

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	<p>Emma Forkner</p> <p>Depts</p> <p>Re: Trans Agency Budget</p>	<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.*

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*West Columbia, SC 29171*

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*Log: Stensland*

July 31, 2008

*C: Keys - EF.*

*Copy Sugar*

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

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