

What I mean when I say Healthcare Fraud-

1. Deliberate and systematic leaving out the incriminating details of what I say, in my healthcare records
2. Deliberate and systematic understating the severity of my suffering, in my healthcare records. The suffering I describe to my doctors will be absent or heavily watered down.
3. Deliberate claims that I am suffering from symptoms of mental illness (“paranoia”, “mania”, “paranoid delusions”, “psychosis”, “psychotic”, etc.). These claims are known to be false by the providers who record them on my healthcare records. Their function is to cover-up the crimes that I have been subjected to, by playing my belief in them off as some sort of mental health problem.

Purpose of this section-

I have described, in my evidence analysis videos and materials, a series of crimes that began in April 2019. These were subsequent to a civilly unlawful behavior that occurred in ~ December 2017. In my appointments with Atrium from April 2019 to July 2020, I very frequently bring up these crimes. In my healthcare records, Atrium says little to nothing about the crimes, during this time period. Then, all of the sudden, starting in January 2021, they make repeated claims that my belief that these crimes occurred is due to “paranoia”, “psychosis”, “mania”, and other mental health symptoms.

In this section, I will go over my appointments up through November 2019, to document my repeated mentioning of these crimes and Atrium’s absence of a response. This will provide contextual information for the events that happen later. I will document the instances of Healthcare Fraud that occur during this time period, as well. We will then transition to a new series of evidence and analysis for the appointments in 2020.

Timeline-

To be covered in the Background to Healthcare Fraud Section

4/21/2019 – I am involuntarily hospitalized, over claims that I have “delusional behaviors”, think that my “friends are out to get me” and that I am “in immediate danger from them”, and that I “sent numerous texts outlining plans to self-harm.”

4/22/2019 – I am officially admitted to the hospital at 3 am, on 4/22/2019. This is opposed to being sent home.

4/23/2019 – Atrium Health determines that there is nothing wrong with me and starts the process to have me discharged. I am discharged on 4/24/2019

4/25/2019 – I have an appointment with Kathy

5/1/2019 – I have another appointment with Kathy. Between this appointment and the 4/25/2019 appointment, I tell Kathy about the petition not being in the officer’s possession. I tell Kathy about the social worker in the inpatient unit refusing to delete or deauthorize the phone numbers. None of these details make it to my notes.

6/13/2019 through 11/5/2019 – I give Kathy more incriminating details about the various parties involved. Aside from 1 reference to the numbers not being deleted, none of this makes it to my notes.

To be covered in the Healthcare Fraud Section

2/4/2020 through 7/21/2020 – Healthcare Fraud gets bumped up a notch. The understatement of the severity of my condition becomes more extreme. Atrium subtly starts to lay the groundwork to have my claims about these crimes written off as a symptom of mental illness. I send a slew of emails where I describe the different crimes that I have been subjected to. Atrium makes no documented response to this, and the crimes continue to be almost completely absent from my notes.

To be covered in a separate section or separate sections that have not been outlined yet.

9/29/2020 – A key pivotal moment in the cover-up of these crimes occurs. I am involuntarily hospitalized at Novant Health. Novant Health engages in Healthcare Fraud, making claims that I am paranoid and delusional. This is a major landmark and will be described and discussed in detail in my evidence analysis.

10/21/2020 through 10/6/2021 – Following the stay at Novant Health, Atrium begins to make repeated claims that I am paranoid and am suffering from other mental health symptoms. These claims begin in January 2021, and become more extreme and more brazen, as time progresses.

Factors to consider when comparing what I say to my healthcare records:

The following are liabilities for Wells Fargo-

- My PTSD
- My symptoms of PTSD
- My pain and suffering
- My impairment and loss of ability to produce an income
- The crimes and civil law violations that have occurred, specifically Wells Fargo's involvement in these crimes and civil law violations.

Then you have my mental health. Given that Wells Fargo has attempted to portray my belief that this privacy violation occurred as a symptom of my mental health condition, and given that (as you will see) they, along with Atrium Health are attempting to portray my belief in that these crimes occurred in the same light, you can say the following-

- Portraying me to have mental illness symptoms is in Wells Fargo's favor.
- Making statements that would suggest that I have mental illness symptoms is in Wells Fargo's favor.
- Avoiding making statements that I am mentally well is in Wells Fargo's Favor.
- Making statements that I am mentally well is NOT in Wells Fargo's favor.
- Giving my rational reasons for believing what I believe is NOT in Wells Fargo's favor.
- Showing evidence or presenting evidence for the claims that I make is NOT in Wells Fargo's favor

Factors to consider when comparing what I say to my healthcare records:

The following are liabilities for Wells Fargo (collectively "Healthcare Fraud Factors")-

1. My PTSD- My PTSD is a liability for Wells Fargo because the crimes and abuse of Wells Fargo & Wells Fargo's various accomplices are what caused my PTSD. I'll reference this as "PTSD Diagnosis Liability."
2. My symptoms of PTSD- My symptoms of PTSD are a liability for Wells Fargo because they are evidence that I have PTSD. I'll reference this as "PTSD Symptom Liability."
3. My pain and suffering- these are a liability for Wells Fargo because they represent a cause for me to be paid damages by Wells Fargo and the various entities that Wells Fargo has induced into criminal behavior. The more pain and suffering I have, the stronger is my legal case against Wells Fargo et al. I'll reference this as "Pain And Suffering Liability."
4. My impairment and loss of ability to produce an income- these are a liability for Wells Fargo because they are causes for Wells Fargo to pay me damages. The more impairment and loss of ability to produce income that I have, the stronger my legal case is. I'll reference this as "Disability Liability."
5. The crimes and civil law violations that have occurred, specifically Wells Fargo's involvement in these crimes and civil law violations- these are a liability because they are evidence of Wells Fargo's character problems, dishonesty, and criminal and civil culpability. I'll reference this as "Criminality Liability."
6. My mental wellness and the fact that my belief that these crimes and civil law violations occurred is not a symptom of any mental illness- this is a liability for Wells Fargo because Wells Fargo's plan, the entire time, has been to make my belief that these unlawful acts occurred out to be symptoms of my mental illness. Disproving these claims and exposing them as deliberate fraud will further expose Wells Fargo's character flaws, dishonesty, civil and criminal culpability, and complete lack of decency. I'll reference this as "Mental Wellness Liability."

To address these liabilities, healthcare providers can, in my medical records:

- Discount my PTSD, deny my PTSD, express doubt about my PTSD, or refuse to engage in a discussion of my PTSD. Avoiding any hard, definite acknowledgement that I have PTSD or that Wells Fargo & Wells Fargo's various accomplices caused my PTSD is in Wells Fargo's favor. This item pertains to PTSD Diagnosis Liability, from the Healthcare Fraud Factors.
- Attribute my PTSD symptoms to some other cause. For example, making my hostility out to be a side effect of Adderall, or my agitation and irritability out to be a symptom of a purported disturbance related to bipolar disorder. These are both absurd. I have been taking Adderall for nearly 20 years, and it wasn't until April and May 2019 that I began to report bouts of hostility. This is at exactly the same time that I begin to report and exhibit clear signs of traumatic stress and PTSD. Note that my hostility was extreme, following the onset of my PTSD. I screamed and cursed, extremely loudly, to Atrium Health staff over the phone, on at least one occasion. I cursed at them on other occasions. I also explained to them the involuntary nature of my irritable angry outbursts and hostility. The extremity of my behavior, and how completely out of character it is, is another dead giveaway that this is not caused by my medication.

My bipolar disorder has been stabilized with Zyprexa, and its generic equivalent, Olanzapine since 1999. There has not been a single episode related to my bipolar disorder since this time, except for one occurrence that resulted from temporarily adjusting my medications. Once I was put back on a significant dose of Olanzapine, my bipolar symptoms went away. There is no reason for these symptoms to pop up out of nowhere 19 or 20 years later.

The providers that make notes stating such things are knowingly and deliberately lying, at the direction of Wells Fargo and/or the Justice Department, in each case. The items under this bullet point pertain to PTSD symptoms Liability, from the Healthcare Fraud Factors.

- Fail to record, in my medical records, a diagnosis of PTSD, even as I am clearly exhibiting severe symptoms of PTSD. This item pertains to PTSD Diagnosis Liability, from the Healthcare Fraud Factors.
- Fail to record, in my medical records, the symptoms of PTSD that I report and exhibit in my appointments and other communications with healthcare providers. These two items pertain to PTSD symptoms Liability, from the Healthcare Fraud Factors.

- Fail to record, in my medical records, the pain and suffering that I report and exhibit in my appointments and other communications with healthcare providers. This item pertains to Pain And Suffering Liability, from the Healthcare Fraud Factors.
- Fail to record, in my medical records, the impairment and loss of an ability to produce an income that I report and exhibit in my appointments and other communications with healthcare providers. This item pertains to Disability Liability, from the Healthcare Fraud Factors.
- Make notes, in my medical records, that deliberately misrepresent the severity of my impairment. This item pertains to Disability Liability, from the Healthcare Fraud Factors.
- Fail to record, in my medical records, my descriptions of blatant criminal behavior, and my accusations of criminally and civilly unlawful behavior on the part of Wells Fargo and/or Wells Fargo's various accomplices. This item pertains to Criminality Liability, from the Healthcare Fraud Factors.
- Fail to record, in my medical records, my legal arguments for why the behavior of certain parties constitute a criminal offense. In many appointments with Atrium Health and Novant Health, I would list the elements of a given crime, under the law. Then I would explain how the actions taken against me by certain parties meet those elements, element by element. This item pertains to Criminality Liability, from the Healthcare Fraud Factors.
- Fail to record, in my medical records, the evidence that I have for the crimes committed against me; this includes evidence of criminal behavior that is contained in my medical records, for instance the civil commitment custody order, on file at Atrium Health and readily accessible by Novant Health, that has blatantly forged dates. In many appointments with Atrium Health and Novant Health, I would list the elements of a given crime, under the law. Then I would explain how actions taken against me by certain parties meet each element. This item pertains to Criminality Liability, from the Healthcare Fraud Factors.
- Fail to record, in my medical records, the extremely suspect details of certain events that have occurred and that I report to healthcare providers. This is things like:
 - the way Jenny conned me into calling the crisis line and letting them come to my apartment.

- that I am essentially 100% certain that one of the crisis counselors is Jenny's personal friend.
- the exchange that the officer who processed the petition, Christopher D'Avanzo, has with the guy at the door at Atrium Health (where they collude to falsify the timestamps on the custody order).
- The obviously forged/falsified timestamps on the custody order.
- the fact that Christopher D'Avanzo is Jenny's personal friend.
- how Jenny told me that the magistrate's office is directly across from Atrium Health's inpatient unit (a deliberate lie, attempting to make a rationale to explain away the fact that the officer didn't have the custody order in his possession. It doesn't help her, but poor little Jenny tried).
- The fact that, after I had deauthorized Jenny's personal cell number with Atrium Health no less than 5 times, the finance lady, named Shirley, at Atrium Health is calling Jenny, on Jenny's work number, looking for me and needing to get in touch with me. As of the time Shirley calls Jenny, on June 6th, 2019, **I do not even know Jenny's work number**. When I call Shirley, Shirley claims that I had left Jenny's work number as an "alternate contact" when I did my intake paperwork at Atrium Health. I did my intake paperwork at Atrium Health in 2011, 5 years BEFORE I met Jenny and 6 years BEFORE Jenny had that job.
- The fact that Shirley, the woman who claims that I gave Atrium Health a number that I do not even know as a contact for my account, repeatedly asks for my full social security number, under false pretenses, when I call her. Shirley's attempts to get my full SSN become increasingly desperate and motivated, as the call progresses.
- The fact that Atrium Health Corporate Privacy confirmed with me, on a call that I secretly recorded, that the only purpose the finance department has for my full social security number is to file a Medicaid application **and order my medical records**.

These items are all things that I have pointed out to one or more healthcare professionals (M.D.s, NP psychiatrists, PA, etc.), often numerous times, and pertain to Criminality Liability, from the Healthcare Fraud Factors.

Note that, as of the present day, only Atrium Health and Novant Health have participated in healthcare fraud. This is excluding the single instance of healthcare fraud by Mobile Crisis.

- Deliberately make, in my medical records, made up and known to be false accounts of me suffering from serious mental illness symptoms. This includes, but may not be limited to, claims that I suffer from "paranoia", "delusions", "paranoid delusions", "psychosis", "mania", "delusional disorder", "amphetamine delusional disorder", "schizophrenia", or "schizoaffective disorder", and claims that I am "manic and psychotic", "paranoid", etc. This item pertains to Mental Wellness Liability from the Healthcare Fraud Factors.
- Deliberately and consciously exclude any statements I give, information I provide, or facts readily on hand that would indicate that I am mentally well. By mentally well, I mean specifically in terms of having an absence of bipolar disorder type I symptoms, and an absence of symptoms of any of the other various conditions, that they make knowingly false claims that I suffer from. **The main point of this is that I am fully in contact with reality; I believe that I have been subjected to crimes because I absolutely have been, and the evidence that I have been subjected to crimes is undeniable.**

By systematically leaving out the ample evidence that indicates that I am totally fine (except for having extremely severe PTSD and being victimized on an ongoing basis), Atrium Health and Novant Health can lessen the legal liability of Wells Fargo and Wells Fargo's various accomplices. This item pertains to Mental Wellness Liability from the Healthcare Fraud Factors.

- Mischaracterize what I say in a way that is technically true, or close to true, but that is deliberately misleading, and would lead a third party (like the social security administration or a jury) to believe I suffer from mental illness symptoms. For instance, I tell a Novant Health provider about Atrium Health's crimes. Through Novant's healthcare information exchange, this provider has ready access to the evidence of crime that is on file with Atrium Health (namely the civil commitment custody order with the forged timestamps). I provide many suspect details to this provider.

What does this provider record, on the notes for my appointment, concerning this? Does she report that I accuse Atrium Health of crimes, for which I have a significant amount of evidence and a narrative full of suspect occurrences? Nope. She reports that "he" (meaning me) "...has a severe mistrust of Atrium Health." This is consistent with a bullshit narrative about me being paranoid. It sounds like something you would write about a person suffering from paranoia. It is not consistent with the actual, reality based, narrative of Merideth Snapp

being a perpetrator of state sponsored crime, and me having conducted a brilliant criminal investigation on what seems like my entire city, using my eminently logical and rational mind, as well as my abnormally acute ability to perceive and discern reality.

- Fail to include large portions of my medical records, when my medical records are requested by third parties (student loan people, DDS, etc.). The portions that will be excluded will largely be documents that I have sent detailing my symptoms and impairment, and documents I have sent that provide a narrative, a rationale, or evidence, concerning my criminal victimization. This has the effect of making sure that no third party ever sees what a case I actually have.

It also has the effect of making sure that I get denied disability benefits. Getting approved for disability benefits would strengthen my legal case, due to the social security administrations high standards for what constitutes a disability. The goal of the healthcare fraud is to nuke my civil case and extend Wells Fargo's criminal impunity into civil impunity. This is why part of the effort included deliberate and conscious attempts to make sure that I was denied for disability benefits. The items under this bullet point relate to PTSD Symptom Liability, Pain And Suffering Liability, Disability Liability, Criminality Liability, and Mental Wellness Liability, from the Healthcare Fraud Factors.



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

Office/Clinic Visit Notes

DOCUMENT NAME:

PSYCH OMS NP WITH NURSE

Patient: WILLIAMS III, LEONARD CLINTON

MRN: 0000642066

FIN: 6449507368

Age: 39 years Sex: Male DOB: 11/1/1980

Associated Diagnoses: None

Author: PENISTON , KATHLEEN KELLY NP

Visit Information

Visit type

Accompanied by

History limitation

History of Present Illness

Nursing assessment reviewed. Last seen in OMS by this writer on 11/5/19. On Zyprexa, Celexa, Adderall.

Patient has made many call center calls and sent several messages to this writer over the past week. He has attached several letters including one that was sent today. I have read all the letter in their entirety. He reports a lot anxiety and agitation and has had yelled and used profane language in his communication with the staff. I have expressed to him directly this was unacceptable and could lead to dismissal from the clinic. He has expressed interest in considering treatments specific for PTSD such as EMDR and other meds (Zoloft).

- Patient presents in a similar manner to previous visits. Rapid speech and remains focussed on the situation with Wells Fargo, his former employer.
- He is currently in the process of applying for bankruptcy. AS part of this process, he plans to report Wells Fargo. He reports they are legally liable for his loss of employment and his pain and suffering.
- WE have discussed this situation at several visits. He reports he has proof that they were getting his private health information and disseminate this to other employees.
- The patient reports a previous trauma in the past when he states he was stigmatized due to his mental illness. States he left western NC in an attempt to start fresh. Now, feels like he is reliving the trauma.
- Discussed that I was concerned about the potential adverse effect of stimulants for anxiety and PTSD symptoms and that is the reason I would not suggest an increase in the dose.
- Attempted to refocus on his symptoms but patient is not interested in changing medications today. Discussed possibly switching to Zoloft but he would rather stick with Celexa.
- Patient adamantly denies any thoughts of harming self or others. H does report that when he is "shell shocked" he will sometimes wish he was dead to escape the feeling. Denies plan, intent, prep action.
- Patient denies any drug or alcohol use. Again, discussed that increased dose of Adderall is not recommended and would not be in his best interest given the reports of anxiety and severe PTSD.
- Discussed with patient that my goal is to provide safe effective care and I am very sorry he is not feeling well lately. I empathize with his PTSD symptoms and recent struggles due to finances.
- Patient also reports that a phone number for someone he does not know somehow ended up on in his medical record. I checked his emergency contact which had his phone number only.
- He reports having spoken to the privacy department several times about situations with his medical records and his concerns about privacy. They have done an investigation regarding his complaints.

Considerations: Patient clearly anxious at times during the evaluation. Some deep breaths at times to calm himself down. I did feel the need to reiterate the expectations of behavior for all patients and asked that he be respectful of the staff. I empathized that I realize he reports this verbal aggression is secondary to his PTSD. Patient became very

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DOB: 11/1/1980

Age: 39 years

Sex: Male

Location: HOMS

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Office/Clinic Visit Notes

angry and his demeanor changed. He raised his voice and said that if they could not deal with the symptoms of mental health patients, they should get another job. I allowed him to express self but as he started posturing in a way that indicated he was getting physically agitated I ended the session expressing that I was not comfortable with him yelling at me and I asked him to leave the office.

Review of Systems

Constitutional: Negative except as documented in history of present illness.

Health Status

Allergies:

Allergic Reactions (All)

No known allergies

Current medications: (Selected)

Prescriptions

Prescribed

Adderall XR 20 mg oral capsule, extended release: See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s)

Adderall XR 20 mg oral capsule, extended release: See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s)

Adderall XR 20 mg oral capsule, extended release: See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s)

ZyPREXA 5 mg oral tablet: See Instructions, 1-2 tablets at bedtime, 60 tablet, 2 Refill(s)

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 2 Refill(s)

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed

Med List Status - Updated: KKP NP, 0 Refill(s)

metFORMIN: 500 mg, daily, 0 Refill(s)

Problem list:

All Problems

Obesity / SNOMED CT 2535065012 / Confirmed

This Problem was set by a rule (CHS_EKS_BMI_PROB).

Resolved: Obesity / SNOMED CT 2535065012

This Problem was set by a rule (CHS_EKS_BMI_PROB).

This Problem was resolved by a rule (CHS_EKS_BMI_PROB).

Histories

Past Medical History:

Resolved

Obesity (2535065012): Resolved on 3/12/2019 at 38 years.

Comments:

7/2/2018 EDT 13:23 EDT - SYSTEM

This Problem was set by a rule (CHS_EKS_BMI_PROB).

3/12/2019 EDT 11:24 EDT - SYSTEM

This Problem was resolved by a rule (CHS_EKS_BMI_PROB).

Family History:

HYPERTENSION

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GM, Maternal
 Cancer
 Father
 GM, Paternal
 GF, Paternal
 GM, Maternal

Procedure history:

No active procedure history items have been selected or recorded.

Social History**Social & Psychosocial Habits****Home/Environment**

04/22/2019 **Marital Status:** Single

Family Comments: lives in an apartment by himself

Alcohol

11/05/2019 **Use:** Denies

Drug Abuse

11/05/2019 **Use:** Denies

Employment/School

04/22/2019 **Description:** Frelance graffic art

04/22/2019 **Highest Education:** College graduate

Nutrition/Health

04/22/2019 **Home Diet:** Diabetic

Tobacco

11/05/2019 **Currently Using Any Form of Tobacco:** No

Smoking Status: Never smoker

Years Active Cigarette Smoker: 0

Current or Former Smoking History - Avg # Packs/Day (20 cigs) 0

Abuse/Neglect

04/22/2019 **History of Abuse:** Past

Abuse Type: Mental, Sexual

Abuse/Neglect Comments: Sexual abuse by MGM, emotional abuse by step-father

Physical Examination**Mental Status Examination:**

General appearance: Discheveled, Malodorous.

Gait & station: Normal.

Strength & tone: Not tested.

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Attention & concentration: Fluctuating.
 Orientation: Oriented X4.
 Language: Normal.
 Level of consciousness: Alert.
 Fund of Knowledge: Average.
 Recent & Remote Memory: No impairment in recent or remote.
 Speech: Rapid, Overproductive, Perserverative.
 Thought process: Tangential, Perseverating.
 Mood and affect: Anxious.
 Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.
 Perceptions+: No abnormalities.
 Insight: Fair.
 Judgment: Fair.

Health Maintenance

Health Maintenance

Pending (in the next year)

OverDue

- Tobacco Use Screening and Cessation due and every
- Due
- Body Mass Index Follow-Up Plan due 02/04/20 and every
- HIV Screening due 02/04/20 One-time only
- Influenza Vaccination due 02/04/20 and every
- Tdap Vaccine due 02/04/20 One-time only

Due In Future

Body Mass Index not due until 11/04/20 and every 1 year(s)

Satisfied (in the past 1 year)

There are no satisfied recommendations within the defined date range

Impression and Plan

Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, type I MRE mixed; ADD; cluster A traits
 Medical Diagnoses: diabetes, elevated cholesterol and triglycerides
 Psychosocial Stressors: finances

Summary: Patient was able to stay calm for the majority of the session but after I expressed the expectations for the clinic regarding behavior he started yelling and was physically agitated. He has previously been told that continued verbal assault to staff will result in discharge from the clinic.

Plan

- 1) Medication: Zyprexa 5-10mg at bedtime; Celexa 20mg daily. Adderall XR 20 BID
- 2) Therapy - not seeing currently - does speak with a psychologist John Monguillot.
- 3) Labwork Ordered - need updated labs - needs to f/u with PCP.
- 4) SA Treatment - Not indicated
- 5) RTC in 3 months for further evaluation of medication.

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- 6) Patient was provided with education regarding medication and treatment plan.
- 7) Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis.
- 8) Patient is aware to contact OMS for any needed medication adjustments.

Professional Services

Amount of time spent with patient - Minutes

Greater than 50% of the time spent with patient was devoted to counseling and coordination of care.

Electronically Signed By: PENISTON, KATHLEEN KELLY NP

02/04/2020 06:08 PM

Electronically Signed By: CASTRO, MANUEL A MD

02/05/20 12:26 PM

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Medication Compliance Status

Admission Medication Reconciliation

Med Name

acetaminophen/aspirin/caffeine (Goodys Extra Strength)

Display Line See Instructions, 1 packet as needed, 0, 11/03/11 16:02:00 EDT

Compliance Status: **Compliance Comments:**

Still taking, as prescribed

OLANzapine (ZyPREXA 5 mg oral tablet)

Display Line 5 mg per 1 tablet, ORAL, BID (2 times a day), 60 tablet, 1, 1, 02/15/21 12:56:00 EST

Compliance Status: **Compliance Comments:**

dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)

Display Line 40 mg per 2 capsule, ORAL, qAM (every morning), 60 capsule, 0, 0, 02/15/21 12:56:00 EST

Compliance Status: **Compliance Comments:**

metFORMIN (metFORMIN)

Display Line 500 mg per, daily, 0, 04/15/16 15:22:00 EDT

Compliance Status: **Compliance Comments:**

Not taking

misc medication (Misc Medication)

Display Line 5 hour energy shots prn, 0, 04/29/20 9:24:00 EDT

Compliance Status: **Compliance Comments:**

Still taking, as prescribed

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Correspondence Other

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Patient Customer Service Request

Patient Information

Patient Name	Date of Birth	MRN	Gender
Williams, Leonard Clinton III	11/01/1980	E4075295	M
Address	Phone Numbers	Email	
13009 YORKRIDGE DRIVE APT 214 CHARLOTTE NC 28273	Hm: 980-613-2196 Cell: 980-613-2196	brokerc3@gmail.com	

Message

Form Title: Request Medical Records
Submitted Data

I consent to share my medical record as follows:

Release my records from: Every facility within or outside of Atrium Health that Atrium Health Keeps records of

Date(s) of service

From Date: Mon 11/28/2011

To Date: Thu 04/09/2020

Include these records:

- ☐ Summary
- ☐ Discharge or clinical summary
- ☐ Emergency record
- ☐ History and physical
- ☐ Operative reports
- ☐ Lab reports
- ☐ Radiology and X-ray reports
- ☐ Radiology and X-ray images
- ☒ Entire record

[X] Other: I want every single document you have for me. I requested this earlier and got 422 pages. I have previously requested intake documents and got 1500 pages. My number is 980-613-2196. Please call me if you have questions about what I want. I want everything

Release these records to me

I want these records as a(n) Electronic PDF in MyAtriumHealth

Requester name: Leonard Clinton Williams III

Relationship to patient: Self

EMR released: FULL CHART - 1,787 pgs.

Records uploaded via MYAH 04/10/2020[AHOWAR17-4/10/2020 11:01:12 AM]

Insurance

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482



Insurance Verification Letter

Patient's Name: Williams, Leonard Clinton III
Admit Date: 2/4/2020
Account Number: 6449507368

Most insurance companies require the hospital to notify them of your admission/visit and advise them of your progress. Please take a few minutes and verify that the insurance information we have on file for you is correct. If your visit today is for the birth of a child, please let us know if the insurance information below will also apply to the newborn baby's account.

Primary Insurance Name: N/A

Secondary Insurance Name: N/A

No Insurance Coverage/Self Pay: SELF-PAY

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) for today's visit then you may be eligible to apply and/or be screened for other coverage options and financial assistance.

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay.

If you have no coverage, you understand that by signing this form you are indicating that you have no insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage such as Medicaid. Failure to fully cooperate with these efforts will disqualify you from eligibility for any financial assistance. Information on financial assistance is available on the Atrium Health website at www.atriumhealth.org

I attest the information above is correct to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

Coverage changed? No

E-Signature

A handwritten signature in black ink, appearing to be "L. Clinton III", written over a horizontal line.

Signature: Signature captured with Topaz by Williams, Leonard Clinton III at 2/4/2020 02:09 PM

Relationship to Patient:



039



**Insurance Verification Letter**

Patient's Name: Williams, Leonard Clinton III
Admit Date: 2/4/2020
Account Number: 6449507368

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Relationship to Patient:



039



**Insurance Verification Letter**

Patient's Name: Williams, Leonard Clinton III
Admit Date: 2/4/2020
Account Number: 6449507368

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Coverage changed? No

E-Signature

A handwritten signature in black ink, appearing to be "L. Clinton III", written over a horizontal line.

Signature: Signature captured with Topaz by Williams, Leonard Clinton III at 2/4/2020 02:09 PM

Relationship to Patient:



039



Electronic Orders

The current National Provider Identifier value is displayed with the ordering physician

Order: Est OV Level 4 -99214		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 2/4/20 2:59:00 PM EST, PTSD (post-traumatic stress disorder) Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 2/4/2020 14:59 EST	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP	Supervising Provider: CASTRO ,MANUEL A MD	
Order Details: 02/04/20 14:59:00 EST, Bipolar disorder PTSD (post-traumatic stress disorder)		
Review Information:		
Doctor Cosign: Not Required		

Admit Date: 2/4/2020 13:40 EST
 Disch Date: 2/4/2020 23:59 EST
 Admitting: PENISTON ,KATHLEEN KELLY NP
 Attending: CASTRO ,MANUEL A MD
 Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary

Atrium Health

CMC Randolph OMS Medication Clinic

501 Billingsley Rd
Charlotte, NC 28211

Patient Visit Summary

Name: WILLIAMS III, LEONARD CLINTON Phone: (980) 613-2196 Primary Care Provider: BRADNER , RICHARD L MD Preferred Language: English Visit Date: 02/04/2020	MRN: 0000642066 Age: 39 Years Race: White Allergies: No known allergies	DOB: 11/1/1980 Gender: Male Ethnicity: Not Hispanic or Latino
---	--	---

Atrium Health thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Information from today's visit may be missing or incomplete if your Atrium Health facility/provider has yet to transition to all aspects of the electronic medical record. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your regular doctor is:MURRAY , PHILLIP MICHAEL MD

Your doctor or location today:PENISTON , KATHLEEN KELLY NP

Reason for Visit:

Today's Diagnosis:Bipolar disorder; PTSD (post-traumatic stress disorder)

Admit Date: 2/4/2020 13:40 EST
 Disch Date: 2/4/2020 23:59 EST
 Admitting: PENISTON ,KATHLEEN KELLY NP
 Attending: CASTRO ,MANUEL A MD
 Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

Discharge Information - Patient Education

Today's Clinical Information:

Height: 5 ft 11.5 inch

Weight: 98.8 kg

BMI: 29.96 kg/m²

Blood Pressure: 121 mmHg / 83 mmHg

Additional Information:

Problem List:

No Problems
found

Recorded at this visit:

Procedures

No Procedures documented

Medications and Immunizations Administered During This Visit

No medication administered during this visit

Orders this Visit

No visit orders documented

Completed Information:

Laboratory and Radiology this Visit (last charted value for your 02/04/2020 visit)

No Laboratory and Radiology documented

My Medicine List

	New Medicines to take at Home	Prescription	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	

Admit Date: 2/4/2020 13:40 EST
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Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

Discharge Information - Patient Education

2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
4.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
5.	OLANzapine (ZyPREXA 5 mg oral tablet) See Instructions 1-2 tablets at bedtime	Sent to Atrium Health Pharmacy Billingsley 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
Continue Taking These Medicines at Home			Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed		
2.	metFORMIN (metFORMIN) 500 mg daily		

*This is a list of current information in your Atrium Health medical record. It may include information from your visits to other offices or medications you told us were prescribed by other physicians or health care providers. If you have questions about this information, please contact your physician or health care provider.

Reminders:

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to all Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

Follow-Up

Appointments You Need to Make

Admit Date: 2/4/2020 13:40 EST
 Disch Date: 2/4/2020 23:59 EST
 Admitting: PENISTON ,KATHLEEN KELLY NP
 Attending: CASTRO ,MANUEL A MD
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Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

Discharge Information - Patient Education

Appointments You Already Have

You will get a text message or phone call with appointments already made for you. If you do not receive a text message or phone call, please call the doctor's office listed.

Patient Safety Information

Call 911 for All Emergencies

Quit Smoking or Tobacco Use

For more information, call **1-800-784-8669**

Poison Control Center:

A poison can be anything if it is used in the wrong way, amount, or by the wrong person. Poisons can include household cleaning products, plants, and medicines. Snake and spider bites are also poisons. Nurses, pharmacists, or doctors answer your questions. For help, call the poison control center at **1-800-222-1222**.

National Suicide Prevention Lifeline 1-800-273-TALK (8255)

National Domestic Violence Hotline 1-800-799-SAFE

National Human Trafficking Hotline 1-888-373-7888

Substance Abuse and Mental Health Services Administration (SAMHSA) 1-800-662-HELP (4357)

Patient Online Access:

Atrium Health now offers MyAtriumHealth. It provides easy and secure online access to your health information. With MyAtriumHealth, you can:

- Send a message to your doctor
 - Look at your health record, medications and health videos
 - View lab and other test results
 - Pay your bill

These are just some of the things you can do with MyAtriumHealth. For more information and to get started, visit <https://my.atriumhealth.org> Choose **Enroll Online**.

Non-Discrimination Policy Statement

Atrium Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-821-1535.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-821-1535

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 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

Discharge Information - Patient Education

DOCUMENT NAME: Patient Education

Patient Education**Patient Education Materials****MRN:** 0000642066**Name:** WILLIAMS III, LEONARD CLINTON**Visit Date:** 2/4/2020 13:40:00**FIN:** 6449507368**DOB:** 11/1/1980

Atrium Health thanks you for allowing us to assist you with your healthcare needs. Should you have any questions or concerns regarding your visit, please contact your physician at your convenience

Admit Date: 2/4/2020 13:40 EST
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MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

Discharge Information - Patient Education

DOCUMENT NAME: Ambulatory Depart Form - Text

Ambulatory Depart Form Entered On: 2/4/2020 14:24 EST
Performed On: 2/4/2020 14:23 EST by ELMORE , SHANELLE LPN

Ambulatory Educational Assessment*Identified Learning Needs :* Medications, Pain management

(Comment: Celexa, Zyprexa, Adderall [ELMORE , SHANELLE LPN - 2/4/2020 14:23 EST])

Preferred Learning Methods : Discussion, Observing*Barriers to Learning :* None evident

ELMORE , SHANELLE LPN - 2/4/2020 14:23 EST

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

Discharge Information - Patient Education

DOCUMENT NAME: Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 2/4/2020 14:59 EST
Performed On: 2/4/2020 14:59 EST by PENISTON , KATHLEEN KELLY NP

Response to Education*Response to Teaching :* Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 2/4/2020 14:59 EST

Admit Date: 2/4/2020 13:40 EST
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DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

BH Clinical Documentation

DOCUMENT NAME:

Outpatient Medication Clinic - BH Entered On: 2/4/2020 14:21 EST
Performed On: 2/4/2020 14:15 EST by ELMORE , SHANELLE LPN

Infectious Disease Risk Screening

Recent Travel Outside the United States : No recent travel

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Allergies

(As Of: 2/4/2020 14:21:14 EST)

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; *Created By:* FERRARO, NICHOLAS P RN; *Reaction Status:* Active ; *Category:* Drug ;
Substance: No known allergies ; *Type:* Allergy ; *Updated By:* FERRARO, NICHOLAS P RN; *Reviewed Date:* 2/4/2020 14:15 EST

Latex Allergy : No

Spina Bifida : No

Denies Latex Signs Symptoms : Yes

Pregnancy Status : N/A

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Med List

Medication Information Obtained From : Patient/family

Medication Status : Medication list updated

Confirmation of Medication Reconciliation : Yes

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Medication List

(As Of: 2/4/2020 14:21:14 EST)

Prescription/Discharge Order

citalopram

: citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 2 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 11/5/2019 15:28:47 EST

OLANZapine

: OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See Instructions, 1-2 tablets at bedtime, 60 tablet, 2 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 11/5/2019 15:28:43 EST

dextroamphetamine-amphetamine

: dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule,

Admit Date: 2/4/2020 13:40 EST
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 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

BH Clinical Documentation

extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 11/5/2019 15:28:40 EST

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 11/5/2019 15:28:44 EST

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 11/5/2019 15:28:45 EST

Home Meds metFORMIN

: metFORMIN ; *Status:* Documented ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, daily, 0 Refill(s) ; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/15/2016 15:22:33 EDT

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* Med List Status - Updated ; *Simple Display Line:* KKP NP, 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 4/25/2019 15:10:55 EDT

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16 EDT

General Admission Information

Legal Guardian : No

Information Given By : Patient

Cultural/Spiritual Practices Impact Tx : No

Presenting Problem : f/u

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Admit Date: 2/4/2020 13:40 EST
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DOB: 11/1/1980 Age: 39 years Sex: Male
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Print ID: 445014482

BH Clinical Documentation

Communication

Communication Barriers : None

Preferred Language for Healthcare : English

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Advance Care Plan

Advance Directive Documents in EMR RTF : No Advance Directive documents available.

Advance Directive Completed : No or does not know

Reason No Living Will or POA : Unable/Did not wish to provide advance directive

Advance Directive More Info Requested : No

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Risk for Harm to Others

Assaultive Ideations : No

Homicidal Ideations : No

Does Patient Have a Plan : No

Recent Attempt to Harm Others : No

Access to Firearms/Weapons : No

History of Danger to others : No

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, no

2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, no

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Social History

Social History

(As Of: 2/4/2020 14:21:14 EST)

Tobacco:

Smokeless Tobacco Use: Never. Never smoker, 0 Yrs Smoker.

0 Avg # Packs Per Day. (Last Updated: 2/4/2020 14:19:08 EST

by ELMORE , SHANELLE LPN)

Vape/E-Cigarette:

Use: Never. (Last Updated: 2/4/2020 14:19:12 EST by

ELMORE , SHANELLE LPN)

Alcohol:

Denies (Last Updated: 2/4/2020 14:19:14 EST by ELMORE ,
SHANELLE LPN)

Drug Abuse:

Denies (Last Updated: 2/4/2020 14:19:16 EST by ELMORE ,
SHANELLE LPN)

Home/Environment:

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
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DOB: 11/1/1980 Age: 39 years Sex: Male
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BH Clinical Documentation

Marital Status: Single. lives in an apartment by himself (Last Updated: 4/22/2019 01:00:41 EDT by WALLACE , ANNE S RN)

Nutrition/Health:

Home Diet: Diabetic. (Last Updated: 4/22/2019 01:00:53 EDT by WALLACE , ANNE S RN)

Abuse/Neglect:

History of Abuse: Past. Abuse Type: Mental, Sexual.
Comments: Sexual abuse by MGM, emotional abuse by step-father. (Last Updated: 4/22/2019 01:01:30 EDT by WALLACE , ANNE S RN)

Employment/School:

Frelance graffic art (Last Updated: 4/22/2019 01:02:13 EDT by WALLACE , ANNE S RN) Highest Education: College graduate. (Last Updated: 4/22/2019 01:02:24 EDT by WALLACE , ANNE S RN)

Do You Want to Stop Using Tobacco? : N/A

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Communications - Acute

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 980-613-2196***

Leave Voicemail : Yes

Phone Number Availability : Phone will be off at work. Please leave message

Provider of Record 1 : BRADNER , RICHARD L MD

Provider Practice 1 : PCP

Provider of Record 2 : PENISTON , KATHLEEN KELLY NP

Provider Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist none

Provider Comment 3 : not at this time 08/15/19

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Communications - BH

Patient Agreement Comm BH : The patient gives oral or written consent for AH to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

Legal Guardian Information : Legal Guardian: No

BH Comm Share Info with others : Yes

OC Reviewed Contact List : 2/4/2020 14:15 EST

Consent Valid BH : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

BH Communication Grid

Admit Date: 2/4/2020

13:40 EST

Disch Date: 2/4/2020

23:59 EST

Admitting: PENISTON ,KATHLEEN KELLY NP

Attending: CASTRO ,MANUEL A MD

Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON

MRN: 0000642066

Acct#: 6449507368

DOB: 11/1/1980

Age: 39 years

Sex: Male

Location: HOMS

Print ID: 445014482

BH Clinical Documentation

1. BH Consent Date Obtained : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Angie Haun

Contact Number : 423-213-3176

Relationship : Mother

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

BH Comments : consent revoked 5-1-19

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

2. BH Consent Date Obtained : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Jennifer Cox

Contact Number : 704-607-3908

Relationship : Co-worker / Friend

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

BH Comments : consent revoked 5-1-19

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

3. BH Consent Date Obtained : 1/17/2020 EST

BH Consent End Date - 1 year from date obtained : 1/17/2021 EST

Contact Name : John Monguillot

Contact Number : 828-387-0354

Relationship : psychologist

BH Witnessed By Name : Other: Keisha Wade RN and Shannon Fang RN

BH Witnessed By Relationship : AH Staff Member

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Vitals

Height Actual or Stated? : Stated/Estimated

Height Documented in (UOM) : feet/inches

Height : 181.61 cm

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11.5 inch

Clinical Weight Contributor (kg) : 98.8 kg

Weight Actual or Stated? : Actual

Clinical Weight Documented in (UOM) : kg

Weight : 98.8 kg

Body Mass Index : 29.96 kg/m2

Body Surface Area : 2.23 m2

Peripheral Pulse Rate : 97 BPM

Systolic Blood Pressure : 121 mmHg

Diastolic Blood Pressure : 83 mmHg (HI)

Blood Pressure Location : Left arm

Blood Pressure Position : Sitting

BP Instrument : Machine

Weight (lbs.) : 217.82 lb

Height (ft.) : 5.96 ft

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Pain History

Pain Present : Yes

Admit Date: 2/4/2020 13:40 EST
 Disch Date: 2/4/2020 23:59 EST
 Admitting: PENISTON ,KATHLEEN KELLY NP
 Attending: CASTRO ,MANUEL A MD
 Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

BH Clinical Documentation

Able to Self Report Pain : Numeric
Numerical Rating Scale Used : Yes

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

NRS Pain Scale

Pain Location : Generalized
Primary Pain Laterality : Bilateral
Numeric Rating Pain Scale : 3
Numeric Rating Pain Score : 3
Primary Pain Quality : Aching
Primary Pain Onset : Gradual
Primary Pain Time Pattern : Intermittent

ELMORE , SHANELLE LPN - 2/4/2020 14:15 EST

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

Vitals View

Recorded Date	2/4/2020	
Recorded Time	14:15 EST	
Recorded By	ELMORE ,SHANELLE LPN	
Procedure		Units
Height	181.61	cm
Weight	98.8	kg
BSA	2.23	m2
Body Mass Index	29.96	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	97	BPM
Systolic Blood Pressure	121	mmHg
Diastolic Blood Pressure	83 ^H	mmHg
Blood Pressure Location	Left arm	
BP Instrument	Machine	
Blood Pressure Position	Sitting	
Pain Present	Yes	
Numeric Rating Scale Used	Yes	
Primary Pain Location	Generalized	
Primary Pain Laterality	Bilateral	
Primary Pain Time Pattern	Intermittent	
Primary Pain Quality	Aching	
Able to Self Report Pain	Numeric	
Numeric Rating Pain Scale	3	
Numeric Rating Pain Score	3	
Primary Pain Onset	Gradual	

Admit Date: 2/4/2020 13:40 EST
 Disch Date: 2/4/2020 23:59 EST
 Admitting: PENISTON ,KATHLEEN KELLY NP
 Attending: CASTRO ,MANUEL A MD
 Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

Patient Assessment**Patient Assessment**

Recorded Date	2/4/2020
Recorded Time	14:15 EST
Recorded By	ELMORE ,SHANELLE LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

Psychosocial

Psychosocial

	Recorded Date	2/4/2020
	Recorded Time	14:15 EST
	Recorded By	ELMORE ,SHANELLE LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Admit Date: 2/4/2020 13:40 EST
 Disch Date: 2/4/2020 23:59 EST
 Admitting: PENISTON ,KATHLEEN KELLY NP
 Attending: CASTRO ,MANUEL A MD
 Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

Visit Information

Visit Information

Recorded Date	2/4/2020	
Recorded Time	14:15 EST	
Recorded By	ELMORE ,SHANELLE LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Medication Information Obtained From	Patient/family	
Primary Care Provider	BRADNER , RICHARD L MD	
Medication Status	Medication list updated	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

Admit Date: 2/4/2020 13:40 EST
 Disch Date: 2/4/2020 23:59 EST
 Admitting: PENISTON ,KATHLEEN KELLY NP
 Attending: CASTRO ,MANUEL A MD
 Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

General Admission History**General Admission History**

Recorded Date	2/4/2020
Recorded Time	14:15 EST
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside of United States	No recent travel

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

Social Habits**Social Habits**

Recorded Date	2/4/2020
Recorded Time	14:15 EST
Procedure	
Do You Want to Stop Using Tobacco?	N/A

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

TB Screen - Latex Sensitive - Skin Testing**TB Screen/Latex Sensitivity/Skin Testing**

Recorded Date	2/4/2020
Recorded Time	14:15 EST
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

Interdisciplinary and Patient Education**Interdisciplinary and Patient Education**

Recorded Date	2/4/2020
Recorded Time	14:23 EST
Recorded By	ELMORE ,SHANELLE LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

Behavioral Health

Behavioral Health

Recorded Date	2/4/2020
Recorded Time	14:15 EST
Recorded By	ELMORE ,SHANELLE LPN
Procedure	Units
Presenting Problem	See Below ^{T1}
Cultural/Spiritual Practices Impact Tx	No
Assaultive Ideations	No
Homicidal Ideations	No
Does Patient Have a Plan	No
Recent Attempt to Harm Others	No
Access to Firearms/Weapons	No
History of Danger to others	No

Textual Results

T1: 2/4/2020 14:15 EST (Presenting Problem)
f/u

Admit Date: 2/4/2020 13:40 EST
 Disch Date: 2/4/2020 23:59 EST
 Admitting: PENISTON ,KATHLEEN KELLY NP
 Attending: CASTRO ,MANUEL A MD
 Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6449507368
 DOB: 11/1/1980 Age: 39 years Sex: Male
 Location: HOMS
 Print ID: 445014482

Allergy HistorySubstance **No known allergies**

Recorded Date/Time

11/3/2011 16:19 EDT

Allergy Type Allergy; **Recorded On Behalf Of** FERRARO,NICHOLAS P RN; **Reaction Status** Active; **Reviewed Date/Time** 6/9/2020 16:36 EDT; **Reviewed By** PENISTON , KATHLEEN KELLY NP;

Admit Date: 2/4/2020 13:40 EST
Disch Date: 2/4/2020 23:59 EST
Admitting: PENISTON ,KATHLEEN KELLY NP
Attending: CASTRO ,MANUEL A MD
Printed: 3/5/2021 14:02 EST

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6449507368
DOB: 11/1/1980 Age: 39 years Sex: Male
Location: HOMS
Print ID: 445014482

2/4/2020 Appointment

On the **2/4/2020** appointment, I tell Kathy how sometimes when I am in my bed, I will be hit with traumatic stress symptoms where I crave my last breath, as an addict craves a drug. I tell her how I can sense the relief that death would give me. I describe to her, and demonstrate, how that during my traumatic stress episodes, I will have a physiological reaction where my upper torso, neck, and head are thrown back. I tell her how I pace the floors for almost the entirety of every day. At one point, believe it was towards the beginning of the appointment, Kathy asks questions about what had occurred that caused my PTSD symptoms. As I describe them to her, I begin to cry, shake, and become extremely distressed. I had visible physiological shaking and other physiological signs of distress. In the way I would describe it "I was destroyed" when I talked about what had occurred.

Preceding the **2/4/2020** appointment, I had sent several emails outlining my symptoms and also describing Wells Fargo's crimes and Atrium's crimes.

Emails With Atrium Health For 1/29/2020 to 2/3/2020

Leonard: 01/29/2020 06:01 a.m. EST

Hi Kathy ET AL (I am sending the same message to multiple practitioners as I do not know who is on/off today and I need help ASAP) I need a nurse to call me at the earliest time possible today. Please also see the attached document.

Attachment(s): 1/29/2020 07:05 EST leonardWilliamsRequest.pdf

Kathy: 1/29/2020 08:48:53 EST

Hi Leonard;

Am I understanding my nurse correctly that you are requesting an early refill on Adderall? I am just verifying with you directly because I also received your attached letter and I was unsure who it was meant for as it did not have any names. It sounds like you are struggling and I would like to see you to discuss further what we can do to help you best at this time.

Kathy Peniston

Leonard: 01/29/2020 10:45 a.m. EST

1:

I had attached it and it had my name. I don't know why it would not have it on my end. I am struggling but I have help outside of Atrium for this issues. I am seeing my old psychologist who works for the DOC and is helping me with other matters.

I need an early refill on adderal. I have been taking extra capsules and have only 4 left. I take extra capsules because they help with my attention problems, which have been exacerbated to an extreme degree as a result of this PTSD. part 2 to come

Leonard: 01/29/2020 10:48 a.m. EST

part 2:

I am disabled and have to fill out paperwork for my bankruptcy. That is what has triggered the taking extra capsules. I am so disabled that even filling out simple paperwork is an extremely hard task for me, due to extremely low tolerance for frustration and extremely low concentration.

This is 100% attributable to my PTSD, which is worsening. I have grave concerns about the security of my health information in regards to Atrium Health. part 3 to come

Leonard: 01/29/2020 10:53 a.m. EST

part 3:

This is why I have sought help outside of Atrium. I believe that my former employer (or some other party) has made attempts to compromise my privacy within Atrium Health (as it has in other areas of my life) and that Atrium Health may have been taken off guard and unprepared. I believe this because numbers which I have never known in my life popping up as alternate contact numbers in depts which wish to obtain my medical records. Part 4 to come:

Leonard: 01/29/2020 10:55 a.m. EST

Part 4:

I am scurrying and requesting documentation to find out where and how the hell this number has been entered into your systems, and thus far everything points to foul play. I am going to contact corporate privacy early next week to discuss how to handle this further, unless I can find some plausible reason I could have provided a number which I do not know. I may move my healthcare outside of atrium health following this. Part 5 to come

Leonard: 01/29/2020 10:59 a.m. EST

Part 5:

This all ties back to an involuntary commitment process that occurred on 4/21/2019, for which the scope of foul play gets wider each time I look at it. This was after a dispute with a former employee of Wells Fargo Bank erupted into a knowingly false pretense involuntary petition being filed and processed (extremely poorly and with gross negligence, at best) by Atrium Health. Part 6 to come

Leonard: 01/29/2020 11:01 a.m. EST

Part 6

I have been in contact with the F.B.I. over the previous week and have reported the officer who processed the involuntary commitment, which was done in violation of the due process I am entitled and constituted an unlawful trespass, false imprisonment, and kidnapping by the officer, by entering my premises against my wishes, placing me in handcuffs, then putting me in his patrol car and transporting me to your inpatient unit... part 7 to come

Leonard: 01/29/2020 11:06 a.m. EST

Part 7:

I will be contacting the Charlotte Mecklenburg police in coming weeks, but steps are being taken to ensure that appropriate intervention outside of the healthcare network in Charlotte, N.C. will occur, and any and all civil commitment petitioners filing paperwork involving me will be reported to the F.B.I.

I am also compiling a complaint to numerous federal authorities with regulatory authority and/or criminal jurisdiction over Wells Fargo's ongoing unlawful behavior. part 8 next

Leonard: 01/29/2020 11:12 a.m. EST

Part 8:

Every asset I have will be sold if I do not complete this paperwork today, and I will not be able to visit. My mental health condition is otherwise stable, meaning no symptoms of Bipolar Type I or II are present. I do not have any intent for self-harm or harm to others, and I do not have firearms, narcotics, or the intent and capacity to obtain firearms or narcotics of any kind. Part 9 to come.

Leonard: 01/29/2020 11:15 a.m. EST

Part 9:

It would be maximally beneficial for me, if at all possible, to get refills for all 3 of my psychiatric prescriptions today, and to cancel the appointment in February.

I am hijacked by trauma each and every day and am best suited to reside in my residence. I also use a cab or any long trips, which I incur a cost.

I would ask that Atrium Health not disclose any details I have shared with outside parties (even if nothing to do with my healthcare) part 10 to come.

Leonard: 01/29/2020 11:20 a.m. EST

Part 10:

This is my right, as I understand it, and you may also unknowingly expose yourself to a liability for interfering with any currently in process or future federal investigation that is taking or does take place. There are matters which I not at liberty to disclose as well.

Leonard: 01/29/2020 11:24 a.m. EST

Penultimate

I have compiled large amounts of evidence of the criminal behavior and civil law violations of Wells Fargo and have shared it with multiple interested third parties. As I prepare my complaint it will be forwarded to others.

Leonard: 01/29/2020 11:32 a.m. EST

Final:

I ask that any and all employees of Atrium Health with access to my information be notified that I have strong reason to believe that current and former employees of WFB have tried and are trying to obtain information unlawfully, and that they communicate using third party messaging applications, falsely believing this enables them to hide their activities. I believe that having them alert to this will prevent any future compromising of my information.

Leonard: 01/29/2020 12:44 p.m. EST

I need an answer on either if the refills are going to be issued or what you need to issue them. I can have my psychologist call your office if necessary. The delay (which may be within your allowed time frame) is causing me distress

Kathy: 1/29/2020 13:09:04 EST

I am happy to reach out to your psychologist. I believe you sent over a release that allows us to contact him by phone. I have John Monguillot (828) 387-0354. I will call him when have a break in my schedule.
Kathy

Leonard: 01/29/2020 01:31 p.m. EST

Yes, that is correct. Please have an answer as early as is possible. He can attest to the facts I have relayed to you. I spoke with him last just a few days ago. It is becoming clearer and clearer that your hospital has done me wrong. I ask that you help me all you can. It is possible to work things out with you and I, not so with my former employer. The person who will be listened to is me, when all is said and done. We will sort it out when all is brought to light.

Leonard: 01/29/2020 01:45 p.m. EST

I just messaged him. He says you already called. I did not give him your name, only him yours. He knows who you are going forward.

Attachment(s):
2/3/2020 08:04 EST In regards to the Adderall.docx

Kathy: 1/29/2020 15:28:48 EST

Leonard;
I did speak with John earlier. He had no opinion on your medication but did reiterate your concerns. I staffed your case with our Medical Director as I was concerned about the overuse of Adderall as well as the multiple messages left for me today that showed you were in some distress. We both agreed that it is not clinically appropriate for me to give you an early refill on Adderall. I am glad to see you for your follow-up appointment if you desire to continue getting care through our facility. If you need immediate assistance, please come to the ED.
Kathy

Leonard: 01/31/2020 02:41 p.m. EST

"He had no opinion on your medication"
This is what he said to me-

I recommended that they advance an appropriate amount as I told you.

I am not sure how taking adderall for severe symptoms of PTSD constitutes abuse.

I am going to confirm our appointment for 1/4/2020, but I am unsure if I will use this hospital going forward, as you show no signs of contrition for the criminal behavior that precludes me from feeling safe getting care from you until addressed.

Kathy: 1/31/2020 15:31:24 EST

Leonard;

I am sorry for your experience and that I am not meeting your needs at this time. John actually had little to say about how I should provide you care and indicated that you had contacted him in a consultant role regarding the INVOL incident you told me about previously. I do not recall him telling me how to prescribe your medicine.

Adderall has no indication for PTSD and as a controlled substance, we take it quite seriously if someone takes more than is prescribed. It is a matter of patient safety. We would not write for a certain dose and amount if that is not how we thought it should be taken. I do not recommend a higher dose and am concerned it actually is making your PTSD symptoms worse.

In addition, abusive language and threats directed toward anyone on my staff and/or within our facility will not be tolerated and are grounds for dismissal from our clinic. I have received several reports that you have engaged in such behavior.

If you feel we are not able to provide you the service you desire or you are unable to follow our policies and be respectful of our staff, it is always within your right to get care elsewhere.

Kathy Peniston, NP

Leonard: 02/03/2020 05:16 a.m. EST

Hi Kathy,

See the attached. Please forward it to the cc'ed people whom I am unable to see on this reply. I have never made one single threat of physical or emotional harm, or to harm the property of your staff, ever. The letter I sent several days ago was to inform you of symptoms of my PTSD which your staff may need to be prepared for. Any staff member who has said that I have threatened them with harm (other than legal consequences for unlawful conduct) needs to be disciplined internally.

Kathy: 2/3/2020 11:30:57 EST

Hi Leonard;

I read your letter in its entirety. I understand this is quite difficult for you and your symptoms can cause agitation. I do deal with many patients that have difficulty controlling their anger and have lashed out toward me and my staff. It is always my belief that my staff deserves to be treated respectfully as they are expected to be respectful of all patients. Our mission is to try and help those who are suffering and we work very hard to help each and every person to the best of our abilities. As your provider for many years, my hope is that I have lived up to the expectation as I have always put your safety and well-being as the priority.

I look forward to seeing you tomorrow and working with you to help relieve your symptoms in a safe and effective way.

Kathy Peniston

Leonard: 02/03/2020 01:24 p.m. EST

I agree on all counts concerning how staff deserves to be treated. My symptoms do not cause agitation or make it difficult to control my anger, with all respect. My symptoms ARE uncontrollable irritable, angry outbursts and hostility. I imagine that you have treated many patients with a history of PTSD but likely very few in the throes of recent traumatic stress symptoms. It rare, a d you have to understand I am now floridly is in the same condition as someone who has been traumatized by war.

Leonard: 02/03/2020 01:27 p.m. EST

I send multiple messages due to character length restrictions on my end. Here is what John said in a IM with me-

(Actually it's in another message that is about to be sent. Character length won't allow)

Leonard: 02/03/2020 01:28 p.m. EST

RE PTSD, symptoms are treatable but not particularly controllable by the sufferer. The nature of PTSD is that the intrusive symptoms are triggered by a variety of stimuli (internal and external) and avoidance is not a solution. EMDR is the most effective treatment, although the VA would dearly love to have a medication treatment. Sertraline and paroxetine are 1st line treatments; guanfacine and propranolol are useful adjuncts. effective treatment is the key to relief

Leonard: 02/03/2020 01:42 p.m. EST

He is referencing a sensory eye movement exercise. I am applying for disability soon, and that will likely be my ticket to the treatments he says I need. I would doubt your facility does this eye movement treatment. Maybe you have the medications he says will help and they are cheap. If not, I will get disability to foot the bill asap. I am also open to any other meds you think might help. John is a veteran, so in absence of any fresh ideas you have, following him exactly is probably a safe bet

Kathy: 2/4/2020 11:47:13 EST

See you in a few hours. Right now, we do not have EMDR available.

Leonard: 02/04/2020 01:08 p.m. EST

Hi Kathy, to minimize any need to explain, please see the attached. I am leaving now.

Attachment(s):

2/4/2020 13:55 EST Hi Kathy.docx

Leonard: 02/04/2020 01:10 p.m. EST

Here is John's complete message.

Attachment(s):

2/4/2020 13:54 EST johnMessage.docx

Hi Kathy,

I want to address our appointment today in writing, before I visit. The purpose of this is to minimize any need to provide background information at the appointment, and to put you on notice of some things that may occur and that you may need to be prepared for.

First, I will give you background on how I feel that my post traumatic stress disorder progressed while under your care. I aim to do this in a manner that will tie back your interactions with and observations of me, as well as the information I have provided to nurses to my current situation.

My PTSD began to develop in the weeks following my inpatient stay at Billingsley rd.

I will outline this as follows:

Item 1. – background of the violation of my rights that occurred at Wells Fargo

Item 2 -3. PTSD

Item 4. Today

1. Background of the violation of my rights:

Wells Fargo perpetrated a serious violation of my rights while during the time I worked for them. This happened in around Nov 30th 2017 to the first week of Dec 2017. My friend and former coworker Jenny, who filed the involuntary petition, along with her crisis counselor friend and police officer neighbor/friend, was involved in this.

I did not know what had happened for a very long time, only that Jenny and/or our mutual friend named Tunny had spoken with someone on my facebook, and had been told some malicious lies about me. These malicious lies went around where I used to live, and I am fine-tuned to the way people react to me after hearing them. I do not know what they are, but I have reason to believe they are malicious and grossly exaggerated statements about my health history, and also cruelly exaggerated and mischaracterized statements about my life in general.

I knew that Tunny had heard these things, and that she had spread them to others in my workplace. I will cut the explanation short to say that around the same time Jenny and her accomplices filed this petition under false pretenses, I had begun to realize that their pathological avoidance of discussing this with me in a truthful way was tied to legal and reputational consequences my former employer would face.

I began to contact my most recent former manager at Wells Fargo right before this petition was filed, and then resumed talk with her immediately after returning home. She lied incessantly through our conversations, but in the process leaked out things that pointed to exactly what had happened.

A senior manager named Bill (William P. Vanhoy) who was incompetent and for who I was a source of frustration on the job, had put Jenny, and probably Tunny as well, up to the task of "looking into my past". This was what triggered their contacting a certain person on my

facebook, who spoke of me in the worst terms, and said that I “had been to a mental institution”. The mental institution component came out in a Freudian slip when Jenny and I were arguing about this “Ok, I talked to her and she said you had been in a mental institution!!! Is that what you want to hear?”.

I was subject at my workplace to being treated as a stigmatized person, where coworkers were allowed to disrespect me without consequence (and at times corrective feedback/threats from management about my behavior, rather than theirs, when I reported it). My IMs were ignored at will, people who were assigned to help me with work would put the work they were supposed to take back in my name, and the list of behaviors go on.

It was the exact type of treatment that I received for over a decade where I used to live, and it happened overnight during the first week of Dec, immediately after Jenny conned me into giving her a link to my facebook profile.

2. PTSD development: After first getting an insight into what almost certainly occurred at Wells Fargo, which was more than a coworker getting curious, asking someone about me, and then repeating what was said to others, but a deliberate violation of my rights where people were sent to dig into every fact about my life, which was none of their business, and that after offering dozens of times to merely have a conversation, consequence free, at times for large sums of money, at least twice offering to sign a formal nondisclosure agreement where I would not be allowed to share our discussion with others, this is what I get. I get the scam of the century pulled on me, where I am kidnapped by the police, and where the entire social infrastructure of my city appears to have been corrupted and/or induced to act against my interests for no reason. That I am left to suffer and be lied to for years, all while doing favors for Jenny left and right. I am worth less than a cockroach. This is when the trauma really hit me, although I was already very distressed following my false imprisonment and kidnapping by the police.
3. How I report my PTSD to you:

I was obviously distressed on the visit that occurred around 4/25, immediately after this incident. Around May 2019, I recall reporting to you that I “sit there and melt” at home, unable to work at all, and that I break down during the day several times. I believe I described to you how I “lash out” at my former manager and Jenny when I am hit with bouts of extreme emotional pain. I believe I used the term “traumatic stress” when describing this to you on several more occasions then and subsequently.

Around this time was the first time I recall taking extra medication to help with the concentration issues that prevent me from working. I reported this to you and you requested I take only the 40mg I am prescribed.

I followed this, and also followed your other recommendation that I lean towards the high end of my 5mg to 10mg Zyprexa dosage, and followed up in 2 weeks, if I recall. I have also told you that I take 15mg at times and you have found this to be not completely disagreeable but not recommended.

For several days leading up to this next follow up appointment, I had a period of relatively low psychological distress and I believe had reported to you that "I think I am getting better". This turned out to be false notion, as I continued your recommendation for Adderall and Zyprexa and, within the next few days, I began to have the same symptoms as always.

I continued your Zyprexa recommendation for a period of 2 to 3 weeks, and there was no relief. The Zyprexa caused cognitive impairment after a while and, for this reason and the fact that any dosage above 5mg doesn't provide any incremental benefit for any of my symptoms of any condition, I went back to taking mostly 5mg daily, with occasional 10mg dosages.

I have found, for a long time, this protocol of 5mg daily and here and there 10mg to be very effective at treating my bipolar type I symptoms, while minimizing cognitive impairment.

I have had several of these "false sense of being better" subjective states that last 1, 2, 3 or sometimes more days in the intervening months. They are totally gone now and have been for a while.

In our last visit and in preceding visits, I have had difficulty answering the question "how is your concentration". I have expressed this on at least one occasion. The reason is that I have for a long time abandoned almost totally my daily habit of reading, and my habit of reading for 30 minutes immediately after breakfast. When I would sit down to read after breakfast, I would feel a strong drive to go to my computer and work. I would find that this drive and my general emotional/cognitive state would make it very hard for me to read for any period of time.

It seemed to me that I could not concentrate. On the other hand, I would be glued to my computer for 10 to 18 hours a day, often doing productive work towards my outstanding web development contracts. I was confused as to how I could not be able to concentrate, yet work incessantly at my computer.

It was only after researching the symptoms of traumatic stress that I began to put these facts in a frame that made sense. People with PTSD have a compulsion to "stay busy", as constant activity appears to utilize and absorb the capacity of their cognitive resources in a way that reduces their experience of subjective distress.

And this is how I describe it. I have a **drive**, not any consciously decided behavior, but a motivation that feels as innate as any other fundamental motivation (to eat, to use the restroom), to always be doing something. It is automatic.

Hopefully this reconciles anything you feel needs an explanation. The key takeaways are that-

- a) These symptoms are independent totally of how much Zyprexa I take
- b) These symptoms are also independent of how much Adderall I take, as far as I can tell. Adderall helps with concentration and I have not noticed any difference in the hyperarousal based symptoms. This is possibly due to the relatively small sample of days I have where I have taken 60mg, as opposed to 40 mg. It may be that, if I persisted with frequent increased dosages, the hyperarousal symptoms would be more acute
- c) I have 0 symptoms of any of my other conditions, other than those that overlap with PTSD. I am of the strong belief that 100% of such symptoms are tied to PTSD, as since Nov 2018, I have had a very stable history regarding my other conditions on my current regimen (consistent 40 mg Adderall, 5mg consistent Zyprexa w/occasional 10mg)
- d) There are multiple indications of developing and worsening traumatic stress reactions in my recent history, with the ones that stick out to me being the emotional pain that is accompanied by "lashing out" at people. If it seems that this is a recent issue that popped out of nowhere, I hope this explanation helps to reconcile the set of facts you have been provided with my current condition.

4. My current condition:

I am not in danger of harming myself or others, and am able to meet my basic needs. I will appear unkempt in our meeting, and that is because my concentration and ability to do productive work is a very scarce resource, and 100% of it is devoted to my bankruptcy process.

I am hijacked with shell shock multiple times a day, and the subjective experience of this is worse as time goes on. I can only describe it as a terrible feeling that can be paralyzing, including a slight feeling of physical paralysis (I can walk, but feel shocked), and that is accompanied by a feeling that the only way out is death. I have no intention to act on this feeling, but that is how I describe it. I am very motivated to move forward in life with my bankruptcy and legal matters. My bankruptcy provides an opportunity to extract legal justice from the parties who have wronged me. I spend my time filling out my paperwork and researching the legal consequences I can expose those who have wronged me to. I am in general preoccupied with getting justice in any and all legal ways that I can, and this is a very strong motivator.

For today I want to get my scripts filled, and to get if your pharmacy has the medicines John mentioned, and if so at what cost.

I ask that you understand the distinction between symptoms of illness that are **emotional states** vs those that are **behaviors**. Your concern that staff be treated with respect and not subject to angry outburst is reasonable, and you make an analogy of "other patients who have trouble

controlling their anger". In this case, there is no guarantee of your concern be met, although I will try my best, and your analogy is not relevant.

If you have someone with bipolar disorder and they have a symptom of "irritability", it is reasonable to put their behavior in context and judge their ability to control their resulting behavior, the resulting behavior being influenced by a symptomatic emotional state. However, when **a behavior itself** is a symptom, there is no reasonable expectation to be had for this behavior not to occur.

In general, bringing up my legal matters is a trigger that may likely create a volatile situation where this behavior is likely to occur. I try to contain myself and preemptively warn people.

In short, when someone has a symptom of "irritable, angry outbursts" you cannot say "We expect staff to be treated with respect, and that includes not being subject to angry outbursts" any more than you can tell someone with paranoia "we believe that staff should be comfortable at work, and this includes not hearing nonsensical accounts of how the airplanes flying over your house are surveilling you, for completely implausible reasons."

In regards to the Adderall, after skipping some days I have enough to last until at least 2/4/2020. In regards to abusive/threatening language, I have not made **one** threat to anyone at your staff. I have not threatened bodily harm, emotional harm, or psychological harm for the present or future, all of these - not one single time. I have sent you a letter explaining that I have a very low threshold for frustration when I experience symptoms of PTSD, which are now acute, and that I also experience hostility. I do my best to maintain this.

I have spoken quite loudly to multiple members of your staff, sometimes using profanity and I will list a representative example here-

Several weeks ago, I was experiencing an acute PTSD episode of what I call shell shock. I was unable to fill out any paperwork or do any online form, both of which are normally easy tasks for me.

I called your medical records dept to explain that I need accommodations in requesting medical records. I am given this specific accommodation-

I may digitally execute a PDF with my name and the record I am requesting, and send via email. I was promised that my request would be expedited ASAP, as I needed it to document criminal behavior being perpetrated against me. I need to put a stop to future such criminal behavior being directed at me by local police and/or local healthcare providers, each who were involved in this criminal behavior (I have persuasive proof)

I send the email as requested and get an autoreply that it will take 30 days and only physical signatures will be accepted.

I was perturbed and called medical records, where I get a girl whom I have previously spoken with before the same day. She proceeds to give me a series of hoops to jump through/simple steps I can take to get the records I wish.

I get irritable and angry very fast, as I had warned her multiple times that I may, and began to yell at her. I explain to her that (paraphrased by mostly accurate) "WHAT I AM CAPABLE OF RIGHT NOW AS A RESULT OF THE TRAUMA I AM SUFFERING IS THAT I CAN TYPE A PDF AND SIGN IT. I NEED THIS TO DOCUMENT THE CRIMINAL BEHAVIOR THAT I HAVE BEEN SUBJECTED TO AND THAT YOU DID NOTHING TO HELP ME WITH, BUT INSTEAD JUMPED IN THE GOD DAMN DOG PILE. YOU ARE GOING TO HELP ME!!!!

I WAS ALREADY REPRESENTED TO BY YOUR STAFF THAT MY PDF AND SIGNATURE WERE ENOUGH.."

And proceeded to yell at her for another ~ 10 seconds about how I need someone to make a representation I can rely on. She seemed to understand the distress I was under, and which I notified her in advance may happen, but for one reason or another she very professionally accommodated me, without any abuse given in return, and the documentation I requested was received very promptly. This person would make a good candidate for a pay raise in my books.

I will write you some subsequent communication, if and when I have time, to elaborate on what I am referring to as Atrium's "jumping in the dogpile."

In regards to my Adderall, PTSD, and "abusive" behavior, let me take a step back again-

To be clear, I told your nurse something to the effect of "every now and then I take an extra one". I explained this was to help cope with concentration problems I have as a compounded result of my PTSD and my preexisting ADHD problems

If I phrased this to her in any way that would suggest "I take an extra handful", or "I'll throw a few more in a cup of orange juice", or even a milder "I take extras as needed", **it was a miscommunication on my part**. I never meant to convey that I was taking 2x, or 3x, or 10x my dose, ever. I never meant to convey that I was taking 1.5x my normal dose on a regular basis. I counted out how many I had left, and that count ended up being understated.

My house is in disarray as I have not cleaned at all in the past several weeks. I have very difficult bankruptcy paperwork to fill out for which, if I have one material error, will be dismissed. One creditor has already taken the legal steps necessary to sell everything I own by force in the event my petition is dismissed. My PTSD makes it range from difficult to impossible to fill out this paperwork, and it is all I think about. I keep getting more and more generous deadlines that I eventually will run out of (2 have been missed thus far, and I call the court and they tell me "what will happen is the judge will call a hearing in a couple of weeks and see what your reason is, before they dismiss it").

It would be prudent and responsible of me to inform you of any changes in medication I wish to make (e.g. take an extra Adderall every day, or on one specific day,) before making them, and to comply with any follow up appointment that needed to be made in advance.

I can also see how may be easily the case, being that I am using a controlled substance, that anything other than the exact usage terms I am given is probably abuse and exposes you (if not me) to legal accountability issues. My neglect in living up to this responsibility was entirely due to a round the clock semi-panic mode of how to figure out this paperwork, do it right, get it to the courthouse, etc. I at this point have no idea how much Adderall I have, only that I have enough to make it to our appointment tomorrow. How many days I have taken "extras", which always means 1 extra, I do not know but it hasn't been many apparently. I don't take much time out.

In regards to my abusive behavior, again, any claims that I have threatened physical harm to anyone are false. It is a well-documented symptom of PTSD to have irritable, angry outbursts, with little provocation, and to be subject to hostility. In my case the more extreme behavior occurs when I am in the throes of what I refer to as "shell shock" which I get hit with multiple times a day, and consists of intense emotional pain, inability to concentrate, and often terrible feelings of hostility and rage. I have made legal threats or insinuations of legal threats to Atrium staff, but these are never physical threats. The legal threats come from my trauma being tied to civil and criminal violations of my rights being perpetrated against me by my former employer (and causing me unbelievable emotional distress, for years, which to your staff I only made vague references to "things that cause me emotional pain".), then by the Charlotte police and my friend/former coworker named Jenny, which intersected me with your hospital. Your hospital was refreshingly kind to me, but I have grievances about what occurred then and subsequently, and this is where the legal threats directed at you come from when I become agitated.

I am completely harmless to myself and others, and the aforementioned type of behavior is why I do not frequently go out in public. You may not be familiar with this or have dealt with it much, but you cannot claim to be a healthcare provider to people with mental disorders and then say that the uncontrollable symptoms of their condition are grounds to refuse treatment.

RE PTSD, symptoms are treatable but not particularly controllable by the sufferer. The nature of PTSD is that the intrusive symptoms are triggered by a variety of stimuli (internal and external) and avoidance is not a solution. EMDR is the most effective treatment, although the VA would dearly love to have a medication treatment. Sertraline and paroxetine are 1st line treatments; guanfacine and propranolol are useful adjuncts. Accommodations are helpful but effective treatment is the key to relief.

Hi,

My name is Leonard Clinton Williams III. My birthday is 11/01/1980. I have been diagnosed with post traumatic stress disorder by a psychologist I am seeing for help with psychological and other matters. I have forwarded you previously his information. I also called your staff to formally add him as authorized for ROI.

This condition is worsening, and I need some accommodations when communicating with your staff. I ask that they be informed that I am disabled and that multiple times per day, for periods sometimes lasting more than an hour or multiple hours, I am hijacked by a physical feeling of shell shock. Many times, this feeling is accompanied by an extremely low tolerance for frustration and also intense hostility. I need them to be prepared for this and to understand that this is not something I can control or have a choice over.

I to this point have never made a threat of physical harm to anyone, and I do not think that is remotely likely. My feelings of hostility are tied to civil and criminal wrongdoing directed at me by my former employer Wells Fargo Bank and other entities whom I believe have been induced into criminal behavior by this entity and its current and former employees. When I get hijacked by the trauma caused by this situation, I will yell at people, curse at them, make legal threats, and subject them to behavior that is generally unbecoming in ordinary interactions. There is no credible threat of physical harm from me to anyone.

If you feel that your ordinary staff (meaning any and all staff not involved in my medical care) needs to be aware of this, I ask that you disclose the absolute minimum necessary information for them to make this accommodation.

I will usually notify the person whom I am talking to that this type of thing may occur and that I have a low tolerance for frustration. Also note that there are times during the day on many days (which are completely unpredictable) where I am able to calmly interact with people as I would have during the time when I did not suffer from this condition. I cannot restrict my necessary communications to these times however, although I generally will make some effort to handle my affairs when my symptoms are not so acute.

Leonard
Clinton
Williams III

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