

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO *Singleton* DATE *11/24/09* from *Wells* -  
*Relayed n 11/24/09 from Wells -*  
*11-20-09*


DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100238</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Wells</i> <i>Cleared 12/10/09, letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-3-09</i> <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.			<i>BRENDA</i> <i>ANY IDEAS WHAT NEEDS</i> <i>TO BE DONE WITH THIS?</i> <i>ELIGIBILITY FORWARDED</i> <i>TO US.</i> <i>THANKS</i> <i>RV</i>
2.			
3.			
4.			<i>I COULDN'T FIND ANYONE IN</i> <i>MEMS BY THIS NAME - AND</i> <i>NOTHING HAS BEEN PAID TO WISDE</i>

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>11-20-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011238</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-3-09</i>
	<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.			<i>BRENDA , ANY IDEAS WHAT NEEDS TO BE DONE WITH THIS ELIGIBILITY FORWARDED TO US. THANKS KW</i>
2.			
3.			
4.			<i>I COULDN'T FIND ANYONE IN MEMS BY THIS NAME - AND NOTHING HAS BEEN PAID TO W'SIDE</i>

RECEIVED

NOV 04 2009  
ELIGIBILITY POLICY  
& OVERSIGHT

4112 HARTFORD ST.

COLA SC 29204

RECEIVED

OCT 24, 2009

HIPAA, SCOHHS

NOV 20 2009

P.O. BOX, 100101

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

COLA. SC 29202

DEAR SIRs:

THE COPY OF HIPAA REGULATIONS POSTED ON THE BOARD  
CARRIES NO ADDRESS OR PHONE NO. DOES THIS MEET AGENCY  
REQUIREMENTS?

THE INFO THAT I NEEDED IS LISTED ON PG 3 OF THE  
OCT 21 LETTER.

THANKING YOU FOR YOUR PROMPT RESPONSE.

SINCERELY,

*Sumie McCallister*

Whatade hrv ch

786-7411

MS Mc's Cell (899-4896)

11/18/09

Spoke to Ms. McCallister (91 yr old resident at  
Westside) & she had numerous complaints.  
Particularly w: DSS placement at the facility.  
Not her friend & would try to forward her  
letters to the appropriate entities that could  
address her issues. *Deborah Remenick / Dir. Policy  
Planning*

RECEIVED

OCT 21, 2009

NOV 20 2009

HIPAA, SCDHHS

P.O. Box 100101

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

COLA, SC, 29202

Docket No. 09-DH-46-2005

DEAR SIRs:

7. I WAS COMMITTED TO WEST SIDE RESIDENTIAL CARE AS A VULNERABLE ADULT UNDER PROTECTIVE CUSTODY OF THE DEPT OF SOCIAL SERVICES (DSS)

I REQUESTED, AND RECEIVED PSYCHOANALYSIS. DR KREBS PRONOUNCED ME FREE OF PSYCHOSIS.

DSS HAS, LONG SINCE, AGREED WITH DR. KREBS DECISION.

II JUDGE MORRIS SUPPORTED DSS AT THE 72 HOUR HEARING ON MAY 7, 2009, WHILE DISREGARDING MY TESTIMONY. THE DEFENDANTS NAME WAS SHOWN AS Mc CALLISTER. I PROTESTED AND WAS IGNORED. SINCE THEN, JUDGE RIDDLE HAS WRITTEN AN ORDER FOR APPOINTMENT OF A LAWYER.

I BELIEVE THAT JUDGE RIDDLE MAKES AN UNCONCEINABLE STATEMENT IN HER ORDER OF 9-24-09, ie "I HAVE SCREENED THE PARTY IN OPEN COURT" I HAVE NEVER SEEN JUDGE RIDDLE. I BELIEVE THAT SHE HAS CONEUSED ME WITH THE McCALLISTER NAMED IN THE MAY 7 HEARING. THIS IS EXACTLY WHAT I HAD PREDICTED IN MY

PROTEST.

SECONDLY, I NEEDED TO KNOW, WHO IS THIS WESLEY SUTTON  
630, WHO WAS SUPPOSEDLY MY COUNSEL.

I BELIEVE THAT JUDGE DANA MORRIS ORDER OF MAY,  
7, 2009 IS AN INVALID ORDER AND THIS CASE SHOULD HAVE  
BEEN THROWN OUT OF COURT MONTHS AGO. IT HAS BEEN  
A VERY WASTEFUL OF STATE TAX MONEY, AND VERY SUP-  
PORTIVE OF CORRUPT CONDITIONS IN STATE AGENCIES  
AND COURTS.

III  
I AND II ABOVE ARE EXPLANATORY OF MY SITUATION AT  
WEST SIDE.

SECTION 43-35-( 2 PROVIDES FOR PLACEMENT/  
CONFINEMENT IN A SANE FACILITY. WEST SIDE IS LICENSED  
AS A 'RESIDENTIAL FACILITY' NOT AS A 'MENTAL HEALTH  
HEALTH FACILITY'. MS JOHNSON HAS TOLD THE PROTEC-  
TION AND ADVOCACY (P&A) INVESTIGATIVE COMMITTEE,  
THAT THERE ARE A 'FEW' MENTALLY ILL "PEOPLE HERE"  
I WANT TO KNOW HOW MANY ARE CONFINED AS M.I.  
NEITHER, MS. JOHNSON OR MYSELF ARE PROFESSIONALS,  
MY EDUCATED GUESS IS NOT MORE THAN 10% ARE TOT-  
ALLY SANE.

WEST SIDE IS A TOTALLY DANGEROUS FACILITY. I HAVE  
BEEN ASSAULTED THREE TIMES BY RESIDENTS. A FEW  
STAFF MEMBERS HAVE NOT HARRASSED ME. THE BILL  
OF RIGHTS IS IGNORED.

THE INFO THAT I NEED FROM YOU IS:

(a) HAS WEST SIDE REQUESTED ANY INFO FROM YOU IN/RE MY HEALTH?

(b) IF SO, MAY I SEE A COPY OF THE REQUEST?

(c) DID YOU PROVIDE ANY INFO?

(d) IF SO, WHAT MADE YOU THINK THAT THEY HAVE ANY NEED TO KNOW?

(e) MAY I HAVE A COPY OF ANY AND ALL INFO PROVIDED?

(f) WHAT RIGHT DID YOU HAVE TO RELEASE THE INFO?

ANY INFO THAT YOU PROVIDE WILL BE USED ONLY TO ESTABLISH AND PROTECT MY RIGHTS UNDER HIPAA.

THE TELEPHONE NUMBER AND ADDRESS ARE MISSING FROM THE HIPAA INFO POSTED AT WEST SIDE.

THANKS FOR ANY ASSISTANCE THAT YOU CAN PROVIDE.

*Erin McAllister*

Erin McAllister



2008-11-0000258  
Emma Foraker • Director  
Mark Sanford • Governor

South Carolina Department of  
Health & Human Services

December 10, 2009

Ms. Eunice McAllister  
4112 Hartford Street  
Columbia, South Carolina 29204

RE: Letters of October 21 and October 24, 2009

Dear Ms. McAllister:

Thank you for your letters of the above dates, which were referred to me for response. As I explained to you during our telephone conversation last week, the South Carolina Department of Health and Human Services administers the state Medicaid program in South Carolina. As the state Medicaid agency we are bound both by HIPAA and the Medicaid Confidentiality regulations. Under those statutes and regulations we can only address your questions as they relate to information on you.

In our conversation and based on a review of our records, you are not enrolled as a Medicaid beneficiary and are not receiving benefits under any Medicaid program. We have not received any requests from Westside Living Center for information related to your health. Had we received any such requests you would be entitled to know what information was requested and what information was provided, including copies of the request and the records released. Under HIPAA and agency policy, information would only be released if the request met the requirements of regulations, and, only the minimum amount of information necessary to respond to the request would be released.

We are unable to provide information to you on anyone else. As to the lack of telephone number and address on the HIPAA notice at Westside, I am not sure as to the source of the notice or the requirements for contact information. We do not usually provide such notices for use by providers, so I do not think it is ours. I have asked our program staff to check with the provider for more information. If the notice is from our agency and contact information is required, we will have that corrected.

If you have any questions or I can be of further assistance, please contact me.

Sincerely,

Bruce D. Carter  
Assistant General Counsel & Privacy Official