

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/FOIA	9-14-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000110	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox Cleared 10/3/13, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 10-1-13 <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Brenda James

From: Byron Roberts
Sent: Monday, September 16, 2013 9:14 AM
To: Brenda James
Cc: Info Info; Constance Holloway
Subject: FW: FOIA Request

Brenda,
Please log in this FOIA. Thanks.

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

From: PsychSearch [<mailto:records@PsychSearch.net>]
Sent: Friday, September 13, 2013 5:29 PM
To: Info Info; Byron Roberts; Constance Holloway
Subject: FOIA Request

Dear Sir,

This is a request for records per State Law.

Please provide a record(s) that show every terminated/excluded MD or Osteopathic Physician, with cause or without, with name and license number back to January 1, 2010. I prefer that the record be provided in a spreadsheet electronically via e-mail.

Sincerely,

Ken Kramer



TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour _____ Hours \$ _____

Pages copied at \$.10 per page _____ Pages \$ _____

Pages faxed at \$.20 per page _____ Pages \$ _____

Shipping and Handling Costs \$ _____

Other costs associated with the FOIA request: _____ \$ _____

Total Amount Due SCDHHS: \$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature

Date:



FOIA #110

October 03, 2013

Dear Mr. Kramer:

This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated September 13, 2013 and received by DHHS on September 16, 2013. Enclosed are copies of records that show every terminated/excluded MD or Osteopathic Physician, with cause or without, with name and license number back to January 1, 2010. Please note that the license numbers that are included were provided to the agency by the Physicians. Therefore, the agency cannot vouch for the accuracy of this information.

Our expense for extracting this information is Forty and 00/100 dollars (\$40.00). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, you may contact me at (803) 898-0062.

Sincerely,

Constance D. Holloway
Assistant General Counsel

CDH/1b

cc: Lynette Wilson

Enclosures