


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singlehu/FOIA	8-18-10

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	101078	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	ce. Stensland 	<input checked="" type="checkbox"/> FOIA DATE DUE 9-1-10 <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.			

H. RONALD STANLEY

ATTORNEY AT LAW
1418 PARK STREET
COLUMBIA, SOUTH CAROLINA 29201

H. RONALD STANLEY
TRASHA NICOLE HICKMAN

August 10, 2010

MAILING ADDRESS:

POST OFFICE BOX 7722
COLUMBIA, SOUTH CAROLINA 29202
PHONE (803) 799-4700
FAX (803) 799-3036

RECEIVED

AUG 13 2010

George Burnett, Esquire
Office of General Counsel
South Carolina Department of Health
and Human Services
Post Office Box 8297
Columbia, South Carolina 29202

SCDHHS
Office of General Counsel

RE: Timothy Malone, MD vs. SCDHHS

Appeals' Case #: 10-PA-005

Provider ID #: 173555

PI Case #: P3360

RECEIVED

AUG 18 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear George:

Pursuant to the South Carolina Freedom of Information Act, and on behalf of my client, Dr. Timothy Malone, I request that you provide me with the name of the person or persons who contacted the South Carolina Department of Health and Human and Service and made a complaint about Dr. Timothy Malone regarding his participation in the Medicaid program administered by the South Carolina Department of Health and Human Services.

Thank you for your kind attention to this request and I look forward to hearing from you soon.

Very truly yours,



H. Ronald Stanley

HRS\leja

cc: Dr. Timothy D. Malone, MD