health records from Southern Health Partners and Cherokee County Detention Center on this 3<sup>rd</sup> day of January, 2020, by placing a copy of the same in the hands of Tyger River Correctional Institution's mailroom personnel for mailing via the interagency mail, addressed as follows: Ms. Boozer, Mental Health Counselor, Tyger River Correctional Institution.

SWORN and Subscribed before me  
this 3 day of JANUARY, 2020

Paul Davis  
Notary Public for South Carolina  
My Commission Expires: Dec. 10, 2024

S/ ALO  
Alonzo C. Jeter, III  
Tyger River Correctional Inst.  
200 Prison Road  
Enoree, SC 29335

**RECEIVED**  
JAN 03 2019  
TYRGI MAILROOM

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

35

TO: NAME:	TITLE:	DATE:
Ms. Boozer	Mental Health	30p January 8, 2020
INMATE'S NAME:	SCDC #:	
Alonzo C. Jeter, III	282902	
INSTITUTION:	LIVING QUARTERS:	
Tyger River Correctional Institution	U-7-101	

Hello Ms Boozer, I received medical and mental health records from you on December 16, 2019. These records are from Cherokee County Detention Center and Southern Health Partners, who is contracted medical care through Cherokee County Detention Center. However, this is only a partial records file from these sources. Will you please contact and receive confirmation from Southern Health Partners / Cherokee County Detention Center that this is or is not the full and complete records from these sources? Please also confirm the following:

1. Did these sources inform you that this was/is the full and complete records?
2. Do you have and will you be maintaining a copy of these records for your file and record?
3. How many total pages are these records (please indicate front and back count)?
4. Will you please provide me a copy of the last emails you received from Southern Health Partners (emails sent and received between November of 2019 - present regarding the records).

Thank you. *ACS*  
Alonzo C. Jeter, III

**DISPOSITION BY STAFF MEMBER:**

I answered questions during session.  
Please see email to confirm page #.

S. Boyer OMHP

DATE:	SIGNATURE:

FINALLY got these records requested for Alonzo Jeter at Tyger River.

Ms. Boozer, please print a copy for yourself/his records and a copy to give to him.

Thanks!

*Kathy Wyant*

Kathy Wyant, EdS, LPC, LAC  
Mental Health Administrator  
Perry and Tyger River Correctional Institutions  
864-243-4700 ext. 1168  
Cell: 864-420-4622

QMLHP Boozer received  
74 pages of reports for  
Alonzo Jeter on Dec. 14, 2019  
@ 12:4pm JB

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

37  
~~37~~

TO: NAME: <i>Health Information Resources - HIR</i>	TITLE: <i>Director of</i>	DATE: <i>January 6, 2020</i>
INMATE'S NAME: <i>Alonzo C Jeter, III</i>		SCDC #: <i>282902</i>
INSTITUTION: <i>Tyger River Correctional Institution</i>		LIVING QUARTERS: <i>U-7-101</i>

*Hello, will you please inform me of whether or not you have my medical and mental health records file (entire records full and complete) from Cherokee County Detention Center and Southern Health Partners who is contracted through Cherokee County Detention Center?*

*If you have these records available, please <sup>also</sup> inform me of whether or not you have records from the year 2015 of the complete medical and mental health files from these sources.*

*Just to be clear, I am not seeking that you only provide me your usual form letter which notifies and informs me simply the costs associated with getting records in general.*

*I do simply need and seek an answer to the above questions. Thank you for your understanding and assistance in this matter.*

*Sincerely,*  
*Alonzo C. Jeter, III*

DISPOSITION BY STAFF MEMBER:

**RECEIVED**  
JAN 06 2020  
TYRCI MAILROOM

DATE:	SIGNATURE:

# PROOF OF SERVICE

38

I, Alonzo C Jeter, III, hereby certify that I have mailed the within SCDC Request To Staff Member (SCDC Form 19-11), dated January 6, 2020, to Health Information Resources, wherein I seek to know if my full and complete medical and mental health records from Cherokee County Detention Center/Southern Health Partners are available at HIR. This Request was mailed on this 6 day of January, 2020, by placing a copy of the same within a postage prepaid envelope and placing said envelope in the hands of Tiger River Correctional Institution mailroom personnel for mailing via the United States Mail, addressed as follows: Health Information Resources, South Carolina Department of Corrections, Central Office Annex/4542 Broad River Road, Columbia, South Carolina 29210.

SWORN and Subscribed before me  
this 6<sup>th</sup> day of JAN., 2020

Paul Dean Curb

Notary Public for South Carolina  
My Commission Expires: Dec. 10, 2024

s/ [Signature]  
Alonzo C Jeter, III  
Tiger River Correctional Inst.  
200 Prison Road  
Enoree, SC 29335

**RECEIVED**  
JAN 06 2020  
TYRCI MAILROOM

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

38

TO: NAME: <i>Health Information Resources - HIR</i>	TITLE: <i>Director of</i>	DATE: <i>January 6, 2020</i>
INMATE'S NAME: <i>Alonzo C. Jeter, III</i>	SCDC #: <i>282902</i>	
INSTITUTION: <i>Tyger River Correctional Institution</i>	LIVING QUARTERS: <i>U-7-101</i>	

Hello, will you please inform me of whether or not you have my medical and mental health records file (entire records, full and complete) from Cherokee County Detention Center and Southern Health Partners who is contracted through Cherokee County Detention Center?

If you have these records available, please also inform me of whether or not you have records from the year 2015 of the complete medical or mental health files from these sources.

Just to be clear, I am not seeking that you only provide me your usual form letter which notifies and informs me simply the costs associated with getting records in general.

I do simply need and seek an answer to the above questions.

Thank you for your understanding and assistance in this matter.  
Sincerely, *Alonzo C. Jeter, III*

**DISPOSITION BY STAFF MEMBER:**

*You will need to write a letter to County jail, and Southern Health Partners*

RECEIVED  
HEALTH INFORMATION RESOURCES  
2020 JAN 10 PM 6:25

DATE:	SIGNATURE:
-------	------------

you can write and ask for  
copies

Southern Health Partners

8832 Blakeney Professional Dr, Charlotte, NC 28277

40

~~40~~

there is more than  
one,

---

Cherokee County Detention Center

315 E Dr. Ln Rosemond Ln.

Gaffney SC 29340

TO: PERRY CORRECTIONAL INSTITUTION

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER

41

TO: NAME:	TITLE:	DATE:
Kathy Wyant - Mental Health Administrator		January 22, 2020
INMATE'S NAME:	SCDC #:	
Alonso C. Jeter, III	282902	
INSTITUTION:	LIVING QUARTERS:	
Tyger River Correctional Institution	U-7-101	

Hello Ms. Wyant;

I send this request seeking to be provided answers to the following questions in writing, please. I have asked the same of Ms. Boozer at Tyger River and she have failed to provide me this info in writing.

1. Did Cherokee County Detention Center / Southern Health Partners inform you that the medical records which was provided by them on 12/14/2019 and was 74 pages - was/is this the full and complete records.
2. Will you please confirm what years these records pertain to? The records I was provided contain records from 2011-2014.
3. Will you please provide me a copy of the last emails you received from Southern Health Partners, (emails sent and received between November of 2019-present regarding the records)?

Please forgive me, I do know that it isn't you nor Ms. Boozer who is causing this simple request for complete medical records to be so complicated. Thank you,

Alonso C. Jeter, III

DISPOSITION BY STAFF MEMBER:

**RECEIVED**  
JAN 23 2020  
TYRRI MAILROOM

DATE:	SIGNATURE:

# PROOF OF SERVICE


~~4a~~  
4a

I, Alonzo C. Jeter, III, hereby certify that I have mailed the within SCDC Request To Staff Member (Form 19-11), dated January 22, 2020, to Ms. Kathy Wyatt, Mental Health Administrator, seeking confirmation and answers in writing in regards to my full and complete medical and mental health records from Southern Health Partners and Cherokee County Detention Center on this 23<sup>rd</sup> day of January, 2020, by placing a copy of the same in the hands of Tiger River Correctional Institution mailroom personnel for mailing via the United States Mail, addressed as follows: Kathy Wyatt, Eds, LPC, LAC, Mental Health Administrator, Perry Correctional Institution, 430 OAKWYN ROAD, PETERS, South Carolina 29669.

Sworn and subscribed before me  
this 23<sup>rd</sup> day of JAN., 2020



Alonzo C. Jeter, III  
Tiger River Correctional Inst.  
200 Prison Road  
Enoree, SC 29335

  
Notary Public for South Carolina  
My Commission Expires: Dec. 10, 2024

**RECEIVED**  
JAN 23 2020  
TYRRI MAILROOM

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

43  
~~43~~

TO: NAME:	TITLE:	DATE:
Ms. Boozer - Mental Health Counselor		January 22, 2020
INMATE'S NAME:		SCDC #:
Alonzo C. Jeter, III		282902
INSTITUTION:		LIVING QUARTERS:
Tyger River Correctional Institution		U-7-101

Hello Ms. Boozer.

I send this request as written confirmation that you did not, would not, and have not give me a written response which answers the following questions:

1. Did Cherokee County Detention Center/Southern Health Partners inform you that the medical records which was provided by them, which was 74 pages, was/is the full and complete records? 12/14/2019
2. Will you please confirm what years these records pertain to? The records I was provided contain records from 2011-2014.
3. Will you please provide me a copy of the last emails you received from Southern Health Partners, (emails sent and received between November of 2019 - present regarding the records)?

I seek to be provided answers to these questions in writing please. Please forgive me, I know that it's not you who is causing this simple request for complete medical records to be so complicated.

Thank you, *[Signature]*  
Alonzo C. Jeter, III

DISPOSITION BY STAFF MEMBER:

**RECEIVED**  
JAN 23 2020  
TYRCI MAILROOM

DATE:	SIGNATURE:

# PROOF OF SERVICE

44

I, Alonzo C. Jeter, III, hereby certify that I have mailed the within SCDC Request To Staff Member (Form 19-11), dated January 22, 2020, to Ms. ~~Boozer~~, mental health counselor at Tyger River Correctional seeking confirmation and answers in writing in regards to my full and complete medical and mental health records from Southern Health Partners and Cherokee County Detention Center on this 23<sup>rd</sup> day of January, 2020, by placing a copy of the same in the hands of Tyger River Correctional Institution mailroom personnel for mailing via the interagency mail, addressed as follows: Ms. Boozer, Mental Health Counselor, Tyger River Correctional Institution.

SWORN and Subscribed before me,  
this 23<sup>rd</sup> day of JAN. 2020

Paul Dennis Cude

Notary Public for South Carolina

My Commission Expires: Dec. 10, 2022

S/ [Signature]

Alonzo C. Jeter, III

Tyger River Correctional Inst.

200 Prison Road

Enoree, SC 29335

**RECEIVED**

JAN 23 2020

TYROI MAILROOM

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER**

45  
~~45~~

<b>TO: NAME:</b> Ms. Boozer - Mental Health Counselor	<b>TITLE:</b>	<b>DATE:</b> January 22, 2020
<b>INMATE'S NAME:</b> Alonzo C. Jeter, III		<b>SCDC #:</b> 282902
<b>INSTITUTION:</b> Tyger River Correctional Institution		<b>LIVING QUARTERS:</b> U-7-101

Hello Ms. Boozer,

I send this request as written confirmation that you did not, would not, and have not give me a written response which answers the following questions:

1. Did Cherokee County Detention Center / Southern Health Partners inform you that the medical records which was provided by them, which was 74 pages, was/is the full and complete records? 12/14/2019
2. Will you please confirm what years these records pertain to? The records I was provided contain records from 2011-2014.
3. Will you please provide me a copy of the last emails you received from Southern Health Partners, (emails sent and received between November of 2019-present regarding the records)?

I seek to be provided answers to these questions in writing please.

Thank you, ~~Al~~ Please forgive me I know that it's not you who is causing this simple request for complete medical records to be so complicated.

Alonzo C. Jeter, III

**DISPOSITION BY STAFF MEMBER:**

Mr. Jeter,

I have given you all the information that I have received. You also have an email that confirms the information above. I'm not sure what else you want from me.

SBoozer

<b>DATE:</b> 1-27-2020	<b>SIGNATURE:</b>
---------------------------	-------------------

February 6, 2020

Alonzo C. Jeter, III  
Tyger River Correctional Institution  
U-7-101/#282902  
200 Prison Road  
Enoree, SC 29335

46

Hanna Bishop  
Operations / Risk Management  
Southern Health Partners  
2030 Hamilton Place Blvd.  
Suite 140  
Chattanooga, TN 37421

RECEIVED  
FEB 07 2020  
TYRCI MAILROOM

RE: MEDICAL RECORDS RELEASE TO THIRD PARTY  
CHEROKEE COUNTY DETENTION CENTER

Dear Ms. Bishop:

Please find enclosed, completed HIPAA release form which has been signed and dated by me. I am seeking to have my full and complete medical records from Cherokee County Detention Center in Gaffney, South Carolina (full and complete medical record, all years of available records).

Please provide the following information along with an invoice for payment:

1. What is the total page count of the records?
2. What years does the records pertain to?
3. Are the records available as a digital file as well?

Ms. Bishop, please provide me a copy of the invoice and the answer to the above questions as well. I will need to be included in the decision making regarding how the payment

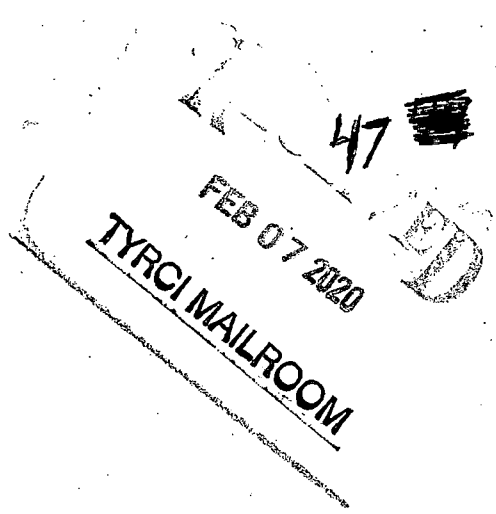
for the records will be received.

The records will be released to:

Lillie R. Edwards

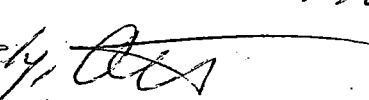
216 Claremont St.

Geoffrey, South Carolina 29341



Secondly, I am also enclosing a copy of a previous letter that I mailed to you on January 2, 2020. I have yet to receive a response from you in regards of that letter.

Thank you for your assistance in these matters.

Sincerely, 

Alenice C. Jeter, III

CC: FILE

PROOF OF SERVICE

48

I, Alonzo C. Jeter, III, hereby certify that I have mailed the Authorization For Release Of Patient Medical Record; a letter dated February 6, 2020, wherein I am informing of my intent of the release of my medical records to Lillie R. Edwards and also seeking to know the total page count of the records, the year the records pertain to, and the availability of the records as a digital file; a copy of a previous letter which was mailed to Hanna Bishop/Southern Health Partners on January 3, 2020, dated January 2, 2020;

I, Alonzo C. Jeter, III, hereby certify that I have mailed the above listed documents by placing a copy of the same inside of a postage prepaid envelope and placing said envelope in the hands of Tiger River Correctional Institution's mailroom personnel on this 7<sup>th</sup> day of February, 2020, for mailing via the United States Mail, addressed as follows: Hanna Bishop, Operations/Risk Management, Southern Health Partners, 2030 Hamilton Place Blvd., Suite 140, Chattanooga, TN 37421.

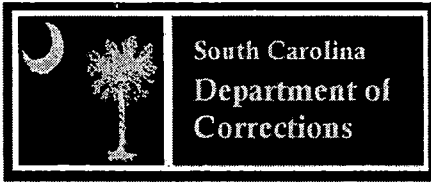
Sworn and Subscribed before me  
this 7<sup>th</sup> day of Feb 2020  
Hal Jern...  
Notary Public for South Carolina  
My Commission Expires: Dec. 10, 2020

S/ [Signature]  
Alonzo C. Jeter, III  
Tiger River Correctional Inst.  
200 Prison Road  
Enoree, SC 29335

RECEIVED  
FEB 07 2020

TYRCI MAILROOM

~~49~~  
49



SCDC ID: 282902

PATIENT:	ALONZO COLUMBUS JETER III
DATE OF BIRTH:	10/12/1977
DOC #:	21887
DATE:	08/15/2019 2:00 PM
VISIT TYPE:	Psychiatric Clinic
Visit Location:	Confidential Setting
<b>Psychopharm</b>	

**Individuals Present**

Contact type: Telemedicine

Individual present

**Prescriber's Evaluation**

41 yo male at Tyger River who was last seen in psychiatry clinic by me on 6/6/2019. Dx at this visit was SAFD, bipolar type by history. Plan was to change Geodon to 40 mg po qhs with snack due to day time grogginess,, requested again old records be forwarded to me for review and follow up 6-8 weeks.

Ms. Wyant, QHMP supervisor at Tyger River was present during today's session.

Since he was last seen, I have still not received copies of his prior records despite my requesting to review them in order to clarify his prior treatment history. He presents today initially very withdrawn and frustrated and admits that he has a lack of trust that SCDC has actually sent his signed release forms. He reports that he did initially try the Geodon but then doubted that I had actually requested the records so stopped taking it. Review of the EZ MAR indicates that he did take it a few times in June and once in July. A good deal of the session was spent engaging him in the meeting to build an improved therapeutic alliance. He admits that he is worried that the Patrick B. Harris records would lead me to think he "only had a substance issue". Reassured him that review of the records was just part of the evaluation process that would help clarify a diagnosis and would help guide treatment recommendations. He agrees to restart Geodon, sign releases again, and follow up in one week for recheck of response to medication to ensure if a side effect was occurring that he could discuss it with me. He denies SI, HI today.

Past Psych- He reports prior psychiatric hospitalizations at Patrick B Harris in 2014 in the upstate and tx at Cherokee MHC. He also reports psychiatric tx in the Cherokee County detention center prior to entering SCDC in 2015. He

has received conflicting opinions on his diagnoses with some clinicians attributing symptoms to history of drug use and others stating SAFD bipolar type in addition to his substance use issues.

PMH- none reported

Allergies- denies known drug allergies

MSE- alert, well groomed, dark circles under eyes, intermittent eye contact that improves as session continues, initially guarded but becomes more engaged as session progresses, no AIMS, oriented to person, place, time and situation. Speech- frustrated tone, increased rate. Thought content continues to have themes related to his stressors. Mood irritable, affect constricted. Denies SI, HI, AH and VH.

**Risk Assessment**

Current Encounter

**Risk Assessments**

Patient denies suicidal ideation, plan, intent, and/or attempt.  
 Patient denies property damage ideation, plan, intent, and/or attempt.  
 Patient denies homicidal ideation, plan, intent, and/or attempt.

Risk Assessment History

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		08/15/2019	08/15/2019	No				
Property	Denies		08/15/2019	08/15/2019	No				
Homicide	Denies		08/15/2019	08/15/2019	No				

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt	Description

**Medication Information**

ASSESSMENT/DIAGNOSIS  
 Behavioral Health Diagnoses

#	Description	Severity	Impression/Differential Dx	Specifiers
1	Schizoaffective disorder, bipolar type (F25.0)		Impression - historical- old records requested.	

**Allergy**

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

~~51~~  
51

**Active Medication**

Medication	Sig Desc	PRN Status	PRN Reason	Start Date	Stop Date
ziprasidone 40 mg capsule	take 1 capsule by oral route every evening with food	N		06/06/2019	08/15/2019
ziprasidone 40 mg capsule	take 1 capsule by oral route every evening with food	N		08/15/2019	12/12/2019

Diagnosis since last visit:

**Plan**

1. Encouraged compliance with Geodon trial x 1 week. Renewed Geodon 40 mg po qhs with food.
2. Ms. Wyant, QHMP supervisor, will meet with him immediately following this session to sign releases for discharge summary at Patrick Harris in 2014, MH records at Cherokee MHC and MH records at Cherokee detention center( he reports being on suicide watch there). I reiterated to him that review of his old treatment records was important to me in order to assist with treatment planning. He thanked me for this information.
3. Follow up in one week for med check and to build improved therapeutic alliance.

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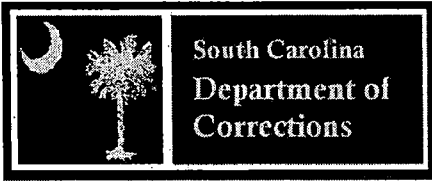
**SIGNATURES**

Psychiatrist: Signed by Megan Howard, on 08/15/2019  
*Document generated by: Megan Howard 08/15/2019 03:07 PM*

---

South Carolina Department of Corrections  
4444 Broad River Road | Columbia, SC 29210

~~52~~  
52



SCDC ID: 282902 000000282902

PATIENT:	ALONZO COLUMBUS JETER III
DATE OF BIRTH:	10/12/1977
DOC #:	21887
DATE:	05/30/2019 8:04 PM
VISIT TYPE:	QMHP Session
Location of Visit	Confidential Setting

**Individual Counsel/Psych Prog Note**

**General**

Program Name: Outpatient

Start time: 11:00 AM

End time: 00 hours, 10 minutes

Duration: 00 hours, 10 minutes

**Individuals Present/Support Resources**

Individual present.

**Plan and Additional Information**

Plan/Additional Information:

Inmate was seen in Programs while waiting for his turn in psych clinic. He reported he needed to see me. When asked about what was wrong, he asked me about the previous requests I sent off regarding his mental health records from different places. He needs them for his legal case, and has been frustrated for quite a long time (ever since he was on my caseload at Perry CI) that he hasn't received everything he wants for his case. He also wants his disciplinary records from the Cherokee County Jail in addition to the mental health records in an effort to get some relief for his current sentence. He wants me to resubmit the records requests (and if I do it will be the fourth time at least), but also provide him with written proof (date/time stamped) of when the requests were made. He also needs to see me this afternoon after choir rehearsal for an "urgent" issue. When asked, he said he needs about 65 copies for his legal case file, and he can't afford to get them done. He reported he will be returning to the Chapel if not seen in clinic by the time count clears, and that he would need to be rescheduled. Inmate was advised to have the Chaplain call me this afternoon and he agreed.

53

**Kathy Wyant (C060623)**

---

**From:** Hanna Bishop, Risk Management/Operations  
**Sent:** Monday, November 25, 2019 8:21 AM  
**To:** Kathy Wyant [REDACTED]  
**Subject:** RE: Request for mental health records  
**Attachments:** Jeter Records.pdf

The records are attached for you. Thanks!

Hanna Bishop  
Risk Management/Operations



Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984  
Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

**AT THE DIRECTION OF COUNSEL - IN ANTICIPATION OF LITIGATION - ATTORNEY-CLIENT PRIVILEGE**

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---

**From:** Kathy Wyant [REDACTED]  
**Sent:** Friday, November 22, 2019 3:52 PM  
**To:** Hanna Bishop, Risk Management/Operations <[Hanna.Bishop@southernhealthpartners.com](mailto:Hanna.Bishop@southernhealthpartners.com)>  
**Subject:** RE: Request for mental health records

Yes, please

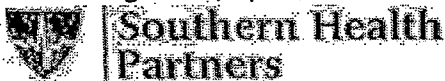
---

**From:** Hanna Bishop, Risk Management/Operations [<mailto:Hanna.Bishop@southernhealthpartners.com>]  
**Sent:** Friday, November 22, 2019 3:04 PM  
**To:** Kathy Wyant [REDACTED]  
**Subject:** RE: Request for mental health records

**\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\***

The nurse finally found these records for Alonzo Jeter. Are they still needed?

Hanna Bishop  
Risk Management/Operations



Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984  
Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

54  
~~53~~

**Kathy Wyant (C060623)**

---

**From:** Hanna Bishop, Risk Management/Operations  
<Hanna.Bishop@southernhealthpartners.com>  
**Sent:** Friday, December 13, 2019 9:24 AM  
**To:** Kathy Wyant [REDACTED]  
**Subject:** RE: Request for mental health records  
**Attachments:** RE\_ Request for mental health records.msg

\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\*

Good morning,

These records were sent on 11/25. See attached:

Have a good day.

Hanna Bishop  
Risk Management/Operations



Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984  
Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

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---

**From:** Kathy Wyant [REDACTED]  
**Sent:** Friday, December 13, 2019 9:02 AM  
**To:** Hanna Bishop, Risk Management/Operations <Hanna.Bishop@southernhealthpartners.com>  
**Subject:** Re: Request for mental health records

Good morning,

I still have not received these records.

Thanks,

Kathy Wyant

Sent from my iPhone

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
REQUEST TO STAFF MEMBER


TO: NAME:	TITLE:	DATE:
Kathy Wyant		September 17, 2020
INMATE'S NAME:		SCDC #:
Alonzo C Jeter, III		282902
INSTITUTION:		LIVING QUARTERS:
Tyger River Correctional Institution		U-9-202

Please allow me to see you before you leave. I need you to please verify that the medical records file that I received from Cherokee County Detention Center / Southern Health Partners, LLC consisted of only 74 pages, front side only and did not contain any records from the year of 2015 from my time spent therein, pretrial detainment (February, 2015 - September, 2015)

Thank you. Also, did they confirm to you that they provided you my full and complete medical file, and these 74 pages were the full and complete file and

DISPOSITION BY STAFF MEMBER: disciplinary records. Also, do you have a copy of these records for your file and/or retained email copy of email whereby you received the records digitally through email on or about December 14, 2019. Please provide me a copy of this email also.

The file received was 74 pages, front side only, and went only up to May of 2014. There are no records from 2015. These records only include mental health records as that was all that was requested. I have a copy in my email - attached is the email with attached record file.

DATE:	SIGNATURE:
9/23/20	

~~56~~  
56

**From:** Kathy Wyant (C060623)  
**Sent:** Tuesday, September 29, 2020 10:43 AM  
**To:** 'Hanna Bishop, Risk Management/Operations' <[Hanna.Bishop@southernhealthpartners.com](mailto:Hanna.Bishop@southernhealthpartners.com)>  
**Subject:** FW: Request for mental health records

Good morning Ms. Bishop,

Back in November of last year you sent some records for Mr. Alonzo Jeter from your organization.

Mr. Jeter is asking me to write again and state that he is asking for records also specifically from February 2015 – September 2015 that were not included in the records you sent. He is also asking for any medical or Disciplinary records from that timeframe.

Please advise whether you have any records beyond what you have already sent and/or any records from the timeframe indicated.

I have attached the original records you provided and a new release of information.

Thanks so much for your time,

*Kathy Wyant*

Kathy Wyant, Ed.S., LPC, LAC  
Mental Health Administrator  
Perry, Tyger River and McCormick Correctional Institutions  
864-420-4622

**From:** Hanna Bishop, Risk Management/Operations [<mailto:Hanna.Bishop@southernhealthpartners.com>]  
**Sent:** Friday, December 13, 2019 9:24 AM  
**To:** Kathy Wyant (C060623) <[Wyant.Kathy@doc.sc.gov](mailto:Wyant.Kathy@doc.sc.gov)>  
**Subject:** RE: Request for mental health records

**\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\***

Good morning,

These records were sent on 11/25. See attached.

Have a good day.

Hanna Bishop  
Risk Management/Operations

**Kathy Wyant (C060623)**

~~57~~  
57

**From:** Hanna Bishop, Risk Management/Operations  
<Hanna.Bishop@southernhealthpartners.com>  
**Sent:** Thursday, February 11, 2021 10:38 AM  
**To:** Kathy Wyant (C060623)  
**Subject:** RE: Request for mental health records

**\*\*\* This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. \*\*\***

When the nurse was previously searching for his record she found the file that I sent to you that said 1 or 2. She told me she looked through the storage unit multiple times and was not able to find the second chart.

Hanna Bishop  
Risk Management /Operations Asst.



**Southern Health  
Partners**

Direct Dial: 423.206.2000 | Direct Fax: 423.305.6984 | Main Phone: 423.553.5635  
Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

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**From:** Kathy Wyant (C060623) <Wyant.Kathy@doc.sc.gov>  
**Sent:** Wednesday, February 10, 2021 9:14 AM  
**To:** Hanna Bishop, Risk Management/Operations <Hanna.Bishop@southernhealthpartners.com>  
**Subject:** FW: Request for mental health records

Good morning Ms. Bishop,

I am resending the request below on the chance that you were out when the original request was sent back in September. If you could get back with me regarding this request that would be greatly appreciated.

If I don't hear from you soon I will call again to make sure I have the appropriate contact information, as I know that job assignments can change with time.

Thank you for your time and attention in this matter,

*Kathy Wyant*

Kathy Wyant, Ed.S., LPC, LAC  
Mental Health Administrator  
Perry, Tyger River and McCormick Correctional Institutions



**Southern Health  
Partners**

58

Phone: 423.553.5635, ext. 910 | Direct Fax: 423.305.6984

Corporate Address: 2030 Hamilton Place Blvd, Ste 140, Chattanooga, Tennessee 37421

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59

July 2021

Lillie R. Edwards  
216 Claremont St.  
Gaffney, South Carolina 29341

Southern Health Partners, Inc.  
2030 Hamilton Place Blvd.  
Chattanooga, Tennessee

Re: Request for Medical Records  
Cherokee County Detention Center - Gaffney, South Carolina

---

Dear Sir or Madam:

I write seeking that you will please provide me the requested medical, mental health, and disciplinary records for Alonzo C. Jeter, III.

Mr. Jeter was an inmate at the Cherokee County Detention Center in Gaffney, South Carolina from March 1, 2015 thru August of 2015. I am requesting to be provided the medical, mental health, and disciplinary records of Mr. Jeter from this time period only as I am quite sure that there would be records from other years held there as well.

Please find enclosed HIPAA compliant medical authorization for the release of medical records and information, signed by Mr. Jeter, whereby Mr. Jeter has authorized the release of this requested information to me, along with a Proof of Service. Please do provide me this information digitally if possible by forwarding this through and to the email address listed below. If this is not possible that I may obtain a digital copy of these records, please provide me these records by certified mail by mailing to the above address.

I certainly look forward to hearing from you soon.

Thank you for your time, attention and all that you do in this regard.

Sincerely,

*Lillie R. Edwards*  
Lillie R. Edwards

Cc: FILE



**AUTHORIZATION FOR RELEASE OF PATIENT MEDICAL RECORD**

60

Patient's Name: Alonzo Columbus Jeter, III  
 Patient's Address: Tyger River Correctional Inst.; 200 Prison Road; Enores, SC 29335  
 Date of Birth: 10/12/1977 Social Security Number: 247-53-5003

I, or my authorized representative, request health information regarding my care and treatment to be released as set forth on this form, in accordance with state law, the HIPAA Privacy Rule (45 CFR § 164) and federal law regarding the disclosure of alcohol and drug abuse patient records (42 CFR part 2).

**RECEIVED**  
FEBRUARY 7 2020  
MAIL ROOM

- I understand disclosure of information relating to **ALCOHOL AND DRUG TREATMENT, MENTAL HEALTH TREATMENT** except psychotherapy notes, and **CONFIDENTIAL HIV-RELATED INFORMATION** will be made if and only if I authorize the release of such information specifically by initialing beside each separate category set forth below.
- I understand I have the right to revoke this authorization at any time in writing, except to the extent that action has been taken before revocation in reliance on this authorization.
- I understand information disclosed under this authorization may be subject to re-disclosure and no longer protected by federal or state law.
- I am signing this release voluntarily, and I understand that my access to health care by this provider will not be conditioned upon or affected by my authorization of this release.
- I understand this release will remain effective for 90 days after signing, unless previously revoked, and I am entitled to a copy of this form.

Correctional Facility: Cherokee County Detention Center  
 Dates of Treatment to be Released: Years 2011 - 2016 - Full Medical Record  
 Records to be Released To (Name and Address): Lillie R. Edwards, 216 Claremont St., Gaffney South Carolina 29341

Purpose of Request:  Disability Claim  Legal Issue(s)  Continuing Medical Care

**Information to be disclosed:**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Admission Records            | <input checked="" type="checkbox"/> <u>Complete Medical Record</u> (excluding Alcohol & Drug Treatment, Mental Health Records, and HIV-related Information) | Include:   |
| <input checked="" type="checkbox"/> History & Physical           |   | <input checked="" type="checkbox"/> Alcohol & Drug Treatment |
| <input checked="" type="checkbox"/> Medication Records           |   | <input checked="" type="checkbox"/> Mental Health Records    |
| <input checked="" type="checkbox"/> Physician Orders             |   | <input checked="" type="checkbox"/> HIV-related Information  |
| <input checked="" type="checkbox"/> Progress Notes               |   |  |
| <input checked="" type="checkbox"/> Records from Other Providers |   |  |

I have read or been informed of the contents of this authorization and all areas were completed prior to my signature. I hereby release the facility, Southern Health Partners, and all agents and employees of the facility and/or Southern Health Partners from any and all legal responsibility or liability for disclosure of information in reliance upon this release.

ASA  
Signature of Patient or Patient's Representative

February 6, 2020  
Date

If Representative signs, describe relationship to Patient: \_\_\_\_\_  
 \*\*\*Please note, if you are signing this form for the patient, you will need to provide a Medical Power of Attorney or other legal documents giving you rights to request the records.

## PROOF OF SERVICE

I, Lillie R. Edwards, hereby certify that I have mailed an HIPAA compliant authorization for the release of medical records, and a request for medical, mental health, and disciplinary records whereby I am seeking to be provided a copy of those records which were of Alonzo C. Jeter, III, while housed at the Cherokee County Detention Center in Gaffney, South Carolina; by placing a copy of the same inside of a postage prepaid envelope and depositing said envelope in the U.S. Mail on this 26 day of July, 2021, for mailing via the United States Mail, addressed as follows: Southern Health Partners, Inc., 2030 Hamilton Place Blvd, Chattanooga, Tennessee.

S/ Lillie R. Edwards  
Lillie R. Edwards  
216 Claremont St.  
Gaffney, South Carolina 29341



August 9, 2021

Ms. Lillie R. Edwards  
216 Claremont Street  
Gaffney, SC 29341

---

Re: Alonzo Columbus Jeter, III  
Medical Record Request of records dated 3/1/2015-September 2015

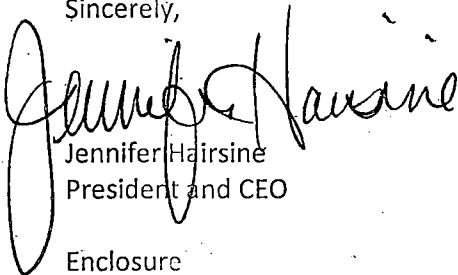
Dear Ms. Edwards:

We are in receive of your attached request for a copy of the above patient's medical records from the Cherokee County Detention Center for the dates of 3/1/2015 thru September 2015.

Our representative searched for records of these dates and did not find any records of those dates.

Should you need anything further, please do not hesitate to contact us directly.

Sincerely,



Jennifer Hairsine  
President and CEO

Enclosure

Cc: Charneshia Taplett  
Shira Crittendon

STATE OF SOUTH CAROLINA **RECEIVED**  
IN THE COURT OF APPEALS

SEP 01 2022

SC Court of Appeals

Certiorari to Cherokee County  
The Honorable Robin B. Stilwell, Circuit Court Judge  
Case No. 2016-CP-11-00293

Alonzo C. Jeter, III, ----- APPELLANT,

v

State of South Carolina, ----- RESPONDENT

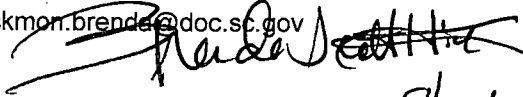
APPELLATE CASE NO.  
CERTIFICATE OF SERVICE

I, Alonzo C. Jeter, III, hereby certify that I have served the Supplemental Reply To The Return Of Petitioner's Motion For Judicial Notice And Leave To File Rule 60(B) Motion And Newly Discovered Evidence; on Respondent by placing a copy of the same inside of a postage prepaid envelope and by placing said envelope in the hands of Manning Correctional Institution's mail room personnel on this 29th day of August, 2022, for mailing via the United States Mail addressed as follows: Chelsey F. Marto, AAG, P.O. Box 11549, Columbia, SC 29211; The Hon. Jenny A. Kitchings, Clerk, SC Court of Appeals, P.O. Box 11629, Columbia, SC 29211.

51 [Signature]  
Alonzo C. Jeter, III

This is confirm that offender Alonzo Jeter III, SCDC #282902, has been quarantined since July 27, 2022 with a projected clearance on August 25, 2022. Brenda Scott-Hickmon, Associate Warden for Programs Manning Reentry/Work Release Center Office: 803-935-5069 Mobile: 803-605-1356 Main Line: 803-935-6000 Email:

scott-hickmon.brenda@doc.sc.gov



8/16/2022

August 29, 2022

Alonzo C. Jeter, III, #282902  
Manning Correctional Institution  
W-5/53B  
502 Beckman Drive  
Columbia, South Carolina 29203

The Honorable Jenny A. Kitchings  
Clerk, South Carolina Court of Appeals  
P O Box 11629  
Columbia, South Carolina 29211

**RECEIVED**  
SEP 01 2022  
SC Court of Appeals

RE: Alonzo C. Jeter, III v State of South Carolina  
Appellate Case No. 2017-001777

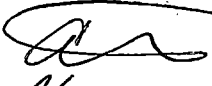
Dear Honorable Clerk Kitchings:

Enclosed for filing, please find the Supplemental Reply To The Return Of Petitioner's Motion For Judicial Notice And Leave To File Rule 60(B) Motion And Newly Discovered Evidence, along with a Certificate of Service.

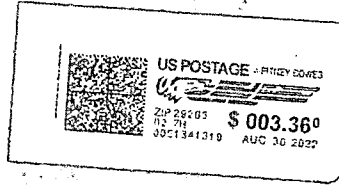
Enclosed, please also find an additional copy of the same along with a self-addressed stamped envelope.

Please return to me a file-stamped copy of these documents by way of the provided SASE.

Thank you for your assistance in this matter.

Sincerely,   
Alonzo C. Jeter, III

Alonzo C. Jeter, III, #282902  
Manning Correctional Institution  
W-5/53B  
502 Beckman Drive  
Columbia, South Carolina 29203



**RECEIVED**  
SEP 01 2022  
SC Court of Appeals

The Honorable Jenny A. Kitchings  
Clerk, South Carolina Court of Appeals  
Post Office Box 11629  
Columbia, South Carolina 29211

SCDC  
SEP 30 2022  
MAIL ROOM

LEGAL

