

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Single rule FOIA	3-26-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100379	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
cc: Stensland Classed 4/1/12, letter attached	<input checked="" type="checkbox"/> FOIA DATE DUE 4-9-12
	<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

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: _____ \$ _____

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: _____

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