

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------|-----------------------|
| TO <i>Supra</i> | DATE <i>5-2-12</i> |
|--------------------|-----------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|--|
| 1. LOG NUMBER <i>1011425</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Single for OGC</i> <i>Cleared 5/23/12, letter</i> <i>attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-14-12</i> <input type="checkbox"/> FOIA DATE DUE _____ <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. | | | |

RECEIVED

MAY 02 2012

Amber Winburn
1003 Charleston Highway
West Columbia, SC 29169
843-858-2718

Department of Health & Human Services
OFFICE OF THE DIRECTOR

May 1, 2012

Mr. Anthony E. Keck
Director
SCDHHS
P. O. Box 8206
Columbia, SC 29202-8206

Re: Amber Winburn
1003 Charleston Highway
West Columbia, SC 29169-6114

Dear Mr. Keck:

Thank you for your letter of April 20, 2012 advising me that my personal identification information was stolen by an employee of your office. While I appreciate your offer of one year of identity protection service, I feel this is inadequate. I would request that you provide me with five years of identity protection as I feel this would ensure me greater protection. Please advise me if you will honor my request so that I may sign up for this service immediately to ensure my personal information is not used by anyone other than myself.

With kindest regards, I am

Very truly yours,

Amber Winburn

Amber Winburn

Amber Winburn
1003 Charleston Highway
West Columbia, SC 29169



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Mr Anthony E. Keck
Director
SCDHHS
PO Box 8206
Columbia SC 29202-8206



RECEIVED

MAY 02 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR



Log #425

May 23, 2012

Ms. Amber Winburn
1003 Charleston Highway
West Columbia, South Carolina 29169

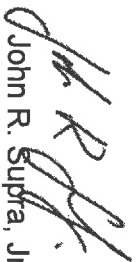
Dear Ms. Winburn:

Thank you for your letter regarding the identity theft protection offered by the South Carolina Department of Health and Human Service (SCDHHS) in response to the recent improper release of beneficiary information.

SCDHHS is providing one year of protection service through Experian's ProtectMyID™ product at no cost to the affected beneficiary. After the first year, Experian™ offers a discounted renewal option. Experian™ will also send reminder and awareness notifications to you informing you that your first year of monitoring will be coming to an end, prior to expiration. At that time, you will have the option to renew at a discounted price. You also have the option of placing a freeze on your credit at any time, free of charge.

On behalf of SCDHHS and the State of South Carolina, we sincerely apologize for this incident and any inconvenience it may cause. SCDHHS is committed to taking all necessary steps to protect your information and your identity. Please call (888) 829-6561, Monday – Friday, 9:00am to 9:00pm and Saturday and Sunday, 11:00am. to 8:00pm. if you have additional questions.

Sincerely,


John R. Supra, Jr.
Deputy Director

JRS:j

cc: Michael Jones, Program Director
Jennifer Lynch, Legislative Affairs and Communications