

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-26-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001191</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Felicity Cland N/2/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-4-09</i> 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.			

From: Jennifer Lynch
To: Denise Epps; Lena Girgis
CC: Shella Chavis
Date: 10/26/2009 8:58 AM
Subject: Re: Fwd: Ms. Heather Lewis

Yes, please do that. We will coordinate our response with Physician Services. Thanks.

Jennifer Lynch
Supervisor, Division of Constituent Services
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

>>> Lena Girgis 10/22/2009 1:14 PM >>>
I'm sorry, I want to make sure I understand. Do you want this logged to us and copy Felicity like we did last time? Thanks.

>>> Denise Epps 10/22/2009 12:54 PM >>>
Lena, this needs to be logged. I know Physician Services will need to provide input. Thanks, Denise

>>> "Simpler, Jessica (DeMint)" <Jessica_Simpler@demint.senate.gov> 10/22/2009 12:02 PM >>>

Dear Ms. Epps,

Mr. Rick Riner contacted our office regarding his step daughter, Heather Lewis. Heather is a young girl with Coproporphyrria. It is my understanding that this is a very rare and serious disease. Heather's doctors have recommended her to the Mayo Clinic in Florida, but her Medicaid insurance here in SC won't cover the trip. Is there any type of options she has to get to the Mayo clinic and receive the treatment she needs under her current insurance? The Riner's have tried desperately to provide for their daughter as much as possible, but they simply do not have the financial capability to make this trip on their own.

I'm attaching Heather's privacy release form from our office as well as her HIPAA authorization form. Any help you could provide would be much appreciated.

Thank you,

Jessica Simpler

Constituent Services Representative
Office of US Senator Jim DeMint (SC)
105 North Spring Street, Suite 109
Greenville, SC 29601
P: 864-233-5366
F: 864-271-8901

From: Denise Epps
To: Lena Girgis
CC: Jennifer Lynch; Sheila Chavis
Date: 10/22/2009 12:54 PM
Subject: Fwd: Ms. Heather Lewis
Attachments: Heather Lewis HIPPA forms.pdf; Heather Lewis PRF and letter.pdf

Lena, this needs to be logged. I know Physician Services will need to provide input. Thanks, Denise
>>> "Simpler, Jessica (DeMint)" <Jessica.Simpler@demint.senate.gov> 10/22/2009 12:02 PM >>>

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SCDHHS AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name: Heather Rachel Lewis Date of Birth: 7-10-90

Record #: _____ Client SS #: 589-02-9745

I Desirae Tyler (Client or Personal Representative) hereby authorize _____ to disclose specific health information

from the records of the above named client to: Sgnator Jim DeWunt Staff
(Name of Provider/Plan/Agency) (Recipient Name Address/Phone/Fax)

105 N. Spring Street Greenville
(P) 804-233-5366 (F) 864-271-8901

for the specific purpose(s): Evaluation of former treatment
across state lines

Specific information to be disclosed: Medical records 2006-2009

I understand that this authorization will expire on the following date, event or condition: when
reasonable treatment has been received
I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time and that I will be asked to sign the Revocation Section on the back of this form. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I understand that refusal to sign this authorization will not condition or limit my access to treatment, payment, enrollment or eligibility for benefits available to me.

I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

I further understand that I may request a copy of this signed authorization.

FB-D Heather Lewis 10-2-09 (Signature of Client) (Date) (Witness-If Required)

Desirae Tyler 10-2-09 (Signature of Personal Representative) (Date) (Personal Representative Relationship/Authority)

NOTE: This Authorization was revoked on _____ (Date) _____ (Signature of Staff)

REVOCATION SECTION

I do hereby request that this authorization to disclose health information of Heather Rachel Lewis signed by DESICAE RIVER FOR HEATHER LEWIS on 10-2-09 (Name of Client) (Enter Name of Person Who Signed Authorization) (Enter Date of Signature)

be rescinded, effective _____ (Date) I understand that any action taken on this authorization prior to the rescinded date is legal and binding.

EB-O Heather Lewis 10-2-09 (Signature of Client) (Date) (Signature of Witness) (Date)

Darwin Lewis 10-2-09 (Signature of Personal Representative) (Date) (Personal Representative Relationship/Authority)

VERBAL REVOCATION SECTION

I do hereby attest to the verbal request for revocation of this authorization by _____ (Name of Client or Personal Representative)

on _____ (Date) The client or his personal representative has been informed that any action taken on this authorization prior to the rescinded date is legal and binding.

(Signature of Staff) (Date) (Signature of Witness) (Date)



The Office of U.S. Senator Jim DeMint

Privacy Act Release Form

Please complete the information below and mail or fax this form with any supporting documentation to one of the following three state offices in South Carolina.

Charleston
Senator Jim DeMint
112 Custom House
200 East Bay St
Charleston, SC 29401
P: 843-727-4525
F: 843-722-4923

Columbia
Senator Jim DeMint
1901 Main St
Suite 1475
Columbia, SC 29201
P: 803-771-6112
F: 803-771-6455

Greenville
Senator Jim DeMint
105 North Spring St
Suite 109
Greenville, SC 29601
P: 864-233-5366
F: 864-271-8901

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I, Desirae Roper for Heather Lewis, do hereby authorize Senator Jim DeMint and/or his staff to access the information necessary to assist me.

Signature:

Donald Roper

Name:

Heather R. Lewis

Address:

110 Soe Ella Ct.
Staurville, S.C. 29689

Telephone:

864-287-0865 / 864-933-4208-933-4266

Social Security No.:

589-02-9745

Brief explanation of situation:

See Att. Copy

Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes No

If Yes, which Member? _____

09-9-2009

Att: Jessica

My apologies for taking so long in returning the release form, but we have been trying to gather information to help. After our conversation we contacted the Mayo clinic in Jacksonville FL. Even with the referral they will not see Heather because they do not accept government insurance. We are still trying to get information about John Hopkins Clinic in Maryland. But the core issue is, our daughter is very sick. She has a very rare disease, COPROPORPHYRIA. This makes Heather very complicated and very expensive. We also have a referral for a Nero. Psych. evaluation but can't find a Dr. in S.C. that accepts Medicaid to test her. The issue is if it would help Heather and save money why can't we cross state lines. Since May Heather has spent approx. 10 weeks in the hospital. It would be beneficial to all to have these evaluations done. We are willing to go out of state to get the help we need but Medicaid prevents us from doing that. So I ask you, what would be more expensive? Crossing state lines, or who knows how many more weeks in the hospital. Please help us for all concerned.

Thank you for your interest.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick A. Riner". The signature is stylized with large, sweeping loops and a cursive style.

Rick A. Riner



November 2, 2009

Mr. and Mrs. Riner
110 Sue Ella Court
Townville, South Carolina 29689

Dear Mr. and Mrs. Riner:

Senator Jim DeMint contacted this agency regarding the healthcare needs of your daughter, Heather Lewis.

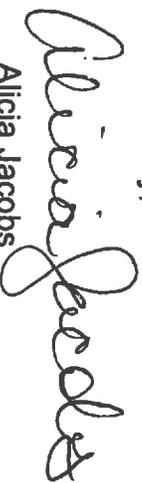
We understand that Heather requires treatment outside the South Carolina Medicaid service area. Since Heather is currently enrolled in the Medical Home Network, SC Solutions, her primary care physician, Oconee Physician Practices, is responsible for referring her to any specialists as needed. Out-of-state services require prior approval (PA) by SC Medicaid. Heather's physician should be familiar with our PA process.

If the out-of-state provider is not willing to accept Heather's Medicaid coverage, you will be responsible for the bill.

You may contact our SC Solutions Program Representative, Lynn Reeves, at (803) 898-2869 if you have any questions regarding the PA process.

I hope this information proves helpful.

Sincerely,


Alicia Jacobs
Deputy Director

AJ/cl