

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>9-10-12</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100069</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 9/28/12, letters attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-17-12</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.			
2.			
3.			
4.			

1)

RECEIVED

SEP 07 2012

9-6-12

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Anthony E. Heck

RE: Enclose letter

I'm contacting you regarding a data security incident that occurred at (SCDHHS). This incident involved my personal information was improperly sent to an employee's private email account. As a result, I'm in a very vulnerable state of mind.

I have been incarcerated since 2005. My release date is coming up soon. I'm already dealing with alot of issues in my life and to know that now my personal information has been expose to others by an employee is very stressful for me right now.

You mentioned that your people sincerely regret this bad incident, and want to assure me that everything will be taking care of. You also mentioned giving me peace of mind by providing me a free year of identity protection service through Experian's ProtectMy ID. (Enroll by Sep 30, 2012)

However, I truly appreciate the offer but I am unable to activate such a service. In exchange for the service can you instead provide a monetary compensation to my Cooper Trust Fund account.

2)

At this time, a monetary compensation will give me peace of mind and depending on the amount I will be willing to waive any further legal action in this matter.

Please understand my decision and I hope we can come to a positive resolution. If so, please send a U.S. Postal Money Order (only) In my name - to: (with slip)

Cooper Trust Fund

P.O. Box 102111

Columbia SC, 29221

Again I want to thank you for making me aware of this incident. I've been going for a long time and I guess whoever committed this offense knew about my incarceration.

Sincerely
Wayne Jenkins

Wayne Jenkins 324992

**South Carolina Department of Corrections
COOPER TRUST FUND**

P.O. Box 102111
Columbia, South Carolina 29221-5011

1. PRINT ALL requested information.
2. SEND U.S. Postal Money Orders ONLY: Make payable to:
"COOPER TRUST FUND" for Inmate Name and SCDC Number.
3. DO NOT MAIL deposits to institutions.
4. DO NOT SEND personal letters to P.O. Box 102111.
5. DO NOT SEND stamps or personal items.
6. DEPOSIT SLIPS are available from inmates or send stamped,
self-addressed request.
7. WE WILL NOT FORWARD ANY MAIL.

Institution/Facility
Broadriver

Inmate Number
324992

Inmate's Last Name
Jenkins

First Name
Wayne

M.I.

Amount Sent \$

Money Order Number

Sender's Name _____
Address _____



© USPS 2011

THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT



THE DEPARTMENT OF CORRECTIONS HAS NOT CENSORED THIS ITEM. THEREFORE, THE DEPARTMENT DOES NOT ASSUME RESPONSIBILITY FOR ITS WRITTEN CONTENTS.
WARDEN
BROAD RIVER CORRECTIONAL INSTITUTION
DEPARTMENT OF CORRECTIONS

Wayne Jenkins 3249A2
B.R.I. - Marion - 194
1100 Broad River Rd
Columbia SC, 29210

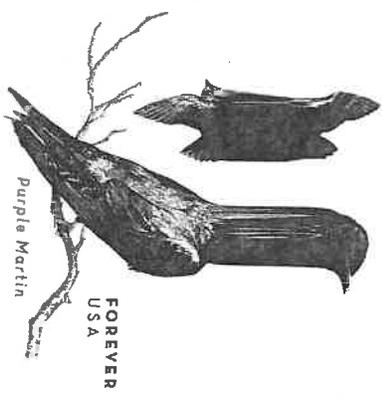
MARION UNIT

292028206

RECEIVED

SEP 07 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR



Mr. Anthony E. Heck
SCDHHS
P.O. Box 8206

Columbia, SC, 29202-8206

SCDHHS
P.O. Box 8206
Columbia, SC 29202-8206

RECEIVED

SEP 07 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

August 24, 2012



Wayne Jenkins
103 Poppy St.
Hampton, SC 29924-2546

000032



***Second Notice:
Important Security and Protection Notification.
Please read this entire letter.***

Dear Wayne Jenkins:

We are contacting you regarding a data security incident that has occurred at the South Carolina Department of Health and Human Services (SCDHHS) and the steps we are taking to protect you in this situation. This incident involved one or more of the following: your Medicaid Identification Number, Medicare Health Insurance Claim Number, name, address, telephone number and date of birth. This information was included in a computer file that was improperly sent to an employee's private email account. As a result, your personal information may have been exposed to others (see next page for additional details).

We sincerely regret this incident, and we want to assure you that we are taking every step necessary to address it. We are committed to fully protecting all of the information that you have entrusted to us.

To help protect you and give you peace of mind, SCDHHS is providing you a free year of identity protection service through Experian's ProtectMyID™ Alert. This product helps detect possible misuse of your personal information and provides you with superior identity protection services focused on immediate identification and resolution of identity theft.

Activate ProtectMyID Now in Three Easy Steps

1. ENSURE That You Enroll By: September 30, 2012
2. VISIT the ProtectMyID Web Site: www.protectmyid.com/SCDHHS or call 888 - 829 - 6561 to enroll
3. PROVIDE Your Activation Code: SCDMVA6W9

Once your identity protection service is activated, your credit report will be monitored daily. You'll receive timely Credit Alerts on any key changes in your credit report which could include new inquiries, new credit accounts, medical collections and changes to public records. In the case that identity theft is detected, ProtectMyID will assign an Identity Theft Resolution Agent who will walk you through the process of fraud resolution from start to finish for seamless service.

Your Free 12-Month ProtectMyID Membership Includes:

- **Credit Report:** A free copy of your Experian credit report.
- **Daily 3 Bureau Credit Monitoring:** Alerts you of suspicious activity including new inquiries, newly opened accounts, delinquencies, or medical collections found on your Experian, Equifax and TransUnion credit reports.
- **Identity Theft Resolution:** If you have been a victim of identity theft, you will be assigned an Experian Identity Theft Resolution Agent who will walk you through the fraud resolution process, from start to finish.
- **\$1 Million Identity Theft Insurance*:** As a ProtectMyID member, you are immediately covered by a \$1 Million insurance policy that can help you cover certain costs including, lost wages, private investigator fees, and unauthorized electronic fund transfers.

**Activate your membership today at www.protectmyid.com/SCDHHS
or call 888 - 829 - 6561 to register with the activation code above.**

Once your enrollment in the service is complete, you should carefully review your credit report for inaccurate or suspicious items. If you have any questions about this service, need help understanding something on your credit report or suspect that an item on your credit report may be fraudulent, please contact Experian's customer care team at 888-829-6561.

Additional Details:

Your personal information was included in one of 17 files transferred improperly to an employee's unsecured email account between January 31, 2012 and April 2, 2012. SCDHHS discovered the transfers on April 10, 2012. Upon discovery, SCDHHS took immediate action to prevent any additional information from being sent by this employee. We terminated the employee and have reported the incident to the State Law Enforcement Division and are cooperating with them in their investigation. Additionally, we have notified the federal Medicaid authorities and the South Carolina Consumer Affairs Department.

We are immediately changing our policies and procedures and increasing the administrative, physical and technical safeguards for our information systems. We urge you to be on alert for any unusual activity that might indicate someone is trying to use your identity or the information about you, including increased calls related to the purchase of insurance or medical supplies and changes to your bank information.

We sincerely apologize for this incident, regret any inconvenience it may cause you and encourage you to take advantage of the product outlined in this letter. Should you have questions or concerns regarding this matter and/or the protections available to you, please do not hesitate to contact us at 888 - 829 - 6561.

Sincerely,



Anthony E. Keck
Director

Please be aware of scams. SCDHHS will not contact you asking for your personal information. You should never give out your Social Security numbers or other identifying information to people you have not contacted. For more information please visit our website at www.myscmcaid.org.

* Identity theft insurance is underwritten by insurance company subsidiaries or affiliates of Chartis, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.



Log # 69 ✓

September 28, 2012

Mr. Wayne Jenkins # 324992
Broad River Road Correctional Institution - Marion -194
4460 Broad River Road
Columbia, South Carolina 29210

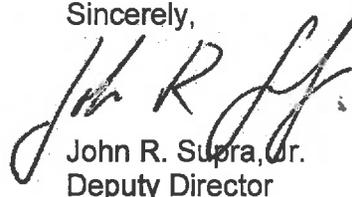
Dear Mr. Jenkins:

Thank you for your letter regarding the identity theft protection offered by the South Carolina Department of Health and Human Service (SCDHHS) in response to the recent improper release of beneficiary information.

SCDHHS is providing one year of protection service through Experian's ProtectMyID™ product at no cost to the affected beneficiary. After the first year, Experian™ offers a discounted renewal option. Experian™ will also send reminder and awareness notifications to you informing you that your first year of monitoring will be coming to an end, prior to expiration. At that time, you will have the option to renew at a discounted price. You also have the option of placing a freeze on your credit at any time, free of charge.

On behalf of SCDHHS and the State of South Carolina, we sincerely apologize for this incident and any inconvenience it may cause. SCDHHS is committed to taking all necessary steps to protect your information and your identity. Please call (888) 829-6561, Monday – Friday, 9:00am to 9:00pm and Saturday and Sunday, 11:00am. to 8:00pm. if you have additional questions. If you decide to activate the service, you will need to provide Experian with the activation code located in the bottom portion of the offer letter.

Sincerely,



John R. Supra, Jr.
Deputy Director

Enclosure

