

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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DEC 04 2014

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts/Singleton/FOIA	12-2-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG-NUMBER 000131	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis Cleared 12/22/14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <u>12-17-14</u>
	<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.			

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DEC 02 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

December 1, 2014

Custodian of Records

Custodian of Records
SCDHHS
P.O. Box 8206
Columbia, SC 29202-8206

Dear Custodian of Records:

Pursuant to the South Carolina Freedom of Information Act, I am requesting copies of public records that are described on the attached sheet. If there are any fees for searching or copying these records, please inform me if the cost will exceed \$500.00. However, I would also like to request a waiver of all fees in that the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of Health Care in the State of South Carolina.

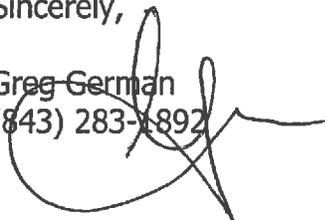
This information is not being sought for commercial purposes.

The South Carolina Freedom of Information Act requires a response time within 15 business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies. If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Sincerely,

Greg German
(843) 283-1892

A handwritten signature in black ink, appearing to read "Greg German", written over the typed name and phone number.

FREEDOM OF INFORMATION ACT / PUBLIC RECORDS REQUEST

(1) Any and all public records, as that term is described in the South Carolina Freedom of Information Act--excluding any legal correspondence that would violate the attorney-client privilege and excluding any information or data that might identify any patients, reporting on or describing any specific programs or directives or orders or pronouncements of the South Carolina Department of Health, or unit of same, to track the number of deaths caused, or potentially caused, by the Governor's Refusal to Expand Medicaid.

(2) A summary maintained by the South Carolina Department of Health, or unit of same--but not showing any names, addresses, social security numbers or other identifying information of patients, and excluding any legal correspondence that would violate the attorney-client privilege--of the number of uninsured persons in the State of South Carolina who were treated in emergency rooms and/or hospitals and/or health clinics in the State of South Carolina during the last fiscal or calendar year or twelve-month or other stated period (depending on how the record is constructed).



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: _____



Greg German
106 21st Ave. S., #5D
Myrtle Beach, SC 29577

PLACESTICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7014 0510 0000 3365 4670



1000



29202

U.S. POSTAGE
PAID
MYRTLE BEACH, SC
29577
DEC 01, 14
AMOUNT

\$7.19
00039529-12

Brenda James

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DEC 02 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DEC 02 2014
DEC 17 2014

Custodian of Records
SCDHHS
P.O. Box 8206
Columbia, SC 29202-8206

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29577
DEC 01, 14

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DEC 17 2014

Log #131



Nikki Haley
Christian L. Saura
P.O. Box 8206 - Columbia, SC 29202
www.scdhhs.gov

December 22, 2014

Greg German
306 21st Ave S., #5D
Myrtle Beach, SC 29577

Dear Mr. German

This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated December 1, 2014 and received by DHHS on December 2, 2014. DHHS does not have any responsive documents to (1) of your request. In response to (2) please find enclosed an excel spreadsheet containing the information you requested.

Our expense for extracting this information is forty and 00/100 dollars (\$40.00). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, please feel free to contact me.

Sincerely,

Constance D. Holloway
Assistant General Counsel

Enclosure