

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>6-26-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000286</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Brooks, Mullis, Bailey</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>7-13-15</i>
	<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.			

Brenda James

From: Brooke Bailey
Sent: Friday, June 26, 2015 10:09 AM
To: Colleen Mullis; Brenda James
Subject: FW: Freedom of Information Request: Public Records Request Log - South Carolina Department of Health and Human Services

Brooke Bailey
Office of Communications
Brooke.Bailey@scdhhs.gov
803.898.1062
1801 Main Street Suite 1100
Columbia, SC - 29201
www.scdhhs.gov



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From: Info
Sent: Friday, June 26, 2015 10:08 AM
To: Brooke Bailey
Subject: FW: Freedom of Information Request: Public Records Request Log - South Carolina Department of Health and Human Services

This email was received through the agency's Info@scdhhs.gov email address. I am forwarding to you for any action deemed necessary. If a response is required, please respond directly to the sender. Thanks.

From: 18272-17959660@requests.muckrock.com [mailto:18272-17959660@requests.muckrock.com]
Sent: Friday, June 26, 2015 5:00 AM
To: Info
Subject: RE: Freedom of Information Request: Public Records Request Log - South Carolina Department of Health and Human Services

June 26, 2015
Department of Health and Human Services
SCDHHS
P.O. Box 8206
Columbia, SC 29202-8206

This is a follow up to a previous request:

To Whom It May Concern:

I wanted to follow up on the following Freedom of Information request, copied below, and originally submitted on June 5, 2015. Please let me know when I can expect to receive a response, or if further clarification is needed.

Thank you for your help.

On June 5, 2015:

To Whom It May Concern:

Pursuant to the South Carolina Freedom of Information Act, I hereby request the following records:

A log of public records requests submitted to the Department of Health and Human Services that lists the date of request, the requester's name, the requester's organizational affiliation, a description of the request and the date the request was filled. Ideally I would like this information for the period from 2004 to the present.

The requested documents will be made available to the general public free of charge as part of the public information service at MuckRock.com, and is made in the process of academic research and not for commercial usage.

In the event that fees cannot be waived, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter.

Sincerely,

Erik Peterson
PhD Candidate
Department of Political Science
Stanford University

Filed via MuckRock.com
E-mail (Preferred): 18272-17959660@requests.muckrock.com

For mailed responses, please address (see note):

MuckRock News
DEPT MR 18272
PO Box 55819
Boston, MA 02205-5819

PLEASE NOTE the new address as well as the fact that improperly addressed (i.e., with the requester's name rather than MuckRock News) requests might be returned by the USPS as undeliverable.



Nikki R. Haley GOVERNOR

Christian L. Sours DIRECTOR

P.O. Box 8206 Columbia, SC 29202

www.scdhhs.gov

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:

