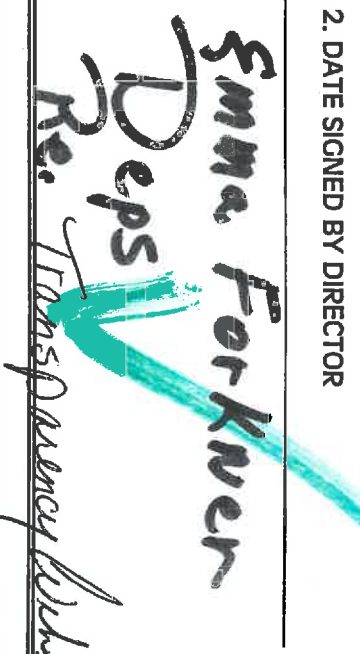


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-----------|--------|
| TO | DATE |
| Stensland | 8/1/08 |

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|----------------------------|--|--|----------------|
| 1. LOG NUMBER | 000081 | <input type="checkbox"/> Prepare reply for the Director's signature | DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR |  Emma Forkner Re: Transparency Website | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 8/1/08 <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. | | | |

ALTMAN FOOT CARE, P.A.

Renee Hutto-Altman, D.P.M.

1004 Twelfth Street

P.O. Box 3325

West Columbia, SC 29171

(803) 796-0616 phone

(803) 796-3864 fax

July 31, 2008

Dear Emma Forkner:

As a provider I do not agree that a transparency website will provide information that invades my privacy. Providers should be given the option to participate in this or not. I agree that general information re: how Medicaid money is spent should be provided, but not specific information.

And the government wonders why so many providers quit participating in their programs!!!

Sincerely,



Renee Hutto-Altman, D.P.M.

RECEIVED

AUG 01 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

*Log: Stensland
C: Hays - CF.
App Sign*