

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Single hr/FOIA</i>	<i>3-26-12</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>.101379</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland Clement Hillis, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>4-9-12</i> <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.			

349  
350

**Brenda James - Fwd: Carolyn Wilson**

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**From:** Jeff Stensland  
**To:** jamesbr@scdhhs.gov  
**Date:** 3/26/2012 11:06 AM  
**Subject:** Fwd: Carolyn Wilson  
**Attachments:** Carolyn Wilson

**RECEIVED**

MAR 26 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Can you please log this FOIA?

Jeff Stensland  
SC DHHS  
(803) 898-2584

**From:** Carolyn Wilson <carolynn.wilson@gmail.com>  
**To:** <stensland@scdhs.gov>  
**Date:** 3/26/2012 11:02 AM  
**Subject:** Carolyn Wilson

To Whom It May Concern:

I Carolyn Pandora Wilson hereby request the address and information on the psychiatrist that was billing medicaid on my behalf in year 1997. I was treated for PTSD and I still suffer from it and need to request my medical records for my disability claim. In year 1997 I was receiving medicaid and my initial address was 1914 King Charles Court, Charleston, SC, 29414. I had another address in Charleston but I can't remember it. My date of birth is 09/09/1966, my social security number is 154-72-6303. Any assistance that I receive will be greatly appreciated. My current address is as follow: 624 Christina Place, McDonough, GA 30253. Please do not hesitate to contact me at the number listed below.

Thanks

Carolyn Wilson  
cell: (404) 437-4800

**RECEIVED**

MAR 26 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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: \_\_\_\_\_



Log # 000379

April 11, 2012

Ms. Carolyn Wilson  
624 Christina Place  
McDonough, Ga 30253

Re: Health Information

Dear Ms. Wilson:

Your March 26, 2012, request to Jeff Stensland, for information regarding the address and information on the psychiatrist that was billing Medicaid on your behalf in the year 1997 was forwarded to me for a response. I apologize for the delay in responding, however we are in the process of gathering the requested information.

The Department maintains the claims data in the active files for about seven (7) years. Therefore, the claims data for the year 1997 would have been archived electronically, offsite, and are time consuming and costly to retrieve.

Thank you for your patience. Feel free to contact me if there are any questions. My direct is (803) 898-2791.

Sincerely,

Richard G. Hepfer  
Deputy General Counsel

RGH/h