

Audrey Chaing MR# 2025-133 DOB: 05/26/1980

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Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Date 1st contact 12/18/2025	Rep on intake call Serena Jones	1st contact name n/a	1st contact phone n/a	1st contact relationship n/a
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Location: LAR - Simmons

Program: Detox- Simmons - Start Date: 12/31/2025

Primary Therapist: Stewart Bryant, LMFT

Admission Date 12/30/2025 04:00 PM	Referrer	Contact? No	Anticipated Discharge Date 01/07/2026 05:00 PM
Discharge/Transition Date	Discharge/Transition to		

CLIENT INFORMATION HAS NOT BEEN VALIDATED - PLEASE VALIDATE**Client Information**

Audrey Chaing

Current Address:

9 Dolphin Ct
Alameda, CA 94501

Phone: 917-273-9941

Email: stuff@audreyc.me

Date of Birth: 05/26/1980 SSN:

Birth Sex: Female

Pronouns:

Preferred Language:

Marital Status: Single

Sobriety date: n/a

Race:

Ethnicity:

**Payment Method****Private Pay****Insurance Information**

Show Inactive Insurances

Insurance Payer California Blue Shield	Subscriber ID xed914041218	Effective Date 01/01/2025	Termination Date	Status Active	Insurance Priority
Internal ID / External ID 12377 / 12564987	Group Name	Group Number	Plan Type	Payer Type	Insurance Phone Number
Rx Name	Rx Group	Rx BIN	Rx PCN	Rx Phone	Coverage Period

Claims

Payer Address 1 Payer Address 2 Payer City Payer State Payer Zip

Subscriber Audrey Chaing Subscriber Address 1 9 Dolphin Ct	Subscriber Address 2	Patient Relationship to Subscriber Self Subscriber City Alameda	SSN	Date of Birth 05/26/1980 Subscriber Zip 94501	Gender Female Subscriber Country
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Precertification Company
n/aPhone
n/a

Utilization Reviews**Pharmacy**

Pharmacy Name No Pharmacy Selected	Address
Phone	Fax

Contacts

Contact Type Emergency	Relationship Friend
Name Christianna Taylor	Phone 617-669-6674

Patient Contact Consent Forms

- Emergency Authorization for Release/Request - Christianna Taylor - complete

Allergies and Food Restrictions**Allergies**

Allergen	Allergy Type	Reaction	Reaction Type	Severity	Onset	Treatment	Status Type	Source
Apple	Food	Upset stomach	Allergy	Mild to Moderate			Active	
Lamb Meat	Food	Upset stomach	Allergy	Mild to Moderate			Active	

Diets

- Regular Diet (with special Dietary needs)

Other Restrictions

no apples, no lamb

External Apps

External App	
Name	Unique Patient ID Action

Lab Testing

Lab Bill To Unassigned	Lab Guarantor Type Unassigned	Lab Guarantor Unassigned	Lab Guardian Unassigned	Lab Patient Class Not Applicable
Lab Primary Insurance Unassigned	Lab Secondary Insurance Unassigned			

Client Record Source: N/A

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Insurance Verification

Audrey Chaing
 Current Address:
 9 Dolphin Ct
 Alameda, CA 94501

DOB: 05/26/1980
 SSN:
 Phone: 917-273-9941

Subscriber's name Audrey Chaing	Subscriber's SSN	Subscriber's DOB 05/26/1980
Relationship Self	Subscriber Employer Insurance Company California Blue Shield	
Insurance Phone	Policy No. xed914041218	Group ID
Plan type		
Initial coordinator n/a	Initial date/time n/a	
Rate type	Plan year calendar	Confirmation #
Effective YES	COBRA NO	Pre-Existing NO
Precert penalty YES	Precert penalty terms"	Pre existing terms

Substance Abuse Benefits

DED	DED met	OOP	OOP met
14000	0	25000	0

Precertification required for: Detox - UHC, Residential 3.5, PHP, IOP, OP

	Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
Detox - UHC Benefits			NO SUBACUTE			
Residential 3.5 Benefits	50%		500 daily max			
PHP Benefits	50%		500 daily max			
IOP Benefits	50%					
OP Benefits						

Mental Health Benefits

Precertification required for:

	Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
Detox - UHC Benefits						
Residential 3.5 Benefits						
PHP Benefits						
IOP Benefits						
OP Benefits						

UA Benefits

Precertification required for:

	Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
Detox - UHC Benefits						
Residential 3.5 Benefits						
PHP Benefits						
IOP Benefits						
OP Benefits						

JACHO / CARF Detox & Res ONLY: NO

OOP / Deductible Combined: NO

State License Sufficient: NO

Precertification Company

Bill to name

California Blue Shield

Claims Address

License requirements

Pharmacy Benefit

NO

RX

Comment

rtc 500 php 500-400 IOP 400-300

Phone

Payer ID

Free Standing Facility

NO

RX Phone

Rounds

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: **Apple, Lamb Meat**

Admission: 12/30/2025 Care Team

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Reflections Pre-Admission Assessment

Initial Call Information

Date: 12/30/2025

Lead Source:

Information Collected
from:

Kristin

Referent Name:

Internet Search

Client Information

Client Name: Audrey Chaing DOB: 05/26/1980 Age: 45 Phone #:

Client Address: 9 Dolphin Ct
Alameda, CA 94501

Client Occupation:

CTO, currently unemployed

Marital Status: Single

Current living
arrangements and is
this conducive to
sobriety:

Lives alone, unsure if conducive. Boyfriend lives close by and is not sober, but trying.

Birth Gender:

Female

Identified Gender:

Female

Can you read and
write in english?

Do you require
interpretive services?

No

Current treating professionals (Psychiatric, PCP, Therapist, Other)

Name	Provider Type	Contact Information (PHONE/EMAIL)
Dr Patel	PCP	Sutter
Dr Matt Lozama	Psychologist	Foresight Mental Health

Presenting Information

Why are you reaching out for help now?

Powered by Kipu Systems

Created on: 12/31/2025 18:59 PM EST - 18:59 PM EST

7 of 188 pages

Audrey has admitted herself to Bayside for detox treatment for her addiction to Ketamine. She has been using it with her Psychologist, and has a prescription, but has been abusing it, buying it off the street or internet. She says she has been in therapy for many years tried all kinds of modalities, and maybe as a result has realized some repressed childhood trauma. She says this trauma has been the source of her Ketamine abuse.

Audrey is 5'5" 130 lbs.

How have your issues been affecting your life (work/school/family/ relationships)?

Her relationships are rocky, she has become more and more introverted

What do you hope to get out of treatment (expectation/goals):

Audrey is aware that she needs more than a week to stabilize and get back on her feet. She is looking to come to us for one additional week, possibly two of recovery.

What mental health and/or substance use diagnoses have you received (current and in the past)?

PTSD

In the past few weeks, has your drug/alcohol use or mental health issues lead to any of the following?

Loss of energy or interest in activities:

Somewhat

Social Withdrawal:

Yes

Problem with ADL's (dressing, grooming, toileting, bathing, transferring, ambulating, eating):

No

Substance Abuse/Addiction Information

Are you currently using or do you have a history of using drugs or alcohol?

Yes

No

Alcohol

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Alcohol	2 -3 glasses of wine a few times a week		Teens, high school	12/26/25	NA

Opiates None

None

Sedatives/Benzodiazepines

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Valium/Diazepam	NA				
Klonopin/Clonazepam	NA				
Xanax/Alprazolam	Have taken others prescriptions, unsure of dosage		20's	2 -3 months ago	NA
Ativan/Lorazepam	As needed, .5mg	1 year	44	Last month	NA
Ambien/Lunesta	NA				
Librium/Chlordiazepoxide	NA				

None

Marijuana None

Cocaine/Stimulants

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Cocaine	Experimented with in 20's		20	30	NA
Meth	NA				
RX	NA				

None

Hallucinogens

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
LSD	Experimented with in 20's		20	30	NA
Mushrooms	Experimented with in 20's		20	30	NA
Ecstasy	NA				
Ketamine	Prescribed, has been abusing for the last 1- 1 1/2 years	1 gram daily at worst	35	12/26/25	NA

None

Others None

History of Seizure?:

NA

Longest Period of Sobriety and When:

A few months at a time

When you stop using, do you have a history of withdrawal symptoms?:

Yes

No

If yes, explain

Tremors, nausea, irritable

Have you struggled with any other forms of addiction such as gambling, spending internet, pornography, sex and love?

Workaholic, exercising maybe

Do you currently smoke or use nicotine products?

	TYPE	Amount/Frequency/Route
	NA	

Mental Health Information

Have you ever been psychiatrically hospitalized or had psychiatric ER visit? Yes

Facility:

Admit Date:

Reason for Admission/Diagnoses:

Two 5150 evaluations in December at Alameda Hospital, only held one night on 12/15.

DEPRESSION

Have you ever experienced any of the following symptoms of Depression?

Hopelessness (Ex. Things are never going to get better): No

Helplessness (Ex. No kind of treatment will make me feel better. Nothing/No one can help me): No

Worthlessness: No

Decreased Energy or Motivation: No

Have you ever had problems with your sleep? Yes

If admits, describe previous history and current:

Can fall asleep, wide awake at 1a and 3am consistently with anxiety

Client admits to the following sleeping problems:

Provide details, if selected Other:

Have you ever had problems related to food/eating behaviors? No

Diagnosis:

Date

Willing to continue in ED treatment as part of programming? No

ANXIETY

Have you ever experienced any of the following symptoms of anxiety?

Panic Attacks: Yes

If admits, describe previous history and current:

Heart palpitations, shortness of breath

Restlessness/Inability to sit still: No

Obsessive Thoughts: No

Compulsive Behaviors: Yes

If admits, describe previous history and current:

With PTSD can get compulsive about cleaning/cleanliness

Phobias: No

Hyperactivity/Concentration Issues: No

Other Symptoms of Anxiety:

MANIA

Have you ever experienced mania? No

Have you ever experienced feelings of being superior to others, being exceptional/unique, hypersexuality, or inability to slow down? No

PSYCHOSIS

Have you ever experienced thoughts, seen or heard things, that did not seem real or that you question? No

TRAUMA

Have you ever experienced trauma including abuse, neglect, or exploitation or natural disaster? Yes

Describe previous history and current:

Audrey has realized her father sexually abused her as a child and has been experiencing PTSD as a result for the last year and a half. Her ex boyfriend committed suicide and her best friend has been suicidal.

Have you ever felt that you were exploited in exchange for using substances?

No

BEHAVIORAL RISK FACTORS

Putting self or others in dangerous situations:

No

Aggression/Violence towards others: No

Legal History Information

Any current or history of legal charges or convictions?

No

Have you ever been charged or convicted of a sex crime, or are a registered sex offender? Yes No N/A

LEGAL CHARGES	DATE ADJUDICATED	EXPLANATION
---------------	------------------	-------------

Initial Evaluation of Risk to Self/Others Information

Current Suicidal/Homicidal Behaviors

Do you have any recent suicide attempts? No

Do you currently have suicidal ideations or are making threats? No

Do you currently have homicidal ideations or are making threats? Do you currently have homicidal ideations or are making threats? No

Is the ideation repetitive or persistent? No

Does the Client have a specific plan? No

Does the ideation involve serious/lethal intent? No

Does the ideation have delusional or hallucinatory content? No

History of Suicidal/Homicidal/Assaultive Behaviors

Have you ever had suicidal thoughts:	No
Have you ever purposely inflicted harm on yourself?	No
Hospitalization or medical attention required?	No
Have you ever had thoughts about harming someone else?	No
Have you ever assaulted or been aggressive towards others?	No
Have you ever caused physical harm to self/others while in an intensive treatment setting?	No

Current and Prior Treatment Information

Are you currently in a hospital or medical facility?	Yes
---	-----

Facility:

Bayside Treatment Center

Admit Date: 12/26/2025

Reason for Admission/Diagnosis:

SUD Detox

Have you received any additional mental health, substance abuse, medical treatment or therapy in the past?

TREATMENT TYPE	FACILITY	LOCATION	DATES OF TREATMENT	DAYS	PROBLEM/DIAGNOSIS/REASON
NA					

Do you have any history of not completing treatment programs (i.e. leaving against clinical advice or being administratively discharged): No**Medical History and Conditions Information****Current Prescription Medications****Are you currently prescribed any medications, or taking any supplements or over the counter medications?**

NAME OF MEDICATION	DOSAGE	FREQUENCY	DURATION	PRESCRIBER	REASON PRESCRIBED
Gabapentin	300mg 4 x day at Bayside		3 days		
Propenol	10mg as needed		2 years		
Buspar	Not sure		2 days		
Trazodone	Unsure of dosage, takes as needed		1 year		Sleep

Do you require any injectable medication? (insulin, testosterone, etc.):

NA

Can you self-administer?**Have you ever taken more than prescribed of these medications or run out of medications early?** No**Are there any medical conditions you are currently being treated for?** No**Are you currently exhibiting any COVID-like symptoms or believe you might have** Yes No

COVID?

Have you been exposed to anyone with COVID within the last 72 hours? Yes No

Do you have any allergies - Food/Drug/Environmental? Yes

Details:

Raw apples, lamb - upsets stomach

Do you have any dietary restrictions that we need to inform the chef about? No

Do you have any issues walking up and down stairs independently without assistance? No

Do you have any history of falls? No

Do you have any visual or hearing impairments that would prevent you from being able to evacuate the building unassisted in the event of an emergency? No

Do you have issues with memory, comprehension, or any other symptoms of cognitive impairments/issues:

No

Do you use any special medical equipment?

No

Do you have any easily transmittable and/or untreated infectious conditions? No

Provide details, if selected Other:

Are you under the care of a physician? No

Are you currently pregnant or do you suspect that you may be pregnant? No

Kristin Furuichi (Staff), 12/30/2025 02:04 PM

Reviewed by

Ellen Barbieri, NP (Review), NPI Number 1134929573, DEA mb9534822, 12/30/2025 02:13 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

COVID-19 Pre-Admission Screening Questionnaire 12/30/2025 02:51 PM

Date/Time: 12/30/2025 02:51 PM

Living at Reflections, LLC

COVID-19 Pre-Admission Screening Questionnaire

Client Name: Audrey Chaing

It is the intent of LAR to protect our current clients from exposure to COVID-19 and use Universal Precautions at all times. LAR will follow the guidance for healthcare facilities from the Centers for Disease Control and Prevention (CDC). Therefore, we are unfortunately not able to allow any visitors who may have been in contact with someone with COVID-19 OR who are exhibiting flu-like symptoms.

Pre-Admission Screening for Clients Scheduled to Admit:

- | | | |
|--|---------------------------------|---|
| 1. Are you experiencing flu-like symptoms, such as fever, cough, or shortness of breath? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 2. In the last 14 days have you traveled to a high-risk area for transmission of COVID-19? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 3. Have you been in close contact with someone confirmed or who is being evaluated for COVID-19? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |

If "Yes" is answered to any of the above questions, advise the individual to seek an immediate medical evaluation.

Are you at risk for severe COVID-19 symptoms:

- | | | |
|--|---------------------------------|---|
| 1. Do you have a history of respiratory illness? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 2. Are you immunocompromised? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 3. Are you over the age of 60? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |

Information to Communicate:

In addition to asking the above Pre-Admission Screening questions, briefly review the following process with the client so they understand what to expect when they arrive at the facility:

1. Clients will be asked by a staff prior to traveling to the facility:

A) Are you experiencing flu-like symptoms, such as fever, cough, or shortness of breath? N/A

B) Have you been in close contact with someone confirmed or who is being evaluated for COVID-19? N/A

C) Have you been fully vaccinated for COVID-19? Yes
 No

D) What vaccine did you receive and on what date?

Received one booster but stopped getting them. Does not want to continue getting the vaccine. Has gotten both Pfizer and Moderna

E) Have you tested positive for COVID-19? If so what was the date of your positive test? N/A

1. Client should also be informed:

1. They will be asked to engage in washing their hands upon arrival to the facility
2. After they have washed their hands and are signing into the facility they will be asked screening questions again
3. The facility will all clients and visitors with a Universal Precautions Information Sheet
4. If a Client answers "yes" to either screening question they will not be allowed to visit and will be advised to seek a medical evaluation as soon as

What to Expect When arriving for Admission:

- a. Clients/Family will be met in the lobby and informed we are following Universal Precautions Protocols. They will be asked to wash their hands upon arrive and prior to entering common areas/offices
- b. The Client/Family will be asked Pre-Admission screening questions by the nurse or designee within 60 minutes of arrival and:
 - i. Check for fever
 - ii. Listen for respiratory issues

The staff's signature below is verification that all the above information was obtained from and communicated with the client prior to traveling to the facility for admission. Upon completion of this form it should be attached to the clients record in KIPU.



Monika Lopez, LVN (Staff), 12/30/2025 06:27 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Assignment of Primary Therapist 12/30/2025

Client was accepted into program for assessment and treatment. His/her primary therapist is named below.

Primary Therapist

Primary Therapist

Stewart Bryant, LMFT

Assigned on

12/30/2025

Evaluation Date: 12/30/2025

Comments

A handwritten signature in blue ink, appearing to read "Kris Furuichi".

Kristin Furuichi (Staff), 12/30/2025 02:48 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Consent For Treatment & Conditions Of Admission

- 1. **Consent:** I voluntarily consent to this admission to Living at Reflections, LLC .
- 2. **Emergency Treatment and/or Hospital Transfer:** I understand that while at Living at Reflections, LLC, the need for emergency treatment and/or transfer to a hospital may become necessary and appropriate. Should the need for such treatment and/or transfer be deemed necessary and appropriate by my attending physician, his/her assistants, and designees, I consent to such emergency treatment and/or transfer to a hospital and hereby indemnify Living at Reflections, LLC and its staff, or any physician who may be in attendance, from any loss resulting from such emergency treatment and/or transfer.
- 3. **Medical Consent:** The Client is under the care of his/her attending physician, or the physician assigned by Living at Reflections, LLC, and the undersigned consents to examination and laboratory procedures. Medical treatment is rendered under the order of the physician or his/her designee.
- 4. **Drug Screen Consent:** I further understand that part of the treatment offered by Living at Reflections, LLC may require my submitting to urinalysis for drug/alcohol content, psychological testing, and other such similar procedures and that the consent that I have given in this document shall include, but not be limited to, the same. The results of urinalysis will be used for treatment planning purposes, will not be used for terminating treatment planning purposes, and will not be released without Patient consent. Federal regulations prohibit making any further disclosure of this information unless expressly permitted by written consent of the person whom it pertains or as otherwise permitted by CFR 42, part 2.
- 5. **Conditions of Treatment:** I acknowledge and understand that the practice of substance abuse treatment is not an exact science and that no promises or guarantees have been made to me regarding the final outcome of my treatment by Living at Reflections, LLC. I do hereby absolve Living at Reflections, LLC from any liability in the event that its treatment of my person is unsuccessful either in the short or long term or any events that may occur due to my addiction and/or treatment.
- 6. **Rules & Regulations:** I hereby agree to comply with and abide by the policies, rules, and regulations of Living at Reflections, LLC in my treatment. Client acknowledges that they may not be eligible for all treatment services without COVID-19 vaccination.
- 7. **Release of Information:** Living at Reflections, LLC may disclose all or any part of the Patient's record to any person or corporation which is or may be liable under a contract to Living at Reflections, LLC, or to the Patient, or to a family member of Client, for all or part of the facility charges. Living at Reflections, LLC may further disclose all or said part of the Client's record to the referring doctor, hospital, clinic, and in case of minors, may disclose aftercare forms to the Client's school system.
- 8. **Personal Valuables:** Living at Reflections, LLC shall not be liable for any loss of or damage to any money, jewelry, eyeglasses or contact lenses, dentures, documents, or any other articles of value.
- 9. **Drugs:** The Client shall neither use nor keep any drugs or drug appliance/apparatus not prescribed by or on behalf of the attending physician. All medications should be dispensed/taken as directed by the physician during the Client's current stay. Any such contraband found in the Client's possession will be removed and destroyed.
- 10. **AI:** I understand and consent to the secure transcribing of my individual sessions using HIPAA-compliant AI tools through Perspectives Health for the purpose of generating clinical and peer documentation, with access limited to authorized staff, and acknowledge that this process complies with all applicable privacy regulations (including HIPAA and 42 CFR Part 2) while supporting my providers in focusing more directly on my care.
- 11. **Photograph:** I understand and consent I may be under camera surveillance for my safety and protection. I, consent to be photographed by Living at Reflections, LLC staff upon admission. These photographs are to remain as part of the permanent medical record and not otherwise disseminated without the client's specific consent.

It is the policy of Living at Reflections, LLC that the photo and camera surveillance is for therapeutic purposes and will be conducted upon consent of the client and only with approved equipment. I knowledge that I may decline from being under being under camera surveillance while at Living at Reflections, LLC for my safety and protection. In the event that I decline, I understand that I will not be allowed to remain in treatment.

The undersigned certifies to understand and agree to the above, receiving a copy thereof, and is the Client, or is duly

authorized by and on behalf of the Client to execute the above and accepts its terms personally and upon the Client's behalf.

Certified Forms Library, ©2015 MBHC and Kipu Systems® LP-IO-0003-130902



Audrey Chaing (Client), 12/30/2025 04:35 PM
Staff present: Michael Del Carlo, Program Assistant

This form expires on 12/30/2026 04:35 PM.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Activities Release and Waiver of Liability

Notice: This form contains a release and waiver of liability and when signed is a contract between the undersigned participant and Living at Reflections, LLC with legal consequences. Please read this Agreement, consisting of one (1) pages in its entirety, carefully before signing your name at the bottom of the page. This form must be signed in the presence of one (1) witness who should sign as witness.

Date of Execution of Release and Waiver of Liability:

The undersigned agrees that this "Activities Release and Waiver of Liability" form agreement is valid from the date of execution through the date of discharge.

Acknowledgments and Representations by Client:

The undersigned is currently a client of Living at Reflections, LLC. The undersigned has voluntarily consented to participate in voluntary sports activities or voluntary physical activities such as yoga, basketball, and other such type of voluntary sports or physical activities, which may not be specifically identified herein, while being a client at such facility. The undersigned acknowledges and represents that his participation in such sports activities and physical activities is not a mandatory requirement of Living at Reflections, LLC, and that any participation by the undersigned in any and all sports related activities and physical activities, is purely voluntary and of the undersigned's own free will. The undersigned acknowledges and represents that there has been no coercion or force on the part of Living at Reflections, LLC for the undersigned to execute this release and waiver of liability agreement. The undersigned has knowingly, freely and voluntarily consented to execute this release and waiver of liability agreement. The undersigned acknowledges and understands that it is the undersigned's sole decision to participate in such voluntary activities. The undersigned acknowledges and represents that he has been informed that he has an absolute right to refuse to participate in any and all sports related activities or physical activities.

To Living at Reflections, LLC, Inc.: In consideration of the opportunity afforded to me, by Living at Reflections, LLC, to participate in voluntary sports activities or voluntary physical activities such as yoga, basketball, and any other similar types of voluntary sports or physical activities which may not be specifically identified herein, the undersigned client freely agrees to make the following contractual representations and agreements with Living at Reflections, LLC.

The undersigned client, does hereby knowingly, freely, and voluntarily assume all liability for any damage or injury that may occur as a result of my (or my dependent/ward) participation in the activities described herein and agree to release, waive, discharge, and covenant not to sue Living at Reflections, LLC, its officers, agents, employees, and volunteers from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of participation in the activities described herein, whether caused in whole or in part by the negligence of Living at Reflections, LLC, or otherwise.

The undersigned client, has read this form, fully understand its terms, and understand that, I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law, and I agree that if any portion of this contract is held to be invalid the balance notwithstanding, shall continue in full legal force and effect.

I also agree, that the rules provided to me by the Living at Reflections, LLC, will be followed during the course of my voluntary participation in the activities described herein. Otherwise, my privilege of participating in such activities will be revoked immediately. Each client must sign a release and waiver of liability form in order to participate in the voluntary activities described herein. I acknowledge that due to the nature of the activities described herein, Living at Reflections, LLC staff will not be able to prevent injuries from occurring during the course of such activities; therefore, I am choosing to participate in such activities at my own risk and agree to assume all risks associated therewith.

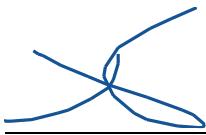
Indemnification of Living at Reflections, LLC: The undersigned client shall at all times hereafter indemnify, hold harmless and, at Living at Reflections, LLC Attorney's option, defend or pay for an attorney selected by Living at Reflections, LLC to defend Living at Reflections, LLC, its officers, agents, servants, and employees against any and all claims, losses, liabilities, and expenditures of any kind, including attorney fees, court costs, and expenses, caused by negligent act or omission of the client, other clients, Living at Reflections, LLC, its employees, agents, servants, or officers, or accruing, resulting from, or related to the undersigned client engaging in any voluntary sports activities or voluntary physical activities such as volleyball, aerobics, and any other similar types of voluntary sports or physical activities which may not be specifically identified herein, including, without limitation, any and all claims, demands, or causes of action of any nature whatsoever resulting from injuries or damages sustained by any person or property. The provisions of this section shall survive the expiration or earlier termination of this Agreement or the discharge of the client from the residential/outpatient facility operated by Living at Reflections, LLC.

Venue: This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of
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Created on: 12/31/2025 18:59 PM EST - 18:59 PM EST

19 of 188 pages

California. Venue for litigation concerning this Agreement shall be in Los Angeles County.



Audrey Chaing (Client), 12/30/2025 06:21 PM
Staff present: Michael Del Carlo, Program Assistant

This form expires on 12/30/2026 06:21 PM.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Client Rights

In accordance with Title 9, Chapter 5, Section 10569, of the California Code of Regulations, each person receiving services from a residential alcoholism or drug abuse recovery or treatment facility shall have rights which include, but are not limited to, the following:

- 1) To be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment and in care of personal needs
- 2) To be informed by the treatment provider of all the aspects of treatment recommended to the client, including the option of no treatment, risks of treatment, and expected result or results
- 3) To be treated by treatment providers with qualified staff
- 4) To receive evidence-based treatment
- 5) To be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate and the treatment provider is authorized to treat co-occurring conditions
- 6) To receive an individualized, outcome-driven treatment plan 2
- 7) To remain in treatment for as long as the treatment provider is authorized to treat the client
- 8) To receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized to provide these services
- 9) To receive care in a treatment setting that is safe and ethical
- 10) To be free from mental and physical abuse, exploitation, coercion, and physical restraint
- 11) To be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights were given
- 12) To be informed by the treatment provider of the law regarding complaints, including, but not limited to, to be informed of the address and telephone number of DHCS
- 13) To receive ethical care that covers and ensures full compliance with the requirements set forth in Chapter 5 (commencing with Section 10500) of Division 4 of Title 9 of the California Code of Regulations and the alcohol and other drug program certification standards adopted in accordance with Section 11830.1, if applicable

COMPLAINTS

In accordance with Title 9, Chapter 5, Section 10543(a), of the California Code of Regulations, any individual may request an inspection of an alcoholism or drug abuse recovery or treatment facility. Complaints should be directed to:

Department of Health Care Services Licensing and Certification Branch, MS 2600

PO Box 997413

Sacramento, CA 95899-7413

Attention: Complaint Coordinator

(916) 324-4505

FAX (916) 322-2658

TDD: (916) 445-1942

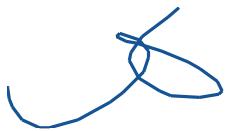
Acknowledgement

I have been personally advised and have received a copy of my personal rights and have been informed of the provisions for complaints at the time of my admission to Living at Reflections, LLC.

Complaints / Grievances

A client has the right to submit a complaint / grievance without retaliation or barriers to services either verbally or in writing to their primary therapist. If the client feels that their issues were not resolved by their primary counselor, they have the right to have their complaint / grievance reviewed by the Clinical Director for consideration. If the issue remains unresolved to the client's satisfaction, the complaint will be forwarded to the Living at Reflections, LLC Executive Director for final consideration and resolution.

- The client will be enabled to discuss their concerns / issues with their primary therapist.
- If not resolved, the client will be enabled to request, in writing, a meeting with the Clinical Director.
- The Clinical Director must meet with the client within three business days of receipt of the written request, and must respond within two business days of the meeting.
- If not resolved, the client may request that the issue be addressed by the Living at Reflections, LLC Executive Director. The facility Executive Director will contact the client to review the grievance within two business days.
- The decision of the Living at Reflections, LLC Executive Director will be rendered within three (3) business days and is final.
- Clients have the right to request that a witness or client advocate of their choice be available for assistance.
- If the client's complaint / grievance relates to the facility Executive Director the complaint / grievance will be forwarded to the next highest person in the reporting chain.



Audrey Chaing (Client), 12/30/2025 06:21 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Confidentiality & Limits of Confidentiality of Mental Health, Alcohol & Drug Abuse Client Records

The confidentiality of mental health, alcohol abuse, drug abuse, and/or eating disorder Client records maintained by this program is protected by Federal laws and regulations. The limits of confidentiality include that the program may not say to a person outside the program that a Client attends the program or disclose any information identifying a Client as an alcohol or drug abuser, UNLESS:

1. The Client consents in writing;
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
4. Suspected child or elderly abuse or neglect from being reported under State law to appropriate State or local authorities.
5. Any information about a crime committed by a Client either at the program or against any person who works for the program or about any threat to commit such a crime.
6. Any threats to self or to others.

Violation of the Federal laws and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a Client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child or elderly abuse or neglect from being reported under State law to appropriate State or local authorities.

I understand that my records are protected under Federal Confidentiality regulations (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations) published August 10, 1987, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions.

Uses and Disclosure of Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

This notice is effective as of April 15, 2003

USES AND DISCLOSURE OF HEALTH INFORMATION

Living at Reflections, LLC is committed to protecting the privacy of the personal and health information we collect or create as part of providing health care services to our clients, known as "Protected Health Information" or "PHI". PHI typically includes your name, address, date of birth, billing arrangements, care, and other information that relates to your health, health care provided to you, or payment for health care provided to you. PHI DOES NOT include information that is de-identified or cannot be linked to you.

This notice of Health Information Privacy Practices (the "Notice") describes Living at Reflections, LLC's duties with respect to the privacy of PHI, Living at Reflections, LLC's use of and disclosure of PHI, client rights and contact information for comments, questions, and complaints.

Living at Reflections, LLC'S PRIVACY PROCEDURES AND LEGAL OBLIGATIONS

Living at Reflections, LLC obtains most of its PHI directly from you, through care applications, assessments and direct questions. We may collect additional personal information depending upon the nature of your needs and consent to make additional referrals and inquiries. We may also obtain PHI from community health care agencies, other governmental agencies or health care providers as we set up your service arrangements.

Living at Reflections, LLC is required by law to provide you with this notice and to abide by the terms of the Notice currently in effect. Living at Reflections, LLC reserves the right to amend this Notice at any time to reflect changes in our privacy practices. Any such changes will be applicable to and effective for all PHI that we maintain including PHI we created or received prior to the effective date of the revised notice. Any revised notice will be mailed to you or provided upon request.

Living at Reflections, LLC is required by law to maintain the privacy of PHI. Living at Reflections, LLC will comply with federal law and will comply with any state law that further limits or restricts the uses and disclosures discussed below. In order to comply with these state and federal laws, Living at Reflections, LLC has adopted policies and procedures that require its employees to obtain, maintain, use and disclose PHI in a manner that protects client privacy.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as outlined below, Living at Reflections, LLC will not use or disclose your PHI without your written authorization. The authorization form is available from Living at Reflections, LLC (at the address and phone number below). You have the right to revoke your authorization at any time, except to the extent that Living at Reflections, LLC has taken action in reliance on the authorization.

The law permits Living at Reflections, LLC to use and disclose your PHI for the following reasons without your authorization:

For Your Treatment: We may use or disclose your PHI to physicians, psychologists, nurses, Pharmacies and other authorized healthcare professionals who need your PHI in order to conduct an examination, prescribe medication or otherwise provide health care services to you.

To Obtain Payment: We may use or disclose your PHI to insurance companies , government agencies or health plans to assist us in getting paid for our services . For example, we may release information such as dates of treatment to an insurance company in order to obtain payment.

For Our Health Care Operations: We may use or disclose your PHI in the course of activities necessary to support our health care operations such as performing quality checks on your employee services. We may also disclose PHI to other persons not in Living at Reflections, LLC's workforce or to companies who help us perform our health services (referred to as "Business Associates") we require these business associates to appropriately protect the privacy of your information .

As Permitted or Required By The Law: In some cases we are required by law to disclose PHI. Such as disclosers may be required by statute, regulation court order, government agency, we reasonably believe an individual to be a victim of abuse, neglect or domestic violence: for judicial and administrative proceedings and enforcement purposes.

For Public Health Activities: We may disclose your PHI for public health purposes such as reporting communicable disease results to public health departments as required by law or when required for law enforcement purposes.

For Health Oversight Activities: We may disclose your PHI in connection with governmental oversight, such as for licensure, auditing and for administration of government benefits. The California Department of Human Services is an example of an agency that oversees Living at Reflections, LLC's operations.

To Avert Serious Threat to Health and Safety: We may disclose PHI if we believe in good faith that doing so will prevent or lessen a serious or imminent threat to the health and safety of a person or the public.

Disclosures of Health Related Benefits or Services: Sometimes we may want to contact you regarding service reminders, health related products or services that may be of interest to you, such as health care providers or settings of care or to tell
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you about other health related products or services offered at Living at Reflections, LLC. You have the right not to accept such information.

Incidental Uses and Disclosures: Incidental uses and disclosures of PHI are those that cannot be reasonably prevented, are limited in nature and that occur as a by-product of a permitted use or disclosure. Such incidental used and disclosures are permitted as long as Living at Reflections, LLC use reasonable safeguards and use or disclose only the minimum amount of PHI necessary.

To Personal Representatives: We may disclose PHI to a person designated by you to act on your behalf and make decisions about your care in accordance with state law. We will act according to your written instructions in your chart and our ability to verify the identity of anyone claiming to be your personal representative.

To Family and Friends: We may disclose PHI to persons that you indicate are involved in your care or the payment of care. These disclosures may occur when you are not present, as long as you agree and do not express an objection. These disclosures may also occur if you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest. We may also disclose limited PHI to public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in caring for you. You have the right to limit or stop these disclosures.

YOUR RIGHTS CONCERNING PRIVACY

Access to Certain Records: You have the right to inspect and copy your PHI in a designated record set except where State law may prohibit client access. A designated record set contains medical and billing and case management information. If we do not have your PHI record set but know who does, we will inform you how to get it. If our PHI is a copy of information maintained by another health care provider, we may direct you to request the PHI from them. If Living at Reflections, LLC produces copies for you, we may charge you up to \$1.00 per page up to a maximum fee of \$50.00. Should we deny your request for access to information contained in your designated record set, you have the right to ask for the denial to be reviewed by another healthcare professional designated by Living at Reflections, LLC .

Amendments to Certain Records: You have the right to request certain amendments to your PHI if, for example, you believe a mistake has been made or a vital piece of information is missing. Living at Reflections, LLC is not required to make the requested amendments and will inform you in writing of our response to your request.

Accounting of Disclosures: You have the right to receive an accounting of disclosures of your PHI that were made by Living at Reflections, LLC for a period of six (6) years prior to the date of your written request. This accounting does not include for purposes of treatment, payment, health care operations or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health purposes or in response to a subpoena or court order.

Restrictions: You have the right to request that we agree to restrictions on certain uses and disclosures of your PHI, but we are not required to agree to your request. You cannot place limits on uses and disclosures that we are legally required or allowed to make.

Revoke Authorizations: You have the right to revoke any authorizations you have provided, except to the extent that Living at Reflections, LLC has already relied upon the prior authorization. The revocation must be done in writing on the ROI that is being revoked.

Delivery by Alternate Means or Alternate Address: You have the right to request that we send your PHI by alternate means or to an alternate address.

Complaints & How to contact us: If you believe your privacy rights have been violated, you have the right to file a complaint by contacting Living at Reflections, LLC at the address and/or phone number indicated below. You also have the right to file a complaint with the Secretary of the United States Department of Health and Human Services in Washington,D.C. Living at Reflections, LLC will not retaliate against you for filing a complaint.

If you believe your privacy rights have been violated, you may make a complaint by contacting Linda Potere, HIPAA Privacy Officer at (800) 368-1019 or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

Please be aware that mail sent to the Washington D.C. area offices takes an additional 3-4 days to process due to changes in mail handling resulting from the Anthrax crisis of October 2001.

RESTRICTION REQUEST:

I request a restriction on the Use or Disclosure of my following information:

n/a

CLIENT TO BE GIVEN A COPY ALONG WITH A COPY TO FILED IN CLIENT CHART

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We Powered by Kipu Systems

will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: October 11, 2013



Audrey Chaing (Client), 12/30/2025 06:22 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Consent for Camera Surveillance & Therapeutic Photograph

I, Audrey Chaing, consent to be photographed by Living at Reflections, LLC staff upon admission. These photographs are to remain as part of the permanent medical record and not otherwise disseminated without the patient's specific consent.

It is the policy of Living at Reflections, LLC that the photo and camera surveillance is for therapeutic purposes and will be conducted upon consent of the patient and only with approved equipment.

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Audrey Chaing (Client), 12/30/2025 06:22 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Confidentiality

To reinforce the feelings of closeness and willingness to share with others your feelings, thoughts, and consequences of your dependency, confidentiality is a must in group therapy. Use this as your golden rule: **What is said in Group, stays in Group.** To break this rule violates the trust of the total group and the effectiveness of group therapy is lost.

The following guidelines will help you maintain this rule:

1. Group issues are not discussed with others outside your group.
2. Do not discuss group issues with your roommate unless he/she is in your group.
3. Do not discuss at any outside meetings or places where others may overhear you.

Your group therapists have the same responsibilities for group confidentiality as you, with the exception that your therapists share group issues and your participation in the group process with other staff members. This is a vital part of the staff team's approach to assist you in your recovery.

The staff values your confidentiality so highly that anyone who breaks confidentiality - whether to another patient of Living at Reflections, LLC or to family, significant others, etc., may be subject to discharge from this program.



Audrey Chaing (Client), 12/30/2025 06:22 PM

Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Liability Waiver for Gym, Pool, and Outing Events

The undersigned and the undersigned's heirs, executors, and administrators hereby waive and forever release and discharge Living at Reflections, LLC, its owners, staff, and sponsors of and from any and all claims, suits, or rights for damages for personal property damage and/or physical injury which may be sustained or which occurs during participation in physical and/or recreational activities off-campus and/or on campus at any Reflections property including but not limited to the gym or the pool utilized or any other Reflections or non-Reflections property at Living at Reflections, LLC that may occur to or from the physical and/or recreational activity, whether or not such injury or property damage or loss is caused by, is connected to, or arises out of any acts or omissions or the negligence of Living at Reflections, LLC, its owners, staff, and sponsors.

According to Federal Regulations for Client Confidentiality and Protected Health Information, I agree not to disclose to any and all persons while at the gym that I am a client of Living at Reflections, LLC, about my own or others' purpose for being at and/or participating in any and all activities.

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Audrey Chaing (Client), 12/30/2025 06:22 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

LIVING AT REFLECTIONS, LLC

Program and House Rules - Simmons

Living at Reflections, LLC warmly welcomes you to our Simmons facility. We have implemented the following rules in order to maintain your safety and the safety of all clients and staff:

PROCEDURE:

- Clients are to remain within the grounds of Reflections at all times unless accompanied by a staff member or given a pass to go off premises. DO NOT LEAVE the property without clinical permission.
- Cell phone use is permitted during non-program times. That is before 8:00 am, during breaks from groups and individual sessions, and after 4pm.
- Please do not bring cell phones to groups. Using your phone during groups is disrespectful and distracting.
- The Living Room TV is restricted to hours from 6:00am to 8:00am and 4:00pm until lights out Monday through Friday, and 6:00am until lights out Saturday and Sunday. Appropriateness of TV/media content will be monitored by staff. Inappropriate content includes, but is not limited to pornography, excessive profanity, negative drug/alcohol influence, inappropriate violence, racial propaganda, and glamorizing eating disorders.
- Medications are available during the following times or when medically indicated:
 - 7:00am – 9:00am
 - 11:00am – 1:00pm
 - 4:00pm – 6:00pm
 - 8:00pm – 10:00pm
- Clients are expected to do meds outside of group hours except when medically necessary.
- As part of the clinical program, all clients are required to attend a minimum of three (3) outside recovery-based support meetings per week. Acceptable meetings include, but are not limited to: 12 Step (AA, NA), SMART Recovery, Celebrate Recovery, Recovery Dharma, Refuge Recovery, LifeRing, or other approved peer-support groups.
- Clients are responsible for personal valuables and provided with personal safes in their individual bedrooms. Living at Reflections, LLC will maintain the combination codes to the safes. Safes are subject to search for the safety of clients and staff.
- Living at Reflections, LLC is not responsible for ANY LOST OR STOLEN PROPERTY.
- Items left at Reflections after 30 days will be disposed.
- Clients are required to maintain a clean and safe living space within their bedroom area.
- Clients may be subject to room changes during their stay in order to accommodate census changes at the facility.
- Clients may not bring alcohol, drugs, paraphernalia, or mind or mood altering substances into the facility.
- Clients may not bring weapons of any kind into the facility.
- Clients must provide a urine sample when requested (sample may or may not be observed).
- Clients may not have energy drinks on site.
- Other contraband may be confiscated and stored in client med box at staff discretion.
- No sexual, romantic, or exclusive relationships with other residents.
- No verbal or physical violence against clients, staff, or property of Living at Reflections, LLC. Physical violence includes pushing, shoving, or hitting others. Verbal violence includes making threats, yelling, using profanity, and name-calling.
- Clients are required to attend and participate in all groups, unless excused by the clinical staff.
- Clients are expected to maintain basic hygienic practices.
- Clients are required to maintain a respectful attitude toward staff
Clients are required to be respectful to other clients.
- Clients are to treat any on-site animals with respect and care. Animals have been pre-authorized to be at Living at Reflections, LLC and have passed health/safety/training requirements and are to be treated as a therapeutic asset.
- Guests visiting for any reason need to sign the Visitor Agreement and are not allowed in any clients' bedrooms or bathrooms for any reason.
- Clients are not allowed to enter other clients' bedrooms or bathrooms for any reason.
- Clients are not allowed to share personal items. This includes but is not limited to: phones, money, cigarettes/vape,

clothes, accessories.

- Amazon and other like deliveries and drop offs, must be approved prior to ordering.
- Only non-refillable vaporizers are permitted.

FOOD AND KITCHEN:

Living at Reflections, LLC provides well-balanced and nutritious meals. The Executive Chef will discuss any dietary needs/requirements with the resident in order to ensure the client's diet is reflective of the appropriate foods they should eat.

- No clients allowed in main Kitchen area.
- Clients are responsible for clearing their dishes from the table and putting their dishes in the dishwasher.
- Any kitchen utensils or dishes needed will be provided.
- Coffee is available until 1pm.
- No Instacart or online food deliveries.
- Snacks are provided.

Mealtimes are the following:

Monday-Friday:

Breakfast: 7:00am - 8:00am

Lunch: 12:30pm - 1:00pm

Dinner: 5:00pm - 5:30pm

Saturday and Sunday:

Breakfast: 8:00am - 9:00am

Lunch: 12:30pm – 1:00pm

Dinner: 5:00pm - 5:30pm

VISITATION:

- Visiting hours are Saturday from 1:00pm - 5:00pm.
- Approved visitors are allowed on the first Saturday after completion of one week in the program. Clients must be off detox status and on residential status to have a visitor.
- All approved visitors must review and sign a copy of the Visitors Agreement at the front door.
- Visitors are not allowed to be in any client's bedroom or bathroom at any time.

FIRE SAFETY RULES

- There is NO SMOKING or Vaping allowed anywhere in the house. Smoking outside is permitted only in the designated area. Use provided ashtrays at all times.
- Unplug any appliances not in use (phone chargers, hair dryers, curling irons, hair straighteners, etc.)
- Never run cords under rugs. If a cord is hot or frayed, don't use it. Report anything that you might feel is a fire hazard or danger to a staff member immediately.
- All residents should know proper use and location of fire extinguishers. Fire extinguishers are checked monthly by the Program Manager.
- Do not tamper with any of the smoke alarms. NEVER remove the batteries. Staff is responsible for checking them and replacing batteries if needed.
- If the fire alarm goes off in the middle of the night and you smell smoke or see evidence of a fire, leave the house immediately-do not go back in. Stay close to the ground and crawl to the door-NEVER open a hot door.
- If there is a fire, yell 'FIRE', so that others can get out of the facility.
- Know escape routes and established meeting location.
- Call 911 to report the fire.
- Never try to be the hero and save a person; that is the responsibility of the fire department.
- Never attack a large fire on your own.
- Do use an extinguisher on small fires.

GENERAL FACILITY AND SAFETY RULES:

- Each resident is responsible for the windows in their assigned bed area. Never leave windows open when you leave.

- Never let someone into the house you don't know. Tell them to wait and get staff to address the people. Never allow an ex-resident into the house without staff permission.
- Never give out information about another client. If there are any questions asked, refer them to staff.
- Dress Code: Shirts, Pants, Shoes are required in all common areas (outside of bedrooms). Unacceptable attire includes, but is not limited to: micro-miniskirts, cut-off shorts, midriff tops, tube tops, see-through clothing, provocative attire, string bikinis, thongs, and clothing with drug, alcohol, and gang motifs.
- No pornography.
- Audio players are to be used in bedrooms and at poolside. Please be respectful and use headphones.
- In order to preserve confidentiality of all residents, there is to be no use of cameras, no taking photos, and no "Facetime" in the common areas.
- Pool rules are posted, please adhere. Clients must be on Residential status to use the Pool and Spa. Pool and Spa hours are 7am – 10pm.
- On-site Gym is available for use until 8:30pm.
- Television viewing is allowed during non-program hours, in the evenings, and weekends.
- Quiet time is after 10:00pm Sunday through Thursday.
- Lights out is at 11:30pm daily.

I have read and agree to the above rules and understand that staff may inform me of other facility rules at any given time, which I also agree to adhere to.

Drug and Alcohol Use Policy

I, Audrey Chaing, hereby agree to participate fully in all aspects of my treatment while at Living at Reflections, LLC.

I understand that while I am in treatment at Living at Reflections, LLC, I am expected to:

Please initial the following statements:

AC Abstain from the use of all illegal/non-prescribed substances and alcohol.

AC I understand that if I am prescribed any medication by any provider, I am expected to inform my attending clinician immediately.

AC I understand that frequent and random urinalysis and random breathalyzers are part of substance abuse treatment.

AC I agree to provide a urine drug sample (may be observed or supervised) and/or breathalyzer upon request.

AC I understand that refusal to provide a urinalysis or a breathalyzer when requested will be considered positive and may lead to discharge from the program.

AC I understand that absolutely no alcohol, drugs, or drug paraphernalia is permitted on the premises. I understand that anyone suspected of being under the influence of drugs or alcohol or who possesses any illicit drugs or alcohol may be required to leave the program immediately.

AC I understand that I cannot wear any clothing that glorifies or endorses the use of alcohol or drugs.

The above conditions have been explained to me and I fully understand my obligations while in treatment at Living at Reflections, LLC. I agree to abide by the conditions stated above.



Audrey Chaing (Client), 12/30/2025 06:25 PM

Staff present: Michael Del Carlo, Program Assistant

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Created on: 12/31/2025 18:59 PM EST - 18:59 PM EST

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Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Transportation Release and Waiver of Liability

Notice: This form contains a release and waiver of liability and when signed is a contact between the undersigned Client and Living at Reflections, LLC with legal consequences. Please read this agreement in its entirety carefully before signing your name. This form must be signed in the presence of a witness who should sign as witness.

Client's Information:

Activities: This includes, but is not limited to: Transportation to the facility from the Client's residence, from the facility to the Client's residence, medication pick-up, and transportation to the nearest emergency services facility.

Date of execution of Release and Waiver of Liability: 12/30/2025. The undersigned agrees that this Release and Waiver of Liability agreement is valid from the date of execution through the date of discharge from Residential, Partial Hospitalization or Intensive Outpatient Programs operated by Living at Reflections, LLC.

Name of Facility: Living at Reflections, LLC

Client's Full Name: Audrey Chaing

Acknowledgements and Representations by Client:

The undersigned Client, Audrey Chaing, is currently a client at the Partial Hospitalization or Intensive Outpatient Program operated by Living at Reflections, LLC. This Client will be participating in the Transportation Services provided by Living at Reflections, LLC. This includes, but is not limited to: Transportation to the facility from the Client's residence, from the facility to the Client's residence, medication pick-up, and transportation to the nearest emergency services facility.

The undersigned client, Audrey Chaing (or parent/guardian of the individual named herein), does knowingly, freely, and voluntarily assume all liability for any and all damage or injury that may occur as a result of his/her (or his/her dependent's/ward's) participation in the activities described herein and agrees to release, waive, discharge, and covenant not to bring suit against Living at Reflections, LLC, its officers, agents, employees, and volunteers from/for any and all liability or claims that may be sustained by me or by a third party, directly or indirectly, in connection with or arising out of his/her (or his/her dependent's/ward's) participation in the activities described herein, whether caused in whole or in part by the negligence of Living at Reflections, LLC or otherwise.

The undersigned Client, Audrey Chaing, (or parent/guardian of the individual named herein), has read the form, fully understands its terms, and understand that he/she (or his/her dependent/ward) has given up substantial rights by signing it and has signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

Indemnification of Living at Reflections, LLC: The undersigned Client (or his/her parent/guardian) shall at all times hereafter indemnify, hold harmless and, at Living at Reflections, LLC's Attorney's option, defend or pay for an attorney selected by the Board to defend Living at Reflections, LLC, its officers, agents, servants, and employees against any and all claims, losses, liabilities, and expenditures of any kind, including attorney fees, court costs, and expenses, caused by negligent act or omission of the Client, other clients, Living at Reflections, LLC, its employees, agents, servants, or officers, or accruing, resulting from, or related to the undersigned Client in the following situations including, but not limited to, Transportation to the facility from the Client's residence, from the facility to the Client's residence, medication pick-up, and transportation to the nearest emergency services facility, including, without limitation, any and all claims, demands, or causes of action of any nature whatsoever resulting from injuries or damages sustained by any person or property. The provisions of this section shall survive the expiration or earlier termination of this agreement or the discharge of the client from the Partial Hospitalization or Intensive Outpatient Program facility operated by Living at Reflections, LLC.

Venue: This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of California. Venue for litigation concerning this agreement shall be in Marin County.

I, Audrey Chaing, have read and fully understand the contents herein.

Executed this 12/30/2025.

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Audrey Chaing (Client), 12/30/2025 06:26 PM

Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Safety Contract

I, Audrey Chaing, understand and agree to comply with the following recommendations. I understand that this contract has been created for my safety and well-being. By signing this contract, I agree to the following:

- I will take my medication as prescribed.
- I will inform an appropriate professional to call 911 (or transport me to the hospital) if I am in crisis.
- I will go to an appropriate professional to discuss any dangerous thoughts or feelings; such as suicidal ideations or thoughts to self-harm.
- At this time, I do not have any suicidal or homicidal thoughts or plans and my safety needs are being met.
- I am committed to leading a healthy lifestyle and recognize that I am a valuable and worthwhile person.
- I am committing myself to honoring this contract for the remainder of my time in this program.
- I understand that my emergency contact will be called in the event that I need to be safely transitioned to a facility that is more appropriate to handle my mental health needs.

I understand that if I do not comply with these requirements, I will be referred to a facility that will more appropriately meet my mental health needs.

Self-Harm Agreement

I agree to refrain from harming, injuring, and/or endangering myself in any way including attempting suicide while I remain in treatment at Living at Reflections, LLC.

I agree to seek the assistance of a staff member immediately if and when I have any thoughts of self-harm and/or harm to others, regardless of the time of day or night.



Audrey Chaing (Client), 12/30/2025 06:26 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Universal Precautions for HIV

Universal Precautions refer to the usual and ordinary steps we need to take in order to reduce the risk of infection with HIV, the virus that causes AIDS. These measures are intended to prevent transmission of HIV.

The prevention of the transmission of HIV is based on the avoidance of skin and mucous membrane contact with blood and body fluids.

Protecting yourself from HIV

- Avoid risky behavior
- Protect yourself from sharp injuries
- Wear gloves when in contact with body fluids if possible
- Wear mask and eye protection when splash injuries are possible
- Call on trained individuals to clean up blood spills

Universal Precautions for Infection Control

Universal Precautions refer to the usual and ordinary steps you need to take in order to reduce the risk of infectious disease such as HIV or Hepatitis C.

The prevention of transmission of infectious diseases is based on the avoidance of skin and mucous membrane contact with blood and other body fluids.

AVOID UNNECESSARY RISKS

- If a fellow patient or client needs assistance, please call a staff member immediately.
- When avoidable, don't expose yourself to other person's blood or body fluids.
- Never share needles, razors or any other *personal* sharp objects.
- Always call on trained individuals to clean up blood or other body fluid spills.

PROTECT YOURSELF

- Use barrier protection to prevent skin and mucous membrane contact with blood and other body fluids.
- Wear face protection if blood or body fluid droplets may be generated during a procedure.
- Wear protective clothing if blood or body fluids may be splashed during a procedure.
- Wash hands and skin immediately and thoroughly if contaminated with blood or body fluids.
- Wash hands immediately after gloves are removed.
- Use care when handling sharp instruments and needles. Place used sharps in labeled, puncture resistant containers.
- If you have sustained and exposure or puncture wound, immediately flush the exposed area and notify a staff member.

COVID-19 Positive test procedure

- In the event that I, Audrey Chaing, test positive for COVID-19, I understand that this will require and immediate discharge from the program.
- I will preemptively make arrangements for a safe place to quarantine in the event of a discharge resulting from a positive COVID-19 test. Those arrangements are as follows.
Client would return home to Alameda.



Audrey Chaing (Client), 12/30/2025 06:28 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC Consent for Discharge Follow-Up

I give my permission for Living at Reflections, LLC to contact me in writing, by telephone, or e-mail, after discharge regarding any of the following areas that are checked:

- 1. Follow-up information/questionnaire
- 2. Information about the facility
- 3. Alumni information
- 4. Consent to the utilization of PingMD for the monitoring of my progress throughout the course of treatment and afterward in order to measure my success in recovery over time.

Address: 9 Dolphin Ct.

City: Alameda State: CA ZIP Code: 94501

Phone: 415 857 2832

E-mail address: stuff@audreyc.me

I do not wish to be contacted or receive any type of information by phone, e-mail, or mail by Living at Reflections, LLC staff following discharge.

Any mail sent out regarding Billing or payment will be sent out in a plain envelope with no identification of Living at Reflections, LLC.



Audrey Chaing (Client), 12/30/2025 06:29 PM

Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

REFLECTIONS GROUP RULES AND EXPECTATIONS

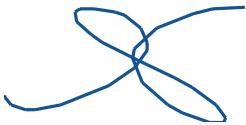
- Attend all groups unless excused *in advance* (a minimum of 15 minutes prior to the start of group) by Reflections staff. Only clinical or nursing staff can excuse someone from a group during day time hours. If a member of the clinical or nursing staff is not on site, the a PA may excuse someone from group.
- It is the responsibility of the individual client to be on time for group.
- Please do not leave the group once the group has started. Use the restroom and get anything you intend to bring with you prior to the start of the group.
- Please come prepared for group with a pen and note pad.
- No cell phone use in group. Phones must either be left outside the group room or turned completely off prior to the start of group. Looking at your phone during group is disrespectful and distracting.
- No food in group. Beverages are ok.
- Do not interrupt others when they are speaking. One voice at a time, please.
- Be mindful to not dominate the group discussion. Please allow others the chance to speak.
- Keep group discussions confidential. What is said in group, stays in group.
- Avoid side conversations. They are distracting and disrespectful.
- Refrain from using offensive language.
- Do not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks. Someone's life and sobriety may just depend on your feedback.
- Be honest. Always.
- Be respectful. Communicate strong emotions or disagreement in a manner that is not disruptive, aggressive, or denigrating of another's experience or feelings.
- Speak from your own experience. "I" instead of "we", "they", "us", and "you". Do not try to fix the other person's problems. Stay focused on your own experience.
- You have the right to speak and the right to not speak
- Do not discuss group members who are not present.
- Take the risk to let yourself be emotionally available to and vulnerable with others.
- Truly engage: Telling a story and asking questions are sometimes ways of hiding or avoiding intimacy and feelings.
- Be conscious of your body language and nonverbal communications -- they can be as disrespectful as words.
- When speaking about past drug or alcohol use, be mindful that discussing specific details of the ritual of use can trigger others in the group. No romancing or glorified past use or war stories.
- If a person sets a boundary in group please respect it. You do not have to like or agree with it, but respecting others' boundaries is part of the recovery process.
- Please do not use another's experience to prove a point. Stick with your own experience and feelings.
- Bullying, intimidation or violence toward other group members will never be tolerated.
- Give and take feedback constructively (over for tips)

Tips for Giving Feedback Constructively

- Start with how you are feeling.
- Use "I" statements and talk about your experience.
- If you do talk about another person or situation, be specific: what particular remark, gesture, or behavior
- Be direct and honest and provide concrete examples if possible
- Share both positive and negative feedback. Catching someone doing something well or right is a very powerful motivator!
- Give feedback as soon as possible
- End with a request for a future change in behavior
-

Tips for Taking Feedback Constructively:

- Actively ask for others feedback! Invite feedback on your “blind spots”
- Listen actively to feedback you were given.
- Communicate your understanding of the feedback given from the other person before responding.
- If unclear, seek clarification from the group member or verify with other members if the feedback you’ve received matches their perceptions
- Acknowledge feedback when it’s given: “Thanks. I didn’t realize I was frowning”
- Beware becoming defensive. But if you feel yourself becoming defensive, it is a good idea to share this awareness with the group.



Audrey Chaing (Client), 12/30/2025 06:30 PM

Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Search Completion Sign OFF

This form is to be signed by the PA after completing the bag search of an incoming client. By signing this form the below signer is taking ownership for the completed search and hereby attests that all bags and personal items were thoroughly searched.



Michael Del Carlo, Program Assistant (Staff), 12/30/2025 07:03 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Orientation Checklist (Residential)

A staff member will conduct an orientation for each new patient, which will include the following items. (Please check off each as completed and sign below):

- Orientation to Health Services Office
- Orientation to client bedroom
- Orientation to House Rules
- Go over Electronics policy and discuss where they are stored
- Shown off limits / employee only areas
- Go over laundry procedures
- Shown approved areas to walk on grounds
- Provided Client WIFI and internet passwords
- Room Search protocols
- Shown location of room safes , provided combination and how to operate
- Shown approved smoking area
- Discussed incoming mail protocol
- Shown kitchen areas, where client items can be found (coffee, dishes/mugs, etc). Go over kitchen rules and meal times
- Shown schedule of activities and where groups meet

By signing below, I confirm that all the above items have been explained to me.



Audrey Chaing (Client), 12/30/2025 06:31 PM

Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Belongings Placed in Staff Vault 12/30/2025

Evaluation Date: 12/30/2025

Locker #

Additional luggage in storage Yes No

Driver's license Yes , Issued by: HAWAII

Other IDs None

Insurance Card(s) Yes

Cash No

Checks (blank) No

Checks (written) No

Wallet Yes

Credit or debit cards

VISA 1641

Phones and electronic devices

Item	Charger	Condition	Condition
iPad	Charger included	Good	Good
Laptop	Charger included		Good
phone	Charger included	Good	Good

Sharps None

Other items None

Attachments

Clients are to be encouraged not to keep valuables on the unit and to send them home whenever possible. The facility maintains a safe for safekeeping your money and valuables. The facility shall not be liable for the loss or damage to any pocketbooks, money, jewelry, eye glass/contact lens, dentures, documents, personal electronic devices or other articles of value that are personally kept/not deposited in the safe for your security. It is strongly recommended that all items not required and/or needed during your stay in the facility be sent home.

I have reviewed the above statement and am taking responsibility for any items that I keep in my possession and will hold the facility harmless for any loss or damage to such items.



Audrey Chaing (Client), 12/30/2025 07:06 PM
Staff present: Michael Del Carlo, Program Assistant



Michael Del Carlo, Program Assistant (Staff), 12/30/2025 07:07 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

**Reflections Initial Treatment Plan 12/30/2025**

Level of Treatment Detox Int. Inpt. Residential PHP IOP OP

Date Established 12/30/2025

PROBLEM: Client is in need of orientation to program.

RELATED TO AND EVIDENCED BY: Client admitted to this facility and lacks education and understanding of facility program.

GOAL: Client will be oriented to facility and develop a therapeutic rapport with therapist, staff, and group peers.

Objectives	Intervention/Plan			Time/Frequency
I will receive orientation to facility policies, rules and standards.	In 1:1 session staff will provide orientation to Client and provide necessary details within 24 hours of admission.			1 time in 1:1 session for 60 minutes.
	Target date 12/30/2025	Status Completed	Date/Comment	By MDC 12/30/2025

I will attend all assessment appointments. I will complete all initial assessments, screenings, and questionnaires for assessing my substance use, mental health, and physical health problems.	In 1:1 session the staff will provide the questionnaire and structured interviews to recommendations for client care, medication needs and follow-up care.	1-3 sessions in three days of care.
	Target date 01/02/2026	Status Open

I will meet with primary therapist and start the process of developing an individualized Master Treatment Plan.	Clinical Staff will provide 1:1 sessions to gain appropriate background information, and begin the process of developing goals of treatment with the client.	1 to 2 Ind sessions within 1 st 3 days of Tx
	Target date 01/02/2026	Status Open

I will report any Post-Acute Withdrawal Symptoms I have to the appropriate Health Services Staff and my primary therapist.

During the initial session, the medical staff will educate the client on PAWs symptoms. Any reports of PAWS symptoms will be reported to the Health Services staff for further assessment and discussion of potential interventions.

In initial 1:1 session and then on ongoing basis.

Target date	Status	Date/Comment	By
12/30/2025	Completed		MDC 12/30/2025

I will abstain from all alcohol and illegal/non-prescribed or unapproved substances. I agree to frequent and random urinalysis and random breathalyzers testing a minimum of one time per week as part of my substance abuse treatment.

Staff will educate the client on what is considered illegal/non-prescribed substances and monitor for erratic or suspicious behaviors. Staff will conduct a minimum of one random urinalysis and breathalyzer test per week and document the results.

Target date	Status	Date/Comment	By
12/30/2025	Completed		MDC 12/30/2025

I will complete all screening instruments, assessments, psychological testing, or objective questionnaires for assessing issues of anxiety or depression, including suicidal ideation

Staff will complete initial psychological screenings and administer to the patient psychological instruments designed to objectively assess anxiety and depression, including suicidal ideation (e.g., PHQ-9, GAD-7, Beck Depression Inventory-II, Beck Anxiety Inventory). Any positive screen for suicidal ideation will result in the completion of Initial suicide risk screenings and PHQ-9 to be completed at time of intake/admission. 2 full suicide risk assessment. The client will be informed about the results of the screening and assessments as well as any safety precautions deemed necessary.

Target date	Status	Date/Comment	By
12/30/2025	Completed		MDC 12/30/2025

I will verbalize to Reflections staff any suicidal thoughts, feelings, plans, behaviors, or intent. I agree to cooperate with any safety precautions assessed to be necessary by the Reflections staff.

In initial sessions, the Health Services and Clinical Staff will assess the presence of a dangerousness to self or others. Any reports of expressed suicidal ideation will be reported immediately to Health Services and Clinical Staff, who will further evaluate the client for dangerousness to self or others, and if necessary, a safety plan will be put into place by Clinical Staff.

Initial 1:1 sessions and any time suicidal ideation, plan or intent are reported or observed.

Target date	Status	Date/Comment	By
12/30/2025	Completed		MDC 12/30/2025

CRITERIA FOR DISCHARGE AND DISCHARGE PLANNING: Client to complete treatment by gaining insight into substance abuse; needing to continue treatment in less restrictive treatment modality; having secured stable housing. Client to gain insight for need to continue self-help programs in the community. Discharge planning will include housing, continued treatment, medication compliance and need for follow-up and aftercare.



Audrey Chaing (Client), 12/30/2025 07:12 PM
Staff present: Michael Del Carlo, Program Assistant



Michael Del Carlo, Program Assistant (Staff), 12/30/2025 07:12 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Orientation Checklist (Residential) 12/30/2025

Evaluation Date: 12/30/2025

A staff member will conduct an orientation for each new patient, which will include the following items. (Please check off each as completed and sign below):

- Orientation Checklist Review Program and House Rules
- Shown room
- Oriented to kitchen, kitchen rules and meal times
- Oriented to schedule—including the white board and when new schedule comes out
- Oriented to coffee
- Orientated to where groups meet
- Oriented to rules for pool and hot tub
- Oriented to staff offices including what to come to counselor offices vs cubby
- Oriented to Health Services Office and medication times
- Oriented to upstairs library and computer use
- Oriented to smoking area
- Oriented to gym and gym times
- Orientation to off limits/employee only area
- Orientation to laundry services
- Where ok to run on the grounds
- Orientation to mail—when received and how distributed
- Off-site meeting protocols
- Store run protocols
- Client cubby and rules for allowed and not allowed items
- Client Internet password
- Room search and UA protocols
- Orientation to room safes and provide combination

By signing below, I confirm that all the above items have been explained to me.



Audrey Chaing (Client), 12/30/2025 06:31 PM
Staff present: Michael Del Carlo, Program Assistant



Michael Del Carlo, Program Assistant (Staff), 12/30/2025 06:31 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Patient Personal Items And Valuables 12/30/2025

Evaluation Date: 12/30/2025

Locker #

Additional luggage in storage Yes No

Driver's license Yes , Issued by: HAWAII

Other IDs None

Insurance Card(s) Yes

Cash No

Checks (blank) No

Checks (written) No

Wallet Yes

Credit or debit cards

VISA 1641

Phones and electronic devices

Item	Charger	Condition	Condition
iPad	Charger included	Good	Good
Laptop	Charger included		Good
phone	Charger included	Good	Good

Sharps

Nail clippers

Powered by Kipu Systems

Created on: 12/31/2025 18:59 PM EST - 18:59 PM EST

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Other items None

Attachments

The above detailed items will be kept in my possession or living quarters during my stay at Reflections. I understand that Reflections is not liable for damaged or lost goods during my stay. I understand that I may send these items home or request they be stored under lock during my stay at Reflections if I choose.



Audrey Chaing (Client), 12/30/2025 07:10 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Ancillary Charges

Name

Audrey Chaing

Date of Birth

05/26/80

CLIENT OR GUARANTOR CREDIT CARD INFORMATION

Name on Credit Card

Audrey Chaing

Email

stuff@audreyc.me

Billing Street Address

9 Dolphin Ct.

Billing City, State ZIP

Alameda, 94901

Home Phone

Cell Phone

415 857 2832

Credit Card Type Visa

Credit Card Number

4400 6679 8019 1641

Expiration Date

07/29

3 Digit Security Code on Back or 4 Digit

Security Code if American Express

845

I authorize Living at Reflections, LLC to keep my signature on file and to charge my credit card for unpaid program services – lab fees, prescription medications, and any other medically related fees. Reflections uses third party providers for the above services and my signature below will serve as authorization for Reflections to provide my payment information to these companies to reconcile the specified approved ancillary charges. I understand that this form is valid for one year following discharge of treatment at Living at Reflections, LLC. License # 210038AP By signing this sheet, I hereby agree to pay back charges to Living at Reflections, LLC at the discretion of the executive staff.

Guarantor Signature (If applicable):

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Created on: 12/31/2025 18:59 PM EST - 18:59 PM EST

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Date (If applicable): _____



Audrey Chaing (Client), 12/30/2025 06:35 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

(INS) Assignment of Benefits / Release of Medical Information 12/30/2025

Today's Date 12/30/2025

Client's Insurance Name

Blue Shield California

I hereby authorize and request that payment of benefits by my Insurance Company(s), be made directly to Living at Reflections, LLC for services furnished to me or my dependent. I understand that my Insurance Company may only cover a portion of the total bill. I further understand that I may be responsible for all charges not covered by this assignment.

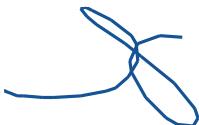
In addition, I authorize Living at Reflections, LLC to disclose any and all written information from the above named to my above named Insurance Company and/or its designated representatives, or other financially responsible party; at the determination of Living at Reflections, LLC. Such disclosure shall be for reimbursement purposes for those services received.

I hereby release Living at Reflections, LLC and its officers, agents, employees, and any clinician associated with my case from all liability that may arise as a result of the disclosure of information to the above named Insurance Company(s) or their designated representatives.

By signing this Assignment of Benefits and Release of Information, I acknowledge:

- I am aware and understand that this authorization will not be used unless the above-named Insurance Company(s) or their designated representatives request records of information for reimbursement purposes, or seek to take action for the referred payment for treatment services.
- I agree to participate and assist Living at Reflections, LLC or its designated representatives with any appeal process necessary to collect payment for the services rendered.
- I am aware and have been advised of the provisions of Federal and State Statutes, rules and regulations that provide for my right to confidentiality of these records.
- I understand that this assignment and authorization is subject to revocation at any time except to the extent that action has been taken in reliance thereon. In any event, this authorization will expire once reimbursement for services rendered is complete.
- Living at Reflections, LLC is acting in filing for insurance benefits assigned to Living at Reflections, LLC and it can assume no responsibility for guaranteeing payment of any charges from the Insurance Company(s).
- Billing may be done by a firm contracted by Living at Reflections, LLC for billing and collection purposes.
- Living at Reflections, LLC is appointed by me to act as my representative and on my behalf in any proceeding that may be necessary to seek payment from my insurance carrier.
- Should an overpayment take place, a refund check will be mailed to the authorized party that is due the overpayment.
- Living at Reflections, LLC shall be entitled to the full amount of its charges without offset.

I acknowledge receipt of a completed and signed copy of this assignment and release form:



Audrey Chaing (Client), 12/30/2025 06:37 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

(INS) Coordination of Benefits and Pre-existing Conditions

Date of Admission 12/30/2025 04:00 PM

This will confirm that upon admission to Living at Reflections, LLC, I:

- The only benefits available to me during my stay at Living at Reflections, LLC is from the insurance below

	Employer	Insurance Name
Self Employed	Blue Shield CA	Relationship to Subscriber
Audrey Chaing	Self	

IN WITNESS WHEREOF I have here executed this agreement as dated below.



Audrey Chaing (Client), 12/30/2025 06:38 PM
Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Statement of Financial Responsibility 12/30/2025

Today's Date

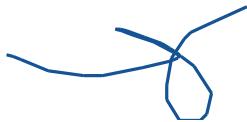
12/30/2025

I understand that as a part of my commitment to my recovery process, I agree to be financially responsible for all fees assessed by Living at Reflections, LLC, in reference to my treatment. This includes but is not limited to intake fees, assessment fees, orientation fees, drug test fees, group fees and any other fees for procedures deemed necessary for my treatment.

It is further understood that all fees deductibles, co-payments, or full-fee for services are due at the time of the assessment unless special arrangements are made with Living at Reflections, LLC. I understand that this office will not bill insurance companies and other third party payers and cannot guarantee such benefits, and is not responsible for collection of such payments unless prior arrangements have been made between Living at Reflections, LLC, and the insurance provider.

Should the above named patient default on or become delinquent in payment of fees connected with treatment by Living at Reflections, LLC, it may become necessary to pursue collection or legal action. It is therefore understood that the above named patient will be responsible for any and all fees connected with such action including collection fees, attorney fees, legal and court costs and any additional costs related to this action. I understand that violations of the Living at Reflections, LLC program rules or non-compliance may be grounds for termination of my treatment. No refunds for advance fee payment shall be made in such cases.

I have read the Patient Rights form and reviewed the fee schedule. In signing this form, I understand my rights as a patient at this agency and responsibilities for payment.



Audrey Chaing (Client), 12/30/2025 06:38 PM

Staff present: Michael Del Carlo, Program Assistant

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Fee Agreement 12/30/2025

Today's Date 12/30/2025

**Fee Agreement between Living at
Reflections, LLC and**

Audrey Chiang

Guarantor for:

Date of Admit 12/30/2025

Date of Discharge 01/07/2026

Fee Agreement

Due before or on day of admit

	Total Amount Due	Deposit Paid	Balance Due
	\$15,000	\$0	\$15,000

Notes

\$15,000 private pay discount per week for dual diagnosis residential treatment services at Reflections Simmons facility (1191 Simmons Lane, Novato CA).

Client, please initial confirming that you have read and agree to the following:

Billing will begin on the date that the client enters Reflections Program. In the event a client is unable to reside in our facility (ex. hospitalization or incarceration), fees will continue to accrue to guarantee bed availability when they are ready to return.

Due to front loaded treatment and assessment costs, the first 30 days of treatment are non-refundable. After the first thirty days of treatment, should a client decide to leave AMA then the executive team will consider a refund based on a pro-rated amount less administrative fees and occupancy.

Any client accepted on a insurance basis does so under the understanding that if a payment is made by the insurance to the insured directly that the payment must be forwarded to Living Reflections to cover treatment costs. Living Reflections is a out of network facility and all payments made to the patient for services rendered at our facility are due to the facility.

Any client leaving against medical advice (AMA) or against clinical advice (ACA) will not be entitled to reimbursement of fees, however extenuating circumstances may warrent a partial refund if determined appropriate by the Executive Team.

Living at Reflections, LLC bills for all services on or prior to the admission date and nonpayment of fees may result in no admission.

It is understood that non-payment for services will cause services to be discontinued.

Client agrees to keep confidential the Fee Agreement made between Client and Living at Reflections, LLC. Disclosure of this Fee Agreement will be brought to the attention of the Executive Director and could be grounds for discharge.

If your check or instrument is returned unpaid for any reason, a service charge in the amount of \$25.00 will be assessed and due

Clients may be referred out or administratively discharged immediately if resident violates any of the following conditions: 1. Possessing, using, sneaking, stashing etc paraphernalia or other related contraband during their stay at Reflections. 2. Being verbally or physically threatening to any person. 3. Fraternizing with any person. 4. Theft. 5. Refusal of drug/alcohol screening. 6. Entering other clients rooms, or facility locations for designated staff only.

Reflections may offer: 1. Incidental Medical Services. 2. Treatment Planning. 3. Recovery Planning. 4. Educational Groups. 5. Group Counseling. 6. Individual Counseling/Therapy. 7. Massages. 8. Private Rooms. 9. Aftercare Planning.

A client who is administratively discharged for violation of Reflections policies will not be entitled to a refund.

A client who is referred out due to the need of a different level of care will be refunded based on a prorated amount less administrative fees determined by the Executive Team.

In the case of death of a client, this fee agreement will be terminated, no liability or debt shall accrue after the date of death.

IN WITNESS WHEREOF, I have executed this Fee Agreement on this date below by signing my signature below.

Date

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Gnosis

Powered by: Mountain View Medical Laboratory

300 Spectrum Center Drive Suite 200 Irvine, CA 92618 | Website: Gnosisdx.com

Re: ASSIGNMENT OF BENEFITS

Dear Valued Patient:

At Gnosis, we are committed to maintaining the highest quality standards to ensure that we are providing you with the most accurate and reliable test results that will help improve your quality of life.

Your healthcare provider ordered tests that will be an essential part of your treatment plan and medical care. The following paragraphs describe your assignment of benefits as it relates to services performed by Gnosis. Our goal is to guarantee that advanced clinical testing is accessible to all. To help ease the financial burden of healthcare costs, we have partnered with a large network of insurance providers. If you have any questions, please do not hesitate to contact us at (951) 658-1440 or support@gnosisdx.com.

Thank you for your trust and for choosing us to be part of your healthcare team.

ASSIGNMENT OF ALL RIGHTS AND BENEFITS: In exchange for, and in connection with, any and all of the services provided to me and/or my dependent ("Services") by, MVML, Inc./Gnosis, or other laboratory service provider ("LSP"), I hereby assign to LSP all of my rights, benefits, privileges, protections, claims and any other interests of any kind whatsoever, without limitation, that I had, have or may have in the future pursuant to or in connection with any insurance policy or plan, health benefit plan (including an employee health benefit plan), health management agreement, risk-bearing agreement, trust, fund or any other source of payment, insurance, indemnity or health or medical coverage of any kind (collectively, "Health Coverage") covering me and/or my dependent. This assignment includes, without limitation, authorization for my Health Coverage to pay LSP by check. This assignment to LSP also includes appeal rights (both internal and external), fiduciary rights, rights to sue, rights to payment, rights to full and fair claims review, rights to penalties or interest, rights to plan documents and plan information, and rights to notices and disclosures from any source (collectively, "Rights"). I am hereby transferring to the LSP all these Rights under any Health Coverage to which I am now, previously, or may be entitled to in the future with respect to the Services. Unless otherwise agreed between me and/or as otherwise provided by applicable law, this assignment is irrevocable. I instruct my Health Coverage to pay LSP directly for the professional and/or medical expense benefits otherwise payable to me.

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY: I understand that, as a courtesy to me, the LSP will file a claim with my Health Coverage on my behalf. However, I understand and agree that unless otherwise indicated in writing below, by signing below that I am financially responsible for, and hereby do agree to pay, in a timely manner, charges not covered under my Health Coverage, and balance not covered by the Health Coverage payment. I understand that LSP reserves the right to require that, when permitted by applicable law, I pay any unmet deductible or co-payment required by my Health Coverage or other deposit prior to providing the Services. I understand that LSP makes no guarantees that my Health Coverage will cover any or all of the Services, and that I am not relying on any representations by LSP regarding the amount of plan benefits applicable to the Services prior to the claim being processed by my Health Coverage.

I acknowledge that I have had a reasonable opportunity to inquire about LSP's charges and that my questions regarding its charges, including any questions regarding a reasonable estimate of the total amount of the charges, have been answered. I understand that I may also be receiving separate bills from providers not affiliated with LSP, including other laboratories for their services, and that any questions about their bills should be directed to them.

APPOINTMENT OF AUTHORIZED REPRESENTATIVE: I hereby designate LSP and/or its designated agents and representatives as my duly authorized representative(s) in connection with all matters arising from or relating to Rights and Health Coverage, such that LSP completely and without reservation "stands in my shoes" and takes my place for all applicable purposes, and is granted absolute power and legal authority to seek, claim, and directly receive payment or reimbursement for Services; challenge or appeal any adverse benefit determination of any kind whatsoever; or take any

other action or obtain anything that I would have been entitled to do, seek, claim, appeal or obtain in my own capacity pursuant to or in connection with the Rights in any legal, private, administrative, formal or informal process or forum whatsoever and without limitation, including any internal or external appeal, review, grievance or any other process, procedures or entitlement.

ERISA AUTHORIZATION: With respect to Health Coverage governed by the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), this Assignment of Benefits authorizes H LSP to act as my authorized representative under 29 C.F.R. section 2560.5031(b)(4) to seek, claim, and directly receive payment or reimbursement for Services; challenge or appeal any adverse benefit determination of any kind whatsoever; or take any other action or obtain anything that I would have been entitled to do, seek, claim, appeal or obtain in my own capacity pursuant to or in connection with the Rights in any legal, private, administrative, formal or informal process or forum whatsoever and without limitation, including any internal or external appeal, review, grievance or any other process, procedures or entitlement.

AGREEMENT TO COOPERATE: I hereby agree to cooperate with, and take all steps necessary, required or reasonably requested by LSP to effectuate, perfect, confirm, validate, or enforce this Assignment of Benefits. I hereby authorize LSP to execute on my behalf any document, including, without limitation, any document required by my Health Coverage, that is necessary to demonstrate that I have designated LSP as my authorized representative for the purposes set forth in this Assignment of Benefits. If necessary, I consent to a photocopy of my signature to be added to any document that is necessary to demonstrate that I have designated LSP as my authorized representative for the purposes set forth in this Assignment of Benefits. If my Health Coverage pays me directly for the Services, then I will immediately notify MVML, Inc./Gnosis by email at billing@gnosisdx.com and mail such payment to LSP at the address provided to me, payable to the order of the entity I am instructed to list. I promise to make my best efforts to assist and cooperate in forwarding and/or making payment to LSP. If I do not forward the payment or make separate payment to LSP of the amount I received from my Health Coverage, I understand that LSP has the right to make a reasonable attempt to recover payment. If I do not provide my Health Coverage information, I authorize MVML, Inc./Gnosis to perform insurance/health plan discovery to locate my potential coverage information based on other information I provide and to provide such information to the LSP associated with these services.



Audrey Chaing (Client), 12/30/2025 04:46 PM

Staff present: Monika Lopez, LVN

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Authorization for Release of Confidential Information

I, Audrey Chaing, SS#, DOB: 05/26/1980,

Authorization for: RELEASE OF INFORMATION REQUEST FOR INFORMATION

I authorize Living at Reflections, LLC to release information contained in my medical record and/or financial statement to: (please provide name/address/phone number and relationship of person of where information is to be released) or who may release information:

Name: Christianna Taylor Phone: 617-669-6674

Relationship: Friend

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2) published August 10, 1987, and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. I understand that if this information is faxed, that confidentiality can not be guaranteed.

Information to be released: (Please check acceptable items.)

Only Pertinent Information in case of emergency

Reason for Request: To provide emergency care or obtain information in the case of emergency

This authorization will expire 365 days from the date of signature.

I hereby release Living at Reflections, LLC from any liability which may arise as a result of the use of the information released in accordance with this authorization.

TO RECEIVING AGENCY: This information has been disclosed to you from records whose confidentiality is protected by Federal Confidentiality rules. Any further re-disclosure is prohibited.

RIGHT TO REVOCATION

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Living at Reflections, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

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Audrey Chaing (Client), 12/30/2025 04:48 PM
Staff present: Monika Lopez, LVN

This form expires on 12/30/2026 04:48 PM.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Attachment EMAIL 12/30/2025

Title EMAIL

Date 12/30/2025

Description

Date: 12/30/25

Time: 1630

New Admit to: Simmons-Res, 72 Hour Observation

Initials: AC Age: 45 y/o Gender: Female

Here for: Other Psychoactive Substance Dependence

UDS: (-)NEG BAC: 0.00

Residing in room number: 2

Medication Allergies/Reaction if any: NKDA

Food Allergies/Reaction if any: Apples and lamb meat

Type of Diet: Regular diet, No apples or lamb meat

Cleared for all activities? No

Initial Screens within our Client Health Questionnaire & Initial Assessment are + or - OR NEG/POS? Neg

Suicide: Denies, Pain: 0/10, Nutritional Assessment - No , Cravings: 0/10

Clinical will follow up.

Let's all help her feel welcome!

Scanned Document



Monika Lopez, LVN (Staff), 12/30/2025 06:51 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Initial Abbreviated Treatment Plan (Includes Detox) 12/30/2025

Date Established: 12/30/2025

PRESENTING PROBLEM:

Ketamine Abuse

Patient Needs to Be Detoxed from:

N/A

AS EVIDENCED BY (History and Patient Statement):

"I need stability and extra support"

Goal: Patient will be medically stabilized, complete a safe medical detox, follow staff recommendations for ongoing treatment and/or discharge plans, transfer to lower level of care as deemed by treatment team and medical necessity, and begin to engage in the therapeutic group treatment process.

Objective (What is the Patient going to do?)	Intervention (What is staff going to do?)	Staff Responsible
Patient will follow detox protocol as outlined in orders to maintain homeostasis & prevent physical complications.	A. Staff will monitor patient's vital signs on as needed basis. B. Staff will utilize vital signs as a tool to evaluate need for medication. C. Nursing staff will complete nursing assessment including what and how much the patient drinks and/or uses mood-altering drugs, time and amount of last usage. D. Staff to monitor patient's mental status & physical symptoms. Evaluate for presence of tremors, irritability, diaphoresis, sleep disturbances, orientation and misperception, misinterpretation of real stimuli (hallucinosis), seizures, or hallucinations. E. Staff will alert the physician to any changes in symptomatology that occur. F. Staff will offer fluids frequently. G. Staff will promote rest and sleep through relaxation & decrease of external stimuli. H. Physician and/or Nursing will educate patient on medications.	Nursing Staff

Target date	Status	Date/Comment	By
12/30/2025	Open		ML 12/30/2025

Patient will be educated in substance abuse and addiction by attending a minimum of 2 groups per week in educational and/or therapeutic groups and activities.

Staff will provide educational and therapeutic activities in which the patient can learn about addiction and substance abuse.

Clinical Staff

Target date	Status	Date/Comment	By
12/30/2025	Open		ML 12/30/2025

Patient will discuss discharge plans with therapist in 1:1 session.

Staff will assist patient in developing appropriate discharge plans at the end of detox.

Aftercare Coordinators

Target date	Status	Date/Comment	By
12/30/2025	Open		ML 12/30/2025

Problem #6

Fall Risk Identified and goal is for Client to not sustain a fall while in Detox

Target date	Status	Date/Comment	By

Criteria for discharge & discharge planning: Patient has completed the detoxification process and been approved for transfer via treatment team and ASAM/medical criteria.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Review Self Administration of Medication Assessment

1. Does patient currently administer their own medication? Yes

2. Is patient confused? No

3. Does patient have a history of drug abuse or self-harm? Yes

4. Can patient read labels? Yes

5. Can patient open bottles/blister packs? Yes

6. Can patient name medication(s), why they are taking it, and the dosage? Yes

The above patient is capable of self-administration of medications(s). Yes

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Monika Lopez, LVN (Staff), 12/30/2025 05:30 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Self Preservation Statement 12/30/2025

Evaluation Date: 12/30/2025

Note: Each criterion must be met for a Patient to be eligible for services

- Ambulatory or capable of self-transfer and self-preservation
- Able to participate in and benefit from treatment programming and services
- Able to maintain personal hygiene and grooming with minimal prompting
- Able to express problems and concerns to appropriate persons
- The above named Patient has been assessed by me and I have determined that he / she is capable of self-preservation and does not currently pose a threat of physical harm to self or others

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A handwritten signature in blue ink, appearing to read "Monika Lopez".

Monika Lopez, LVN (Staff), 12/30/2025 05:29 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medication Education

1. RE: Elevated blood sugar, diabetes mellitus and stroke. I have been Informed by the undersigned that elevated blood sugars, in some cases extreme, and associated with coma or death have been reported in patients treated with atypical antipsychotic including CLOZARIL, ZYPREXA, SEROQUEL, GEODON and ABILIFY. The relationship between atypical antipsychotic use and elevated blood sugar is not completely understood because of other factors such as the higher incidence of diabetes associated with many psychiatric disorders, the epidemic of obesity, cholesterol problems and diabetes in the general population and other such factors. However, studies suggest an increased risk of elevated blood sugar and cholesterol related adverse ailments in patients treated with atypical antipsychotic. These changes may occur with or without weight gain. Any patient treated with atypical antipsychotic should be monitored for symptoms of elevated blood sugar including increased thirst, increased urination, increased eating and weakness. Patients who develop symptoms of elevated blood sugar during treatment with atypical antipsychotic should have a test for elevated blood sugar and cholesterol. In addition, RISPERIDAL, ZYPREXA and ABILIFY have been found to have an elevated risk in clinical trials in elderly patients with dementia.
2. I have been informed by the undersigned that all antipsychotic medications I take (including those listed in #1 above as well as haloperidol [Haldol] and fluphenazine [Prolixin] may result in a condition called Tardive Dyskinesia (TD). The symptoms of TD, which is potentially irreversible, have been explained to me.
3. If applicable (female of child bearing age): I have been informed by the undersigned that any and all medications I take may have a negative effect on an unborn child (fetus) if I am pregnant. If I am not pregnant now. I agree to discuss my medication(s) with my doctor before attempting to get pregnant If I do become pregnant while taking medicine I agree to immediately contact my doctor.
4. I have been informed that benzodiazepines (for example, lorazepam [Ativan], alprazolam [Xanax], and clonazepam [Klonopin]) are addicting, habit forming, and may cause dizziness, Impaired memory, impaired coordination, and reaction time, and should NOT be combined with alcohol. I understand that I should not stop taking these medications abruptly because of the risk of possible seizures and/or other adverse effects.
5. I have been informed that the Food & Drug Administration (FDA) has issued a warning that antidepressants might worsen depression and/or increase the risk of suicide. Patient's and. their families should be alert for the emergence of agitation, irritability, anxiety, panic attacks, insomnia, hostility, impulsivity, severe restlessness, worsening depression, suicidal thoughts, or elevated mood, especially soon after treatment has been started, the dose of the medication has been Increased or decreased, or when the medication is discontinued. If any of these symptoms and during treatment, they should be reported to the doctor immediately. The drugs that are the focus of this new warning are: Prozac (fluoxetine); Zoloft (sertraline); Paxil (paroxetine); Luvox (fluvoxamine); Celexa (citalopram); Lexapro (esitalopram); Wellbutrin (bupropion); Effexor (venefaxine); Serzone (nefazodone); and Remeron (mirtazapine).
6. I have been informed that one or more of the medications I have been prescribed are "off label"; this means that the medication is prescribed for uses not approved by the Food and Drug Administration (FDA). Only atomoxetine (strattera) - for ADHD, fluoxetine (Prozac) - for depression & obsessive compulsive disorder (OCD), sertraline (Zoloft) ... for OCD, fluvoxamine (luvox) - for OCD, and clomipramine (Anafranil) -for OCD, have FDA approval for use in children.
7. I have been informed that one or more of the medications prescribed to me may adversely affect my ability to drive a motor vehicle or operate machinery, and I take full responsibility for this liability.
8. Potential risks and benefits of taking this or these medications, as well as alternative treatments, have been discussed with me and I accept these risks. I have been given a copy of this form to take home with me.



Audrey Chaing (Client), 12/30/2025 04:45 PM
Staff present: Monika Lopez, LVN

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Client Health Questionnaire & Initial Screening 12/30/2025

Date: 12/30/2025

Vital Signs	Blood Pressure (systolic/diastolic) 114 / 74	Temperature 98.1	Pulse 50	Respirations 16	O2 Saturation 100
Comments -					

Admission BAC and UA Screen: Breathalyzer: 0.00 , UA Screen: Neg

Allergen	Allergy Type	Reaction	Reaction Type	Onset	Treatment	Status Type	Source
Apple	Food	Upset stomach	Allergy			Active	
Lamb Meat	Food	Upset stomach	Allergy			Active	

If Client has a **Food Allergy**, notify Chef, Nurse Practitioner and Staff immediately via email, update Information Tab (Allergies and Food Restrictions) in KIPU and Food Memo in Chef binder.**Nutritional Screen**

Height/Weight Height: 5' 5" Weight: 137.6 lbs BMI: 22.9 Target Body Weight: n/a

BMI 22.90

Weight Change (of $\geq 5\%$ over past 30 days)

Has the client ever had the following specific eating habits or behaviors, bingeing, inducing vomiting, restricting, or overexercising?

Gastrointestinal Problems:

Chronic Diarrhea	No Problem (0) (0)
Chronic Constipation	No Problem (0) (0)
Nausea/Vomiting	Occasional Problem (1) (1)
Frequent Reflux/Indigestion	No Problem (0) (0)
Hx. Non-compliance with therapeutic diet	No (0) (0)
Current or History of Eating Disorder - including anorexia and/or bulimia. (If yes, Score 2)	No (0) (0)
Knowledge Deficit of current therapeutic diet or that the client requires further nutritional education (If yes, Score 2)	No (0) (0)
Appetite:	Good (0) (0)

TOTAL SCORE: Add all scores (1)

Score:

0's & 1's only = No further action

Any 2's = Refer to nutritionist or to physician for further evaluation

Document referral in Progress Notes.

CARE	ASSESSMENT	WHAT TO DO:
0-8	Low Nutritional Risk	Reassess if other issues arise
9-12	Moderate Nutritional Risk	The goal for clients at moderate risk is to improve eating habits and lifestyle through client and/or caregiver education and referrals. Recheck the nutrition score in 30 days.
14+	High Nutritional Risk	Refer Client and/or guardian for a Nutritional Consultation with PCP.

Dental Hygiene

Are their teeth sensitive to hot or cold temperatures?

No
Yes

Yes

Are the Clients teeth intact and look well taken care of?

No

Referral to Nutritionist or Physician: No

Mental Status Exam

Appearance Well groomed

Behavior Calm , Cooperative , Pleasant

Orientation Oriented x 4

Speech Organized , Relevant , Coherent

Mood Normal

Affect Appropriate

Attention/
Concentration Attentive , FocusedThought
Processes: Organized , Goal directed , RelevantThought
content WNL

Judgement Good

Insight Good

Memory Intact

Fund of
information Average

PHYSICAL SCREENING

1. Have you ever had a heart attack or any problem associated with the heart? Yes No

If yes, please list when, what was the diagnosis and if you are taking medication please list here:

2. Are you currently experiencing chest pain(s)? Yes No

If yes, please give details:

If **yes**, please give details and notify NP/MD immediately

3. Do you have any serious health problems or illnesses (such as tuberculosis or pneumonia) that Yes No may be contagious to others around you?

If yes, please give details:

4. Have you ever tested positive for tuberculosis? Yes No

If yes, when? Please give details:

5. Have you ever been treated for HIV or Aids? Yes No

If yes, when? Please give details:

6. Have you ever tested positive for sexually transmitted diseases? Yes No

If yes, please give details and list any medications you are taking:

7. Have you had a head injury in the last six (6) months? Have you ever had a head injury that resulted in a period of loss of consciousness? Yes No

Have you ever had a head injury that resulted in a period of loss of consciousness? Yes No

If yes, to either question, please give details:

8. Have you ever been diagnosed with diabetes? Yes No

If yes, please give details, including insulin, oral medications, or special diet:

prediabetic and wears a CGM because her father is diabetic

9. Do you have any open lesions/wounds? Yes No

Have you been diagnosed with MRSA Yes No
(Methicillin-resistant Staphylococcus aureus) -
resistant to commonly used antibiotics

If yes, please explain and list any medications you are taking:

10. Have you ever had any form of seizures, delirium tremens or convulsions? Yes No

If yes, date of last seizure episode(s) and list any medications you are taking:

11. Do you feel you have problems with sleep? Yes No

Do you suffer from night sweats? Yes No

If yes to either question, please give details:

PTSD

Do you use a C-PAP machine or are you dependent upon oxygen? Yes No

If yes, please explain:

12. Have you ever had a stroke? Yes No

If yes, please give details:

13. Are you pregnant? NA Yes No

If yes? Which trimester: NA

Are you receiving pre-natal care? NA Yes No

Any complications? NA Yes No

If yes to any question, please explain:

14. Do you have a history of any other illness that may require frequent medical attention? Yes No

If yes, please give details and list any medications you are taking:

15. Have you ever had blood clots in the legs or elsewhere that required medical attention? Yes No

If yes, please give details:

16. Have you ever had high-blood pressure or hypertension? Yes No

If yes, please give details:

17. Do you have a history of cancer? Yes No

If yes, please give details and list any medications you are taking:

18. Have you ever had an ulcer, gallstones, internal bleeding, or any type of bowel or colon inflammation? Yes No

If yes, please give details:

19. Have you ever been diagnosed with any type of hepatitis or other liver illness? Yes No

If yes, please give details and list any medications you are taking:

20. Have you ever been told you had problems with your thyroid gland, been treated for, or told Yes No

you need to be treated for, any other type of glandular disease?

If yes, please give details:

21. Do you currently have any lung diseases such as asthma, emphysema, or chronic bronchitis? Yes No

If yes, please give details:

22. Have you ever had kidney stones or kidney infections, or had problems, or been told you have problems with your kidneys or bladder? Yes No

Do you have any family history of kidney stones? Yes No

If yes, please give details:

23. Are you currently experiencing any form of pain? Yes No

If yes, how strong is the pain? None

If yes, describe pain:

23a. Do you have any of the following; arthritis, back problems, bone injuries, muscle injuries, or joint injuries? Yes No

If yes, please give details, including any ongoing pain or disabilities:

If yes to 23 or 23a, please add "Pain Screen Form" and "Pain Re-Ass in Daily assesment "Updates

24. Do you take over the counter pain medications such as aspirin, Tylenol, or Ibuprofen? Yes No

If yes, list the medication(s) and how often you take it:

25. Do you take over the counter digestive medications such as Tums, Maalox or laxatives? Yes No

If yes, list the medication(s) and how often you take it:

26. Do you wear or need to wear glasses, contact lenses, or hearing aids? Yes No

Do you have personal or family history of Glaucoma? Yes No

If yes to either question, please give details:

27. When was your last dental exam? Date: 6 months

Are you in need of dental care? Yes No

If yes, please give details:

routine

28. Do you wear or need to wear dentures or other dental appliances that may require dental care? Yes No

If yes, please give details:

29. Please describe any surgeries or hospitalizations due to illness or injury that you have had in NA the past.

30. When was the last time you saw a physician and/or psychiatrist?

What was the purpose of the visit?

This evening, meeting with a potential new Psychiatrist
PCP this year

31. In the past seven days what types of drugs, including alcohol, have you used?

	Route	Amounts	Time Frame	Last Use	Cravings 1-10
ETOH	N/A				
Opiates	N/A				
Benzodiazepines	N/A				
Cocaine/Stimulants	N/A				
THC	N/A				
Hallucinogens/Club Drugs	N/A				
Inhalants	N/A				

32. In the past year what types of drugs, including alcohol, have you used?

	Route	Amounts	Time Frame	Last Use	Cravings 1-10
ETOH	Oral	Glass of wine with dinner	occasionally	christmas	0
Opiates	N/A				
Benzodiazepines	Ativan Prescribed	0.5mg	used before going to Bayside	Right before christmas	0
Cocaine/Stimulants	Ritalin	1 tablet of partner's Rx	used once	1 month ago	0
THC	N/A				
Hallucinogens/Club Drugs	Ketamine	liquid from mexico, could not quantify 100mg troche prescribed	off and on abused with prescription	christmas	0
Inhalants	N/A				

MENTAL & EMOTIONAL

33. Are you currently feeling down, depressed, anxious or hopeless? Yes No

If yes, describe:

feels hopeful

34. Are you currently receiving treatment services for an emotional/psychiatric diagnosis? Yes No

If yes, for what are you being treated?

35. Over the last 2 weeks, have you felt nervous, anxious, or on edge? Yes No

SUICIDE IDEATION DEFINITIONS AND PROMPTS

Ask questions that are bolded and underlined.

Ask Questions 1 and 2

1) Have you wished you were dead or wished you could go to sleep and not wake up?

Past Month:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2) Have you actually had any thoughts of killing yourself?**

Past Month:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>



If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

3) Have you been thinking about how you might do this?

E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."

Past Month:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**4) Have you had these thoughts and had some intention of acting on them?**

As opposed to "I have the thoughts but I definitely will not do anything about them."

Past Month:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>



Past Month:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?**

Past Month:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?**

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>



Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

If YES, ask: Was this within the past three months?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



N/A



Low Risk	Moderate Risk	High Risk
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommended response to C-SSRS Screening:

low risk

*If client is moderate to high risk for suicidality, the clinician MUST complete a full suicide risk assessment protocol***Did you feel like you were unable to stop or control your worrying? Yes No**

If yes, describe:

Have you ever had thoughts of suicide or thought you would be better off dead? Yes No

If yes, describe:

Do you have any cultural, religious or other beliefs that prohibit/discourage suicide?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you have strong coping and problem-solving skills or are you optimistic?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you have a strong therapeutic relationship?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are you positively motivated for treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If moderate or high immediately notify treatment team (Primary Therapist, Medical Providers, Clinical Directors, RA and Detox Manager) for further risk assessment.

ANY PROTECTIVE FACTORS:

40. Have you ever been in a relationship where your partner has pushed or slapped you? Yes No

If yes, describe:

41. Have you received alcoholism or drug abuse recovery treatment services in the past? Yes No

Type of Treatment (Outpatient, Residential, Detoxification)	Name of Facility	Dates Attended	Treatment Completed (Yes/No)
Detox	Bayside	last 4 days	Yes

42. Have you ever been treated for withdrawal symptoms? Yes No

If yes, please state the dates you were treated and any medications that were prescribed:

43. Who are your biggest supporters? (Who would you call if you needed help?)

Friend, husband

44. How is this effecting your work life?

Has had to go to the hospital, police have come to the house

45. Medication Inventory at Admission: **PLEASE ENTER ALL MEDICATIONS BROUGHT IN UNDER CONSULTING PHYSICIAN ORDERS/MEDS BROUGHT IN**

Current Medications - What medications do you take every day? Please add new note.

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/30/2025 02:49 PM:

46. Current Nicotine No

Use:

**Smoking Cessation
Program/Education** No

If Yes, what program?

47. Describe:

Scars (S), Lacerations (L), Burns (B), Bruises (BR), Moles/Birthmarks (M), Abrasions (A), Rashes (R), Tattoos (T), Piercing (P):

cut on right wrist from moving glasses

RISK PROFILEAre you current with all immunizations? Yes No

Specify year/type of immunizations:

	Year	Where Given
Pneumonia	n/a	
Flu	Does not take anymore	
Tetanus	States current	
Hepatitis	States current	

Infectious Diseases:

Please check YES or NO in response to the following questions

1. Have you been in recent contact to an infectious case of tuberculosis? Yes No2. Have you ever had an organ transplant? Yes No3. Are you a recent (Within the last 5 years) immigrant from a country with a high rate of TB? Yes No4. Have you ever injected drugs? Yes No5. Have you been in jail, prison, or a nursing home? Yes No

Please explain:

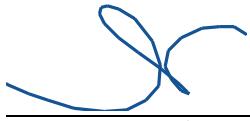
6. Have you ever worked in a lab that processed TB specimens? Yes No7. Have you ever been told you have an abnormal chest x-ray? Yes No8. Have you had any of the following symptoms recently? Yes No**9. Education Provided Re: Infection Prevention and Control**

Client verbalized understanding? Yes

Infection Prevention and Control Pamphlet received by client?

Declined

Additional Medical Notes: None



Audrey Chaing (Client), 12/30/2025 06:14 PM
Staff present: Monika Lopez, LVN



Monika Lopez, LVN (Staff), 12/30/2025 06:28 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Living at Reflections, LLC

Specific Authorization for Psychotropic Medications

Discussion of psychotropic medication should occur within the context of the patient's medical history and current overall medication regimen.

I, Audrey Chaing, a patient, hereby authorize the professional staff of this facility to observe me taking the stated medication for treatment limited to mental health medications, as indicated below as the primary medication recommended or alternate if requested by my physician.

State law requires informing you about the typical maximum daily dosage of medications. Please initial next to medications you have been informed about and are agreeing to take. If your daily dosage will exceed maximums listed below, you will be informed of this and asked to provide additional consent.

I have been given detailed information about **Medication and Dose and I agree to take it as prescribed:**

Gabapentin
Buspar
Trazodone

1. The proposed medications, maximum dosage range, frequency, and method of administration.
2. The purpose of my treatment.
3. Common short – and long-term side effects of my proposed medication, including contraindications and clinically significant interactions with other medications.
4. Alternative medications.
5. Approximate length of care.

I further understand that a change of medication or dosage which exceeds the maximum listed will require additional express and informed consent.

I understand that my consent can be revoked orally or in writing prior to, or during the treatment period.

The information I have relied upon to make the decision to consent to treatment, including full disclosure of each of the above subjects, is attached to this authorization and signed by me. I have read and had this information fully explained to me and I have had the opportunity to ask questions and receive answers about the treatment.

+++++

Medication education was provided verbally and accompanied by written material. The above drug was reviewed with Audrey Chaing: Reason, Dosing schedule, food/drug interactions, side effects and signs/symptoms to report to the nurse or physician.

Verbalized an understanding **Needs further education**



Audrey Chaing (Client), 12/30/2025 04:44 PM
Staff present: Monika Lopez, LVN

This form expires on 12/30/2026 04:44 PM.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Search Completion Sign OFF

This form is to be signed by nursing staff after completing the persons search of an incoming client. By signing this form the below signer is taking ownership for the completed search and hereby attests that the client has been disrobed and all clothing and personal items were thoroughly searched.



Monika Lopez, LVN (Staff), 12/30/2025 05:30 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Attachment - CP CURES 12/30/2025

Title CURES

Date 12/30/2025

Description

Scanned Document

75858_Audrey-CURES.pdf, 1.41 MB

A handwritten signature in blue ink, appearing to read "Ellen Barbieri".

Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:41 PM

**CONFIDENTIAL DOCUMENT**

State of California, Department of Justice

Controlled Substance Utilization Review & Evaluation System (CURES)

CURES

Patient Identities Selected: 3

Patient Name

Patient Name	Date of Birth	Gender	Address	City	State	ZIP Code	# of Rx
CHAING, AUDREY	05/26/1980	F	9 DOLPHIN COURT	ALAMEDA	CA	94501	12
CHAING, AUDREY	05/26/1980	F	9 DOLPHIN COURT	ALAMEDA	CA	94501	2
CHAING, AUDREY	05/26/1980	F	9 DOLHPIN CT	ALAMEDA	CA	94501	2

Query Date Range: 12/30/2024 - 12/30/2025

Sum of Daily MME[†] for Active Prescriptions on 12/30/2025: 0.0

Patient Details	Patient Address	Dates and Payment	Prescription Information	MME	Prescriber Details	Pharmacy Details	Prescription Numbers
CHAING, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN CT ALAMEDA, CA 94501	Sold: 12/18/2025 Filled: 12/18/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form: TAB Quantity: 30 Days Supply: 15 Refill:0 of 0	Daily: N/A Total: N/A	PATEL, PRATIK DEA #: FP0864757 City: OAKLAND	WALGREENS #04050 Pharmacy #: PHY60990 1916 WEBSTER ST ALAMEDA, CA 94501	Serial Rx #: NOT REPORTED Pharmacy Rx #: 2075247
CHAING, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 12/11/2025 Filled: 12/11/2025 Payment Type: Private Pay	TESTOSTERONE MICRONIZED ^c Strength:UNKNOWN Form:POV Quantity: 0.24048 Days Supply: 55 Refill:0 of 1	Daily: N/A Total: N/A	SAPAN, ANAT DEA #: FS6210823 City: MILL VALLEY	THE WELLNESS CENTER PHARMACY INC DBA DESIGNER DRUGS Pharmacy #: NRP1779 7304 JARGOGA, TN 37421	Serial Rx #: EEEEEEEE Pharmacy Rx #: 466421
CHAING, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 11/03/2025 Filled: 11/03/2025 Payment Type: Private Pay	TESTOSTERONE MICRONIZED ^c Strength:UNKNOWN Form:POV Quantity: 0.240577 Days Supply: 55 Refill:0 of 1	Daily: N/A Total: N/A	SAPAN, ANAT DEA #: FS6210823 City: MILL VALLEY	THE WELLNESS CENTER PHARMACY INC DBA DESIGNER DRUGS Pharmacy #: NRP1779 7304 JARGOGA, TN 37421	Serial Rx #: EEEEEEEE Pharmacy Rx #: 466421
CHAING, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 10/10/2025 Filled: 10/06/2025 Payment Type: Private Pay	KETAMINE HCL ^c Strength:UNKNOWN Form:POV Days Supply: 70 Refill:0 of 0	Daily: N/A Total: N/A	MCLROY III, RICHARD DEA #: FN2820496 City: SAN FRANCISCO	KOSHLAND PHARM: CUSTOM COMPOUNDING PHARMACY Pharmacy #: PHY50041 301 FOLSOM ST STE B SAN FRANCISCO, CA 94105	Serial Rx #: NOT REPORTED Pharmacy Rx #: 470725
CHAING, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN CT ALAMEDA, CA 94501	Sold: 10/02/2025 Filled: 10/02/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Quantity: 30 Days Supply: 15 Refill:0 of 0	Daily: N/A Total: N/A	STEVENS, JULIA DEA #: NS5249303 City: ALAMEDA	WALGREENS #04050 Pharmacy #: PHY60990 1916 WEBSTER ST ALAMEDA, CA 94501	Serial Rx #: NOT REPORTED Pharmacy Rx #: 2046987

^cThis prescription record is a component of a **Compound Prescription**. [†]An Active Prescription indicates the patient has units of the medication remaining as of the date this report was generated. It is calculated based on Date Filled and Days' Supply of the medication, and assumes the patient is taking the medication as directed, beginning the day following the Dated Filled. ^MMorphine Milligram Equivalents (MMEs) are calculated using the morphine equivalent conversion factor, published by the Centers for Disease Control and Prevention (CDC). The MME calculations contained in this report are informational only. Providers should exercise their independent clinical judgment in making prescribing and dispensing decisions. More information regarding MMEs can be found on the CDC website at <https://www.cdc.gov/opioids/data-resources/index.html>.

DISCLAIMER: The CURES database contains information about Schedule II, Schedule III, Schedule IV, and Schedule V controlled substance prescriptions dispensed to patients, as reported by California-licensed dispensers. The California Department of Justice does not independently verify the accuracy of the information reported by dispensers. Records are based on information at the time the query was submitted and are subject to change as a result of subsequent reporting by dispensers.

12/30/2025 06:38:15 PM

Page 1 of 3

**CONFIDENTIAL DOCUMENT**

State of California, Department of Justice

Controlled Substance Utilization Review & Evaluation System (CURES)**CURES**

Patient Details	Patient Address	Dates and Payment	Prescription Information	MME ^M	Prescriber Details	Pharmacy Details	Prescription Numbers
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 09/04/2025 Filled: 09/03/2025 Payment Type: Private Pay	TESTOSTERONE MICRONIZED ^C Strength: UNKNOWN Form:POW Days Supply: 55 Quantity: 0.240577 Refill:0 of 1	Daily: N/A Total: N/A SAFAN, ANAT DEA #: FS6210823 City: MILL VALLEY	THE WELLNESS CENTER PHARMACY INC DBA DESIGNER DRUGS Pharmacy #: NRP1779 7304 JARINGAN ROAD CHATTANOOGA, TN 37421	Serial Rx #: EEEEEE Pharmacy Rx #: 4612837	
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 07/25/2025 Filled: 07/24/2025 Payment Type: Private Pay	KETAMINE HYDROCHLORIDE ^C Strength: UNKNOWN Form:POW Days Supply: 35 Quantity: 2 Refill:0 of 0	Daily: N/A Total: N/A MCILROY III RICHARD DEA #: FM2324096 City: SAN FRANCISCO	KOSH-LAND PHARM: CUSTOM COMPOUNDING PHARMACY Pharmacy #: PHY5001 301 FOLSOM ST STE B SAN FRANCISCO, CA 94105	Serial Rx #: NOT REPORTED Pharmacy Rx #: 465793	
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 07/15/2025 Filled: 07/15/2025 Payment Type: Private Pay	TESTOSTERONE MICRONIZED ^C Strength: UNKNOWN Form:POW Days Supply: 60 Quantity: 0.240577 Refill:0 of 0	Daily: N/A Total: N/A SAFAN, ANAT DEA #: FS6210823 City: MILL VALLEY	THE WELLNESS CENTER PHARMACY INC DBA DESIGNER DRUGS Pharmacy #: NRP1779 7304 JARINGAN ROAD CHATTANOOGA, TN 37421	Serial Rx #: NOT REPORTED Pharmacy Rx #: 4584949	
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 05/20/2025 Filled: 05/20/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Days Supply: 7 Quantity: 30 Refill:1 of 3	Daily: N/A Total: N/A SHEETS, ANNEMARIE N (MD) DEA #: FS4343694 City: BERKELEY	ALTO PHARMACY Pharmacy #: PHY54523 1400 TENNESSEE ST UNIT 2 SAN FRANCISCO, CA 94107	Serial Rx #: NOT REPORTED Pharmacy Rx #: 809562015	
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 05/15/2025 Filled: 05/15/2025 Payment Type: Private Pay	TESTOSTERONE MICRONIZED ^C Strength: UNKNOWN Form:POW Days Supply: 60 Quantity: 0.240577 Refill:0 of 1	Daily: N/A Total: N/A SAFAN, ANAT DEA #: FS6210823 City: MILL VALLEY	THE WELLNESS CENTER PHARMACY INC DBA DESIGNER DRUGS Pharmacy #: NRP1779 7304 JARINGAN ROAD CHATTANOOGA, TN 37421	Serial Rx #: NOT REPORTED Pharmacy Rx #: 4550515	
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 04/20/2025 Filled: 04/20/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Days Supply: 30 Quantity: 20 Refill:0 of 0	Daily: N/A Total: N/A SHEETS, ANNEMARIE N (MD) DEA #: FS4343694 City: BERKELEY	ALTO PHARMACY Pharmacy #: PHY54523 1400 TENNESSEE ST UNIT 2 SAN FRANCISCO, CA 94107	Serial Rx #: NOT REPORTED Pharmacy Rx #: 809562016	
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 04/16/2025 Filled: 04/16/2025 Payment Type: Private Pay	TESTOSTERONE MICRONIZED ^C Strength: UNKNOWN Form:POW Days Supply: 30 Quantity: 0.240577 Refill:0 of 1	Daily: N/A Total: N/A SAFAN, ANAT DEA #: FS6210823 City: MILL VALLEY	THE WELLNESS CENTER PHARMACY INC DBA DESIGNER DRUGS Pharmacy #: NRP1779 7304 JARINGAN ROAD CHATTANOOGA, TN 37421	Serial Rx #: EEEEEE Pharmacy Rx #: 4533988	

^CThis prescription record is a component of a **Compound Prescription**. ^TAn Active Prescription indicates the patient has units of the medication remaining as of the date this report was generated. It is calculated based on Date Filled and Days' Supply of the medication, and assumes the patient is taking the medication as directed, beginning the day following the Dated Filled. ^MMorphine Milligram Equivalents (MMEs) are calculated using the morphine equivalent conversion factor, published by the Centers for Disease Control and Prevention (CDC). The MME calculations contained in this report are informational only. Providers should exercise their independent clinical judgment in making prescribing and dispensing decisions. More information regarding MMEs can be found on the CDC website at <https://www.cdc.gov/opioids/data-resources/index.html>.

DISCLAIMER: The CURES database contains information about Schedule II, Schedule III, Schedule IV, and Schedule V controlled substance prescriptions dispensed to patients, as reported by California-licensed dispensers. The California Department of Justice does not independently verify the accuracy of the information reported by dispensers. Records are based on information at the time the query was submitted and are subject to change as a result of subsequent reporting by dispensers.

**CONFIDENTIAL DOCUMENT**

State of California, Department of Justice

Controlled Substance Utilization Review & Evaluation System (CURES)

CURES

Patient Details	Patient Address	Dates and Payment	Prescription Information	MME ^M	Prescriber Details	Pharmacy Details	Prescription Numbers
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 03/17/2025 Filled: 03/14/2025 Payment Type: Private Pay	KETAMINE HCL C Strength: UNKNOWN Form:POV Quantity: 2.308846 Days Supply: 35 Refill: 0 of 0	Daily: N/A Total: N/A	MCILROY III, RICHARD DEA #: FM2824096 City: SAN FRANCISCO	KOSH-LAND PHARM: CUSTOM COMPOUNDING PHARMACY Pharmacy #: PHY50041 301 FOISOM ST STE B SAN FRANCISCO, CA 94105	Serial Rx #: NOT REPORTED Pharmacy Rx #: 454529
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 02/07/2025 Filled: 02/07/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Quantity: 30 Days Supply: 7 Refill: 0 of 3	Daily: N/A Total: N/A	SHEETS, ANNEMARIE N (MD) DEA #: FS4343694 City: BERKELEY	ALTO PHARMACY Pharmacy #: PHY54523 1400 TENNESSEE ST UNIT 2 SAN FRANCISCO, CA 94107	Serial Rx #: NOT REPORTED Pharmacy Rx #: 809562015
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 01/27/2025 Filled: 01/27/2025 Payment Type: Private Pay	KETAMINE HCL C Strength: UNKNOWN Form:POV Quantity: 2.200533 Days Supply: 35 Refill: 0 of 0	Daily: N/A Total: N/A	MCILROY III, RICHARD DEA #: FM2824096 City: SAN FRANCISCO	KOSH-LAND PHARM: CUSTOM COMPOUNDING PHARMACY Pharmacy #: PHY50041 301 FOISOM ST STE B SAN FRANCISCO, CA 94105	Serial Rx #: NOT REPORTED Pharmacy Rx #: 449987
CHANG, AUDREY DOB: 05/26/1980 Gender: F	9 DOLPHIN COURT ALAMEDA, CA 94501	Sold: 01/03/2025 Filled: 01/02/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Quantity: 20 Days Supply: 10 Refill: 0 of 0	Daily: N/A Total: N/A	SHEETS, ANNEMARIE N (MD) DEA #: FS4343694 City: BERKELEY	ALTO PHARMACY Pharmacy #: PHY54523 1400 TENNESSEE ST UNIT 2 SAN FRANCISCO, CA 94107	Serial Rx #: NOT REPORTED Pharmacy Rx #: 809562013

^CThis prescription record is a component of a **Compound Prescription**. ^TAn Active Prescription indicates the patient has units of the medication remaining as of the date this report was generated. It is calculated based on Date Filled and Days' Supply of the medication, and assumes the patient is taking the medication as directed, beginning the day following the Dated Filled. ^MMorphine Milligram Equivalents (MMEs) are calculated using the morphine equivalent conversion factor, published by the Centers for Disease Control and Prevention (CDC). The MME calculations contained in this report are informational only. Providers should exercise their independent clinical judgment in making prescribing and dispensing decisions. More information regarding MMEs can be found on the CDC website at <https://www.cdc.gov/opioids/data-resources/index.html>.

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Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Attachment - CP History & Physical 12/30/2025

Title History & Physical

Date 12/30/2025

Description

Reflections

ID: This is a 45 year old female with other psychoactive (ketamine) use disorder(s), admitted to Reflections for residential treatment.

HPI:

Reason for seeking treatment at present: "My use is out of control"

Brief synopsis of current use: daily for the last month

Last drink/Use: 12/26/25

Past treatment attempts: Yes

Residential: coming from Bayside

Outpatient: Denies

Substance Use History

Amount/Route/Date of Last Use/Duration/1st use/when it became a problem:

#1 Other: Ketamine 12/26/25, daily use for the last month, first use 10 years ago, problem 1.5 years ago.

Sporadic use, not a problem

Alcohol:

Cocaine:

DENIES

Nicotine

Cannabis:

Opioids (Fent):

Sedative: (Xanax):

Stimulants

Hallucinogens

Inhalants:

**Over the Counter
Prescriptions**

Negative consequences

Legal: Denies

Employment/School: Denies

Financial: Denies

Family/Relationships: partner, friends, mother concerned

Health: mental health, disorientation

Risky Behavior: possible SI/gravely disabled situations

Trauma

Physical: YES, "chocked by dad several times"

Social/domestic abuse: YES

Mental/psychological: YES

Sexual: YES "sexually abused by my father from age 3-9"

Sober Time: a few months at a time

Factors that helped: travel, self care, therapy

Detox History: Coming from detox at Bayside

History of Seizures or DT's: Denies

Current Physical Symptoms

POSITIVE

Anxiety

DENIES

Seizures

DTs

Hallucinations/Delusions

Blackouts

Cramping

Nausea

Depression

Paranoia Suspiciousness

Achy Joints

Shakes

Current Cravings: Denies

Any history of IV drug use: Denies

Overdose history: Denies

Medical History:

Primary care provider name and last visit: Dr Patel, last seen two months ago

Recent ED: two weeks ago for safety concerns

Chronic/Acute Illnesses: Elevated autoimmune antibody

Hx seizures, epilepsy, kidney, liver: Denies

Head/Fall/Brain Hemorrhage: Denies

Surgeries: Denies

Diet: intolerance apples, lamp

Psychiatric History:

Hx bipolar, schizo, eating dx, mania: Denies

Hx anxiety, depression: PTST

Therapist/psychiatrist: Dr Matt Lozama, seen last week

Hx SI/SA: Denies

Hx self-harm: Denies

Hix 5150 holds: Twice in the last few months went to the hospital to be evaluated for safety/gravely disabled, not held

Allergies: Denies

Medications:

- 1) Gabapentin 300mg, four times, detox/anxiety
- 2) Propranolol 10mg, BID, PTSD
- 3) Buspar 7.5 mg PTSD
- 4) Trazodone 50mg sleep
- 5) Hormones & supplements

Social History:

Sexual orientation: prefers males

Relationships Status: boyfriend of four years

Housing, persons in home: mother

substance use in home: Denies

Employment, Career, Certification, License, Ed level: Tech founder, CTO

Military service: Denies

Family History:

Medical: Denies

Substance: Denies

Psychiatric, including suicides: Denies

Recent Loss/Grief: recent realized childhood abuse, ex committed suicide, loss of long term job

Physical

Mood: overstimulated, sensitive

Hallucinations: Denies

SI/HI: Denies

General: Client has been using Ketamine for 10 years medically as prescribed. 1.5 years ago in therapy she came to remember extensive sexual abuse from her father from age 3-9. Since then she has had terrible flashbacks and PTSD of the abuse. It's particularly bad in December. She's a self professed bio-hacker, meaning she researches her pathophysiology, and takes a lot of supplements. She's done extensive therapy and uses a lot of tools currently for her sensitive system. She is highly sensitive to noise, light and has self described "melt downs" as a result.

Review of Systems

GENERAL: Good, no acute distress

SKIN: Denies rash, itching, dryness, color changes, ulcers

HEAD/NECK: Denies headaches, dizziness; no swollen glands.

EYES: Denies vision loss, blurring.

EARS: Hearing good, denies tinnitus, denies otalgia.

NOSE: Denies sinus pain, rhinorrhea, congestion

MOUTH/THROAT: Denies dental problems, oral ulcers, sore throat, hoarseness, dysphagia,

CV: Denies palpitations, edema, chest pains or irregular heartbeat.

LUNGS: Denies cough, sputum, dyspnea, pleuritic pain, hemoptysis, wheezing

BREASTS: Denies pain, discharge, masses.

GI: Denies nausea or vomiting, heartburn, abdominal pain, bloating diarrhea, constipation, jaundice

GU: Denies pain, urgency, incontinence, hematuria, discharge. Denies STD's.

BLOOD: Denies bruising/bleeding, history of anemia.

MS: Denies joint pain hands/elbows, morning stiffness. Denies gout, osteoporosis, cramps, and swelling.

NEURO: Denies weakness, seizures, loss of consciousness, head trauma, numbness, tingling, dizziness, confusion, memory loss, difficulty walking, tremor, syncope, and stroke.

PSYCH: Endorses PTSD. Denies depression, anxiety and current suicide ideation.

Physical Exam

General: Well-developed, well-nourished, in no acute distress. Appears stated age. Casual dress. Well groomed.

HEENT: Conjunctiva clear, without exudate. Sclera without jaundice. EOMI. PERRLA. External ears and canals without abnormalities bilaterally. Nasal mucosa pink and moist, nostrils patent bilaterally, nasal septum midline without erosions. Oral mucosa pink and moist. Dentition good. Tongue without lesions, midline with good symmetrical movement. Pharynx normal in appearance without tonsillar exudate or edema.

Neck: Supple. No JVD noted. No thyromegaly appreciated.

Lymph: No cervical lymphadenopathy appreciated.

Cardiovascular: Heart regular rate and rhythm. S1 and S2 present. No clicks, gallops, rubs or murmurs appreciated.

Lungs: Clear to auscultation bilaterally. No wheezes, rales or rhonchi appreciated.

Abdomen: Soft, non-tender, non-distended. Bowel sounds present in all four quadrants. No ascites appreciated. No organomegaly appreciated.

Skin: Warm, dry. No jaundice appreciated. Without wounds, bruises, rashes, track marks, or abscesses.

Extremities: No deformity noted in any extremity. No tenderness to palpation in any extremity. Good ROM in all four extremities. No edema or erythema noted.

Rectal: Deferred, examination not appropriate for this level of care.

Neuro: Alert/awake, oriented to person, place, time and situation. No tremor, no asterixis. Normal gait. 5/5 motor strength in all four extremities. Intact to light touch sensation in all four extremities. Reflexes 2+ bilaterally. Cranial nerves 2-12 were individually tested and found to be intact. Finger-to-nose touch test intact bilaterally. Patient can rub posterior heels against anterior shins bilaterally.

Psych: Cooperative, engaged; mood described as "anxious"; affect appropriate; fair eye contact; speech appropriate rate and volume; thought content preoccupied; long and short term memory grossly intact but not formally tested; judgement intact. No audiovisual or tactile hallucinations, no suicidal or homicidal ideation.

Height: 5' 5" Weight: 137lbs BMI: 22.9 B/P: 114/74 P: 50 O2: 100 R: 16 T: 98.1 CIWA: 5 BAC: 0.00 UDS: Neg

Substance Use Diagnoses:

F19.20 Other psychoactive substance dependence, uncomplicated

Assessment:

This is a 45 year old female with other psychoactive substance use disorder, presenting to Reflections Dual Diagnosis Treatment Center for residential treatment.

Given the time since patient's last use and there is no recognized protocol for Ketamine use, the patient is placed in ASAM LOC 3.5 RTC.

Initial Goals

- Admit to RTC for stabilization and recovery.
- Begin psychotherapy focusing on relapse prevention.
- Discussed risk of overdose/death with relapse, demonstrates understanding. Discussed risk of presence of fentanyl in other substances, risk of overdose/death, demonstrates understanding.
- A CURES report was generated and reviewed. Please see chart for report.

- I have explained my role at the facility and asked the patient to let the staff know about any symptoms or medical issues that come up during treatment.

Scanned Document



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/30/2025 11:30 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Attachment - CP Wrist Wound 12/31/2025

Title Wrist Wound

Date 12/31/2025

Description

Wrist wound from moving glass where and dropping them per patient. Clear discharge present and clean bandages applied by patient

Scanned Document



A handwritten signature in blue ink, appearing to read "Monika Lopez".

Monika Lopez, LVN (Staff), 12/31/2025 03:42 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Doctor's Admitting Order 12/30/2025

Date 12/30/2025

Allergies

Allergen	Allergy Type	Reaction	Reaction Type	Onset	Treatment	Status Type	Source
Apple	Food	Upset stomach	Allergy			Active	
Lamb Meat	Food	Upset stomach	Allergy			Active	

Admit To Dual Diagnosis Program

Detox Level
(attach detox orders)

Obs Level One

Diagnosis F19.20 Other psychoactive substance dependence,
uncomplicated

Diagnoses

Activity**Diet**

Diet(s): Regular Diet (with special Dietary needs)

Other Restrictions: no apples, no lamb

- Thiamine 100 mg PO Daily X 3days
- Multivitamin 1 tab PO Daily

LAB WORK (FASTING)

- Comprehensive metabolic panel, CBC, GGT, Lipid Panel, HEP Panels, A, B, and C, HIV TSH
- Urine Drug Screen upon admission and randomly thereafter
- Serum HCG all Females without hysterectomy

Ordered By

Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:35 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Statement of Medical Clearance 12/30/2025 02:49 PM

Date of Exam: 12/30/2025 02:49 PM

I have examined this client and have found him/her free of communicable diseases and any other illnesses which require acute medical intervention.

If No, document reasons, and the interventions needed.



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/30/2025 10:23 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Incidental Medical Services Certification Form 12/30/2025

Date of Certification: 12/30/2025

I have reviewed the Client Health Questionnaire & Initial Screening prior to providing incidental medical services. I have also determined, based on the results of the screening questions and assessment, that the client is medically appropriate to receive incidental medical services at:

Living at Reflections, LLC - 1191 Simmons Ln. Novato, CA 94945/ 741 McClay Rd. Novato CA 94947

As a result of my assessment and the review of the Client Health Questionnaire & Initial Screening, the client requires and will receive the following alcoholism and drug abuse recovery treatment services:

Services

1. Obtaining medical histories
 2. Monitoring health status to determine whether the health status warrants transfer of resident in order to receive urgent or emergent care
 3. Testing associated with detoxification from alcohol or drugs
 4. Providing alcoholism or drug abuse recovery or treatment services
 5. Overseeing patient self-administered medications
 6. Treating substance abuse disorders, including detoxification
-

Comments or Notes:

I also understand a copy of this form must be placed in the client's chart prior to receiving incidental medical services. I further understand that I may receive treatment services by another healthcare practitioner associated with the above licensed residential facility.

By signing this form, I acknowledge that I have reviewed the Client Health Questionnaire & Initial Screening and I am approving treatment services, as listed above.



Audrey Chaing (Client), 12/30/2025 06:17 PM
Staff present: Monika Lopez, LVN



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:32 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

**72 Hour Residential Care - Observation LEVEL 1, first 24 hrs., Every 12 hrs,
until further notice**

Duration: Until further notice, start date: 12/30/2025 06:30 PM

Show in MARs: YES

Action

72 Hour Residential
Care - Observation
LEVEL 1, first 24 hrs.

Frequency

Every 12 hrs

-
- 1) Vital Signs Q6 hours, even while asleep
 - 2) 30 minute safety checks
 - 3) CIWA/COWS Q6 hours
 - 4) No offsite outing
 - 5) May attend group, not required
 - 6) No pool/gym
 - 7) Must be on Observation for a min of 24 hrs.

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:43 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:43 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Lab Work Fasting: Comprehensive Metabolic Panel, CBC, Lipid Panel, HIV, TSH, Once , until further notice

Justification: Preventative Screening to Evaluate Lab Levels

Duration: Until further notice, start date: 12/30/2025 06:30 PM

Show in MARs: NO

Action

Lab Work Fasting:
Comprehensive
Metabolic Panel, CBC,
Lipid Panel, HIV, TSH

Frequency

Once

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:43 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:43 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Urine Drug Screen upon admission and Weekly thereafter, Weekly, until further notice

Justification: Weekly Urine Tests to monitor a Client's progress and maintain sobriety

Duration: Until further notice, start date: 12/30/2025 06:30 PM

Show in MARs: NO

Action

Urine Drug Screen
upon admission and
Weekly thereafter

Frequency

Weekly

	Hours	Minutes	Meridian
At	08	00	AM

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:43 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:43 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Acetaminophen, 500 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN

Justification: Headache or Pain

[Warnings: NTE 3000mg in a 24hr period]

PRN, Duration: Until further notice, start date: 12/30/2025 06:45 PM

Dispense Amount: 500 mg tablet x 8 Tablets

Number of Refills: n/a

Medication	Route	Dosage Form
Acetaminophen	oral	tablet

Frequency

every 6 hours

Amount	Strength	Unit
2	500 mg	Tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:45 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:45 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

**Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable,
every 4 hours, until further notice, PRN**

Justification: GERD

Warnings: NTE 15 tablets in 24hrs

PRN, Duration: Until further notice, start date: 12/30/2025 06:45 PM

Dispense Amount: 500 mg tablet, chewable x 12 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Tums	oral	tablet, chewable

Frequency

every 4 hours

Amount	Strength	Unit
2	500 mg	Tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:45 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:45 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Ibuprofen, 200 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN

Justification: Headache or Pain

PRN, Duration: Until further notice, start date: 12/30/2025 06:45 PM

Dispense Amount: 200 mg tablet x 8 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Ibuprofen	oral	tablet

Frequency

every 6 hours

Amount	Strength	Unit
2	200 mg	Tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:45 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:45 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN

Justification: Diarrhea/Loose Stool

PRN, Duration: Until further notice, start date: 12/30/2025 06:45 PM

Dispense Amount: 2 mg tablet x 12 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Loperamide	oral	tablet

Frequency

every 2 hours

Amount	Strength	Unit
1	2 mg	Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:45 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:45 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS)

PRN, until further notice, PRN

Justification: Insomnia

PRN, Duration: Until further notice, start date: 12/30/2025 06:45 PM

Dispense Amount: 10 mg Tablet, Sublingual x 2 tablets

Number of Refills: 1

Medication	Route	Dosage Form
melatonin	sublingual	Tablet, Sublingual

Frequency

once a day (HS) PRN

Amount	Strength	Unit
1	10 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:45 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:45 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

**Metamucil (psyllium), 3.4 g/5.2 g x 1 GM , oral, powder for reconstitution,
2x a day schedule (BID) PRN, until further notice, PRN**

Justification: Bowel Care

Warnings: Drink plenty of water

PRN, Duration: Until further notice, start date: 12/30/2025 06:45 PM

Dispense Amount: 3.4 g/5.2 g powder for reconstitution x 2 GMs

Number of Refills: 1

Medication	Route	Dosage Form
Metamucil	oral	powder for reconstitution

Frequency

2x a day schedule (BID) PRN

Amount	Strength	Unit
1	3.4 g/5.2 g	GM

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:45 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:45 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

**Tuberculin purified protein derivative, .1ml x 1 .1ml , Intradermal, Liquid,
Once , for 1 day**

Justification: TB Screening

Duration: 1 day, start date: 12/30/2025 06:45 PM, end date: 12/30/2025 11:59 PM

Dispense Amount: .1ml Liquid x 2 .1mls

Number of Refills: n/a

Day 1 to Day 2	Medication	Route	Dosage Form
12/30/2025 06:45 PM to 12/31/2025	Tuberculin purified protein derivative	Intradermal	Liquid

Frequency

Once

Amount	Strength	Unit
1	.1ml	.1ml

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:45 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:45 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

**Senokot (sennosides), 8.6 mg x 1 Tablet , oral, tablet, once a day (AM) PRN,
until further notice, PRN**

Justification: Constipation

PRN, Duration: Until further notice, start date: 12/30/2025 06:45 PM

Dispense Amount: 8.6 mg tablet x 2 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Senokot	oral	tablet

Frequency

once a day (AM) PRN

Amount	Strength	Unit
1	8.6 mg	Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 06:45 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 06:45 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

**trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS),
until further notice**

Justification: sleep

Duration: Until further notice, start date: 12/30/2025 09:30 PM

Dispense Amount: 50 mg tablet x 1 tablet

Number of Refills: n/a

Medication trazodone	Route oral	Dosage Form tablet
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Frequency

once a day (HS)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	PM	1	50 mg	tablet

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 09:38 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 09:38 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

**propranolol (propranolol HCl), 10 mg x 1 tablet , oral, tablet, 2x a day
schedule (BID) PRN, until further notice, PRN**

Justification: anxiety

PRN, Duration: Until further notice, start date: 12/30/2025 09:30 PM

Dispense Amount: 10 mg tablet x 1 tablet

Number of Refills: n/a

Medication	Route	Dosage Form
propranolol	oral	tablet

Frequency

2x a day schedule (BID) PRN

Amount	Strength	Unit
1	10 mg	tablet

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 09:38 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 09:38 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

gabapentin, 300 mg x 1 capsule , oral, capsule, 4x a day schedule (QID)

PRN, until further notice, PRN

Justification: anxiety

PRN, Duration: Until further notice, start date: 12/30/2025 09:30 PM

Dispense Amount: 300 mg capsule x 4 capsules

Number of Refills: n/a

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

4x a day schedule (QID) PRN

Amount	Strength	Unit
1	300 mg	capsule

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 09:38 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 09:38 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

progesterone, 300mg x 3 capsules , oral, capsule, once a day (HS), until further notice

Justification: hormone

Duration: Until further notice, start date: 12/30/2025 09:30 PM

Dispense Amount: 300mg capsule x 4 capsules

Number of Refills: n/a

Medication	Route	Dosage Form
progesterone	oral	capsule

Frequency

once a day (HS)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	PM	3	300mg	capsules

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 09:38 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 09:38 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

buspirone (buspirone HCl), 7.5 mg x 1 tablet , oral, tablet, two times a day schedule (BID), until further notice

Justification: Depression

Duration: Until further notice, start date: 12/30/2025 09:30 PM

Dispense Amount: 7.5 mg tablet x 2 tablets

Number of Refills: n/a

Medication buspirone	Route oral	Dosage Form tablet
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Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	7.5 mg	tablet
At	09	00	PM	1	7.5 mg	tablet

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 09:38 PM

Original Prescriber: Lezama MD

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 09:38 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Testosterone/DHEA, 0.2ml x 1 ml , Topical, liquid, once a day (AM), until further notice

Justification: Hormone

Duration: Until further notice, start date: 12/30/2025 09:30 PM

Dispense Amount: 0.2ml liquid x 1 ml

Number of Refills: n/a

Medication	Route	Dosage Form
Testosterone/DHEA	Topical	liquid

Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	0.2ml	ml

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 09:38 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 09:38 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Bi-Est 80:20, 0.2ml x 1 ml , oral, liquid, two times a day schedule (BID), until further notice

Justification: Hormone

Duration: Until further notice, start date: 12/30/2025 09:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication	Route	Dosage Form
Bi-Est 80:20	oral	liquid

Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	0.2ml	ml
At	09	00	PM	1	0.2ml	ml

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 09:38 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 09:38 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

**Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM),
until further notice**

Justification: Supplement

Duration: Until further notice, start date: 12/31/2025 08:00 AM

Dispense Amount: multiple vitamins tablet x 1 Tablet

Number of Refills: 1

Medication	Route	Dosage Form
Multivitamin	oral	tablet

Frequency

once a day (AM)

Hours	Minutes	Meridian	Amount	Strength	Unit
At 09	00	AM	1	multiple vitamins	Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via paper

Entered by Monika Lopez, LVN 12/31/2025 08:14 AM

Pending Review

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Thiamine, 100 mg x 1 Tablet , oral, tablet, once a day (AM), for 3 days

Justification: Supplement

No substitutions

Duration: 3 days, start date: 12/31/2025 08:00 AM, end date: 01/02/2026 11:59 PM

Dispense Amount: 100 mg tablet x 3 Tablets

Number of Refills: 1

Day 1 to Day 3 12/31/2025 08:00 AM to 01/02/2026	Medication Thiamine	Route oral	Dosage Form tablet
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Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	100 mg	Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via paper

Entered by Monika Lopez, LVN 12/31/2025 08:15 AM

Pending Review

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

24 Hour Observation Sheet 12/31/2025

12/31/2025

Date/Time: 0721 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0806 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0837 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0905 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0933 , Detox Level: Obs , Location: N , Orientation: 1 , Complaints: N , Care: 2 , See Notes: Hyration packet , Staff Initials: ML

Date/Time: 1002 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: Unpacking , Staff Initials: ML

Date/Time: 1034 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: Unpacking , Staff Initials: ML

Date/Time: 1101 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1133 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1202 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1231 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1304 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1332 , Detox Level: Obs , Location: I , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1404 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

A: Room Awake
D: Dining
G: group
I: Ind. Session
N: Nursing Station
P: Patio
S: Sleeping

Orientation Codes

1: Awake alert, oriented x3
2: Sedated, oriented x3
3: Sleeping

Complaints

N: No complaints
Y: Has complaints

Care Codes

1: CIWA or COW
2: Fluids
3: Encouragement
4: Medications
5: Nourishment
6: Sleeping

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

24 Hour Observation Sheet 12/30/2025

12/30/2025

Date/Time: 1630 , Detox Level: Obs , Location: Common area , Orientation: 1 , Complaints: N , Care: Greeting , Staff Initials: ML

Date/Time: 1701 , Detox Level: Obs , Location: N , Orientation: 1 , Complaints: N , Care: 1,2,3,5 , Staff Initials: ML

Date/Time: 1732 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: On phone w/MD , Staff Initials: ML

Date/Time: 1803 , Detox Level: Obs , Location: N , Orientation: 1 , Complaints: N , See Notes: Intake , Staff Initials: ML

Date/Time: 1834 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: w/PA , Staff Initials: ML

Date/Time: 1901 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: W/PA , Staff Initials: ML

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

A: Room Awake

D: Dining

G: group

I: Ind. Session

N: Nursing Station

P: Patio

S: Sleeping

Orientation Codes

- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

Complaints

N: No complaints

Y: Has complaints

Care Codes

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping



Monika Lopez, LVN (Staff), 12/31/2025 07:47 AM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

24 Hour Observation Sheet 12/30/2025

12/30/2025

Date/Time: 1930 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 1959 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2028 , Detox Level: OBS , Location: WITH NP , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2057 , Detox Level: OBS , Location: WITH NP , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2126 , Detox Level: OBS , Location: EATING AT THE DINING TABLE , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2155 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2224 , Detox Level: OBS , Location: N , Orientation: 1 , Complaints: N , Care: 1,2,,3,4 , Staff Initials: KK

Date/Time: 2253 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2322 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2351 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0020 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0049 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0118 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0147 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0216 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0245 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0314 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0343 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0412 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0441 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0510 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0539 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0608 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0637 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Detox Level

- I: every 30 minutes
- II: every hour
- III every 2 hours.

Location Codes

- A: Room Awake
- D: Dining
- G: group
- I: Ind. Session
- N: Nursing Station
- P: Patio
- S: Sleeping

Orientation Codes

- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

Complaints

- N: No complaints
- Y: Has complaints

Care Codes

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping



Kiran Kaur, MA (Staff), 12/31/2025 07:31 AM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

BAC/UDS 12/30/2025

Date 12/30/2025

Breathalyzer

0.00

Time

1700

Drug Screen Result

ALLNEGATIVE



Monika Lopez, LVN (Staff), 12/30/2025 05:34 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Nursing Progress Notes (Daily) 12/31/2025

12/31/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/31/2025 06:51 AM

Detox/OBS/RES Status: RES, OBS Q 30 min

Allergies: Apple, Lamb meat

Detox Meds if applicable:

PRN Meds for PAWS: Gabapentin 300 mg QID as needed

C/O: None

CIWA: 6

Daily Vital Signs: BP 118/78 P 64 See KIPU

Appearance (ADLs): Clean

Mental status/mood: Audrey got here today late afternoon, no detox, OBS Q 30 min for 72 hrs. She met with NP in the evening. She appears to be in good spirits and cooperative with care. She is med compliant and VS WNL. She states she usually runs low with her BP. She reports PTSD with flashbacks around 3 or 4am and wakes up almost every night and is hoping to sleep throughout the night tonight. She requested not to wake her up for VS if she is sleeping. She reports feeling very exhausted and tired. Client has been moved to RM 6 from Rm 2 per NP because of malfunction of the heater in RM 2. Client took 500 mg of Tylenol for 3/10 HA along with Gabapentin 300mg, Trazodone 50 mg, Progesterone 300mgx3 capsules, Buspar 7.5 mg, Melatonin. Client was monitored closely Q 30 min throughout the night. Client slept peacefully throughout the night. Will cont plan of care.

Did the Client Participate in Groups/Meetings? NO, meeting with NP

Sleeping: Slept

Nutrition: Observed eating dinner at the dining table & snacks. Encouraged hydration as well.

Discharge Date: 01/07/2026

Daily Temps: WNL

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Kiran Kaur, MA (Staff), 12/31/2025 06:51 AM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Nursing Progress Notes (Daily) 12/30/2025

12/30/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Monika Lopez, LVN, 12/30/2025 06:51 PM

Date: 12/30/25

Time: 1630

New Admit to: Simmons-Res, 72 Hour Observation

Initials: AC Age: 45 y/o Gender: Female

Here for: Other Psychoactive Substance Dependence

UDS: (-)NEG BAC: 0.00

Residing in room number: 2

Medication Allergies/Reaction if any: NKDA

Food Allergies/Reaction if any: Apples and lamb meat

Type of Diet: Regular diet, No apples or lamb meat

Cleared for all activities? No

Initial Screens within our Client Health Questionnaire & Initial Assessment are + or - OR NEG/POS? Neg

Suicide: Denies, Pain: 0/10, Nutritional Assessment - No , Cravings: 0/10

Clinical will follow up.

Let's all help her feel welcome!

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Monika Lopez, LVN (Staff), 12/30/2025 06:51 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Legacy MARs

New MARs

**Actions**

Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	72 Hour Residential Care - Observation LEVEL 1, first 24 hrs.	6:30 PM	ACTION			
Yes	72 Hour Residential Care - Observation LEVEL 1, first 24 hrs.	6:30 AM	ACTION			
n/a	72 Hour Residential Care - Observation LEVEL 1, first 24 hrs.	6:30 PM	ACTION			

Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/30/2025 06:45 PM	n/a	Tuberculin purified protein derivative	.1ml Liquid, Intradermal	1 .1ml	MED								
12/31/2025 09:00 AM	No	Thiamine	100 mg tablet, oral	1 Tablet	MED	Declined	Charted by Monika Lopez, LVN 12/31/2025 08:37 AM						
12/31/2025 09:00 AM	Yes	buspirone (buspirone HCl)	7.5 mg tablet, oral	1 tablet	MED		Observed by Monika Lopez, LVN 12/31/2025 08:30 AM						
12/31/2025 09:00 AM	Yes	Testosterone/DHEA	0.2ml liquid, Topical	1 ml	MED		Observed by Monika Lopez, LVN 12/31/2025 08:25 AM						
12/31/2025 09:00 AM	Yes	Bi-Est 80:20	0.2ml liquid, oral	1 ml	MED		Observed by Monika Lopez, LVN 12/31/2025 08:32 AM						
12/31/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Declined	Charted by Monika Lopez, LVN 12/31/2025 08:37 AM						
12/31/2025 09:00 PM	n/a	progesterone	300mg capsule, oral	3 capsules	MED								
12/31/2025 09:00 PM	n/a	buspirone (buspirone HCl)	7.5 mg tablet, oral	1 tablet	MED								
12/31/2025 09:00 PM	n/a	Bi-Est 80:20	0.2ml liquid, oral	1 ml	MED								
12/31/2025 09:00 PM	n/a	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED								

PRN Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/30/2025 10:19 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	PRN	anxiety	Observed by Kiran Kaur, MA 12/30/2025 10:34 PM						

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/30/2025 10:34 PM	Yes	Acetaminophen Warning: NTE 3000mg in a 24hr period	500 mg tablet, oral	2 Tablets	PRN	Headache or Pain	Observed by Kiran Kaur, MA 12/30/2025 10:36 PM			Kiran Kaur, MA, Dec 30, 2025 at 10:36 PM	500 mg taken for 3/10 headache.	
12/30/2025 10:34 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/30/2025 10:34 PM					
12/31/2025 08:23 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	PRN	anxiety	Observed by Monika Lopez, LVN 12/31/2025 08:31 AM					
12/31/2025 09:24 AM	Yes	Acetaminophen Warning: NTE 3000mg in a 24hr period	500 mg tablet, oral	2 Tablets	PRN	Headache or Pain	Observed by Monika Lopez, LVN 12/31/2025 09:24 AM					
12/31/2025 12:32 PM	Yes	propranolol (propranolol HCl)	10 mg tablet, oral	1 tablet	PRN	anxiety	Observed by Monika Lopez, LVN 12/31/2025 12:32 PM					
12/31/2025 02:51 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	PRN	anxiety	Observed by Monika Lopez, LVN 12/31/2025 02:52 PM					
12/31/2025 02:52 PM	Yes	Acetaminophen Warning: NTE 3000mg in a 24hr period	500 mg tablet, oral	2 Tablets	PRN	Headache or Pain	Observed by Monika Lopez, LVN 12/31/2025 02:56 PM					

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Biopsychosocial Assessment 12/31/2025 01:00 PM

Place of Service: Residential
Substance Abuse Treatment Facility

Date of Assessment	Start time	End time
	12/31/2025 01:00	
	PM	

I. Presenting Problem

Client is a tech founder in their late 30s or early 40s seeking treatment for Post-Traumatic Stress Disorder (PTSD) and problematic ketamine use. Client reports their use escalated following the emergence of repressed childhood sexual abuse memories, a miscarriage, an ex-partner's suicide, and a friend's suicide attempt. They began supplementing prescribed ketamine with street-sourced ketamine to manage severe PTSD symptoms, which they now identify as an addiction. Client's partner encouraged them to seek treatment. Client reports recent instability, including two separate involuntary hospitalizations prior to admission. One occurred after calling 911 for a friend, and another after their mother called 911 while client was under the influence of ketamine.

II. SOCIAL AREA**A. Family of Origin****1. Where were you raised and by whom?**

The client was raised in New York City. They describe their parents as "a little absentee" and the family dynamic as "pretty badly," with a tendency to sweep problems under the rug, which they attribute to their cultural background. They suspect a family history of undiagnosed mental health issues. Their father had an alcohol problem and gave the client beer as a toddler.

2. Do you have any siblings?

	Name	Age	Grew Up Together? Y/N
	undisclosed		Y

3. How did the family get along / relate to one another?

Bad, didn't talk, father abused client.

4. Is there any family history of the following

Mother Mental Health Problems

Father Substance Abuse , Mental Health Problems

Step-Parent None

Siblings None

Other None

If YES to any of the above, please elaborate

Mother had depression, father AUD and ADD.

B. Family of Choice

1. Have you ever been or are you currently married? No

If yes, please describe your relationship with your spouse or ex-spouses Denies

2. Are you involved in a significant relationship? Yes , If yes, elaborate: boyfriend of under a year

3. Do you have any children? None

4. Describe your relationships with your children?

N/A

5. Is there any history of the following

Partner None

Past Partner Substance Abuse , Mental Health Problems

Children None

If YES to any of the above, elaborate

Past partner ADD, AUD

6. How has your family members drug/alcohol, mental health, or legal issues effected you?

Father abused client: PTSD

ASAM DIMENSION 1 - Acute Intoxication and/or Withdrawal Potential

III. CHEMICAL DEPENDENCY HISTORY & ASSESSMENT

Alcohol

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Alcohol	2 -3 glasses of wine a few times a week		Teens, high school	12/26/25	NA

OPIATES None

HALLUCINOGENS

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
LSD	Experimented with in 20's		20	30	NA
Mushrooms	Experimented with in 20's		20	30	NA
Ecstasy	NA				
Ketamine	Prescribed, has been abusing for the last 1- 1 1/2 years	1 gram daily at worst	35	12/26/25	NA

DESIGNER DRUGS None

Cocaine/Stimulants

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Cocaine	Experimented with in 20's		20	30	NA
Meth	NA				
RX	NA				

Do you want help to quit smoking?

No

Yes

Sedatives/Benzodiazepines

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Valium/Diazepam	NA				

Klonopin/Clonazepam	NA				
Xanax/Alprazolam	Have taken others prescriptions, unsure of dosage		20's	2 -3 months ago	NA
Ativan/Lorazepam	As needed, .5mg	1 year	44	Last month	NA
Ambien/Lunesta	NA				
Librium/Chlordiazepoxide	NA				

TRANQUILIZERS None

OTHER DRUGS NOT MENTIONED LIST BELOW (Including over the counter) None

List Drugs of Choice

a. What and how long has the Client been using "Drug of Choice" #1?

10 years therapeutic and recreational ketamine use

b. How much have you been using “Drug of Choice” #1?

Up to 1 gram per day

c. What is length of time of the last “Run”?

2 weeks

What, when, and how much was the last drug used? (In the past twenty-four hours)

N/A

e. What, when, and how much was the last drug used? (In the past seventy two hours)

N/A (came from detox episodes x2)

f. How much have you used in the past 7 days on a daily basis.

N/A

3. Age of Onset of drug use (age of 1st Use of any drug)

35

4. How have you been supporting your alcohol/drug usage?

ASAM DIMENSION 5 - Relapse and C

IV. TREATMENT/RELAPSE HISTORY

****Outcome Codes: 1=Successful Completion 2=

If YES, please list treatment history (most recent first)

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3. Describe client's Addiction & Relapse History and the consequences of addiction (include legal, social, emotional, and behavioral)

2 x 5150, lost relationships, family tension.

4. Do you believe that your substance use is a problem?

Yes

5. What efforts have you made to control or limit your use?

Attempts to quit and cut down

6. What is your longest Period of Recovery/Abstinence?

2 months

7. What precipitating events led to previous relapses (i.e. Triggers)

V. ASSESSMENT OF OTHER ADDICTIVE OR COMPULSIVE BEHAVIORS

History of Other Addictive or Compulsive Behaviors:

1. Eating Disorders

- a. Has anyone ever expressed concern to you about your relationship with food, your weight, or your body image?**
- b. Have you ever received treatment for an Eating Disorder?**
- c. Do you believe you have any problems with your relationships with food, your weight, or your body image?**

2. Spending

- a. Has anyone ever expressed concern about your shopping or spending patterns?**
- b. Do you feel you have a problem in the area of shopping or your spending patterns?**

3. Sexual Behavior

- a. Has anyone ever expressed concern about your sexual behavior?**
- b. Are you concerned about your sexual behavior?**

4. Gambling

- a. Has anyone ever expressed concern about your gambling?**
- b. Do you believe gambling is an issue for you?**

5. Exercise

- a. Has anyone ever expressed concern about you over-exercising?**
 - b. Do you believe over-exercising is an issue for you?**
- 6. Are there other addictive or compulsive behaviors (work, caffeine) that the Client has a problem with?**
- g. Are there any other addictive disorders that will need to be addressed in this treatment?**

ASAM DIMENSION 2 - Biomedical Conditions

VI. MEDICAL HISTORY

1. Name of Primary Care Physician

2. Date last seen**3. History of Medical Problems and/or hospitalizations****4. Current Medical Problems****5. Allergies**

Allergen	Allergy Type	Reaction	Reaction Type	Onset	Treatment	Status Type	Source
Apple	Food	Upset stomach	Allergy			Active	
Lamb Meat	Food	Upset stomach	Allergy			Active	

6. Does the client have any medical problems as a result of their alcohol/drug use?**ASAM DIMENSION 3 - Emotional, Behavioral, Cognitive Conditions****VII. MENTAL HEALTH/PSYCHIATRIC HISTORY****1. Have you ever been diagnosed with a mental illness?****2. Previous Psychiatric Hospitalizations, treatment, or therapy****3. Are you currently being followed by a psychiatrist, therapist and/or other mental health treatment provider?****Current Medical and Psychiatric Medications****4. Current Medical Medications**

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/31/2025 10:36 AM:

Acetaminophen, 500 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Headache or Pain
 Bi-Est 80:20, 0.2ml x 1 ml , oral, liquid, two times a day schedule (BID), until further notice, indication: Hormone
 buspirone (buspirone HCl), 7.5 mg x 1 tablet , oral, tablet, two times a day schedule (BID), until further notice, indication: Depression

gabapentin, 300 mg x 1 capsule , oral, capsule, 4x a day schedule (QID) PRN, until further notice, PRN, indication: anxiety
 Ibuprofen, 200 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Headache or Pain
 Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication: Diarrhea/Loose Stool

melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, indication: Insomnia

Metamucil (psyllium), 3.4 g/5.2 g x 1 GM , oral, powder for reconstitution, 2x a day schedule (BID) PRN, until further notice, PRN, indication: Bowel Care

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
 progesterone, 300mg x 3 capsules , oral, capsule, once a day (HS), until further notice, indication: hormone
 propranolol (propranolol HCl), 10 mg x 1 tablet , oral, tablet, 2x a day schedule (BID) PRN, until further notice, PRN, indication: anxiety

Senokot (sennosides), 8.6 mg x 1 Tablet , oral, tablet, once a day (AM) PRN, until further notice, PRN, indication: Constipation

Testosterone/DHEA, 0.2ml x 1 ml , Topical, liquid, once a day (AM), until further notice, indication: Hormone

Thiamine, 100 mg x 1 Tablet , oral, tablet, once a day (AM), for 3 days, indication: Supplement

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS), until further notice, indication: sleep

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD

5. What other medications have you tried in the past?

Medication	Dosage	For What Condition
Powered by Kipu Systems	Created on: 12/31/2025 18:59 PM EST - 18:59 PM EST	135 of 188 pages

6. Do you take your medication as prescribed?

7. Have you ever experienced any cognitive impairment (memory problems, difficulty thinking clearly)?

8. What current symptoms do you feel need to be addressed while in treatment?

VIII. Sexual/Trauma History Assessment

1. Sexual History

a. What is your current sexual orientation

b. Have you always had this same sexual orientation

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

2. Trauma Assessment

a. Have you experienced any of the following types of trauma?

Significant death of family member or friend

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Witnessing an accident

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Domestic Violence

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Childhood Trauma

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Natural Disaster

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Family Violence

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Neglectful or scary Caregivers

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Any type of physical, sexual, or emotional abuse

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Have you ever felt that you were exploited in exchange for using substances?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

b. For any yes above, please elaborate

c. How do the above events impact you?

d. Do you feel any of the above events may interfere with treatment and/or has led to past relapses

IX. Safety Assessment

1. Suicidality Screen and History

a. Past suicidal thoughts or attempts?

b. History of Family or Friend suicide?

c. Current suicidal thoughts?

d. Current or past thoughts or attempts of self-harm?

e. What successful strategies have you used to curb this behavior

f. Protective Factors-Check all that apply

g. Based on the above information, the client's current risk of suicide is considered

2. Violence Risk Assessment

a.. Have others ever told you they are worried about your anger?

b. Current or past violent thoughts or actions?

c. Current or past thoughts or attempts of homicide?

d. What happens when you get angry with your spouse, family member or significant other?

e. Do you ever frightened your family members, friends or children?

f. Have the police ever been called to your house because of your behavior?

g. Have you ever been in a relationship with somebody who hurt, threatened, or controlled you?

X. Cultural Assessment

1. Were you raised in any specific culture?

2. Do you identify with any specific cultural group?

3. Do you currently practice any specific cultural rituals?

4. Do you identify with any specific cultural/ethnic issues?

XI. LEGAL HISTORY

1. Have you ever been arrested?

If Yes, list incidents

	Date	Charges	Outcome

2. Are you currently involved in any ongoing legal proceedings

XII. EDUCATIONAL / VOCATIONAL / MILITARY ISSUES

1. Educational History

a. What is the highest grade completed / degree or certificate obtained?

b. How did you perform in school?

c. Are you currently enrolled and attending school?

d. Have you ever been suspended or expelled from school

e. Have you ever attended any special classes or schools or have any learning challenges?

2. Employment History

a. Have you ever been employed?

No
Yes

If yes, list most employment history (most recent first)

Job/Position	Employment Dates	Reasons for Leaving
--------------	------------------	---------------------

b. How would you describe your current financial situation

c. How is the client paying for treatment?

3. Military Service

a. Have you ever served in the Military?

No
Yes

If Yes

Branch	Length of Service	Type of Discharge	Benefits Received
--------	-------------------	-------------------	-------------------

XIII. LEISURE ACTIVITIES

1. List any hobbies, recreational interests, sports, games, or other leisure activities you enjoy.

2. What effect has your substance use or mental illness symptoms had on their leisure time?

ASAM DIMENSION 6 - Recovery/Living Environment**XIV. CURRENT SOCIAL, WORK, AND LIVING ENVIRONMENT**

1. Current Social Situation/Environment

2. What changes in your behavior have your family and friends noticed recently?

3. Are there any drugs, alcohol, or prescription medications left in your home/previous living environment?

5. Do your family and friends know you are in treatment currently?

No
Yes

6. Would you like any of your family members and friends to be a part of your treatment here?

7. Is your family member or friend willing to participate in your treatment?

8. What potential challenges to your recovery do you anticipate your friends and/or family members posing?

9. Does your employer or work place know you are in treatment currently?

No
Yes

10. What potential challenges to your recovery do you identify with your work environment?

XV. SPIRITUALITY ASSESSMENT

1. Were you raised with any religious or spiritual affiliation?

2. Do you currently practice any specific religious denomination or have any significant religious or spiritual beliefs/practices?

3. Do you believe in a higher power?

4. How has your drug of choice caused you to compromise your spiritual or religious beliefs, value system (i.e., values include: honesty, integrity, respect for others, etc.) and/or sense of right or wrong (including stealing, lying, cheating, etc.)

5. Are you open to considering the role spirituality may play in your recovery?

No
Yes



ASAM DIMENSION 4 - Readiness to Change

XVI. MOTIVATION FOR TREATMENT

1. What is your motivation for treatment at this time?
2. What are your thoughts and feelings about making changes in your life related to substances
3. What is your current level of hope for sobriety?
4. What are you looking forward to most about sobriety?
5. What are your goals for your treatment at Reflections?

XVII. Clinical Impressions

A. ASSESSMENT OF MENTAL STATUS DURING INTERVIEW

Appearance

Affect

Mood

Behavior

Insight

Judgment

2. Integrated Diagnostic Summary

3. Rationale for Current Level of Care

4. Problems Identified in Bio-Psychosocial

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

5. Problems to be addressed in treatment

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

XVIII. Strengths, Abilities, Needs, and Preferences

Strengths	Abilities	Needs	Preferences
-----------	-----------	-------	-------------

DIAGNOSIS

Diagnoses

F19.20 Other psychoactive substance dependence, uncomplicated

Is there anything else you want the Reflections staff to know about you that I did not ask you?

b. For any yes above, please elaborate

Dimension I: Acute Intoxication/withdrawal Potential- Rating Level: ()

Dimension II: Biomedical Conditions/Complications Rating Level: ()

Dimension III: Emotional, Behavioral or Cognitive Conditions and Complications: Rating Level: ()

Dimension IV: Readiness to Change Rating Level: ()

Dimension V: Relapse Risk, Continued Use or Continued Problem Potential Rating Level: ()

Dimension VI: Recovery Environment Rating Level: ()

The above six dimensions have a rating scale as follows:

0-No Problem

1-Mild

2-Moderate

3-Substantial

4-Severe

Total Score: (0)

ASAM LOC Assignment

ASAM LOC Assignment

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team



Falls Assessment (Detox/Res) 12/30/2025

Evaluation Date: 12/30/2025

Modified Schmid Fall Risk Assessment Tool

Mobility Ambulates without gait disturbance (0)

Mentation Alert, oriented X 3 (0)

Medication Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (1)

Elimination Independent in elimination (0)

Medical No contributing medical history (0)

Prior Fall History No prior history (0)

-> If prior fall during this admission, date of fall: N/A

Acute Intoxication No (0)

Impaired Hearing No (0)

Impaired Vision No (0)

Language Difficulty No (0)

Inability or Unwillingness to Follow Instruction No (0)

Acute Pain No (0)

Distinct Negative Change in Mental Status No (0)

Total Score: (1)

3 or greater = fall risk prevention plan to be indicated and initiate treatment plan.

Risk Score Assessment

0: None

1-2: Low

3-5: Moderate

Over 5: Severe

Comments

Precautions Taken

Nursing Assessment:

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Monika Lopez, LVN (Staff), 12/30/2025 05:33 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

Res Closing Group 08:45 PM PST by Michael Crowe

Patient Status: Absent

Start: 12/30/2025 08:45 PM PST - End: 12/30/2025 09:00 PM PST Duration: 00:15

Topic

Check In/Self Inventory/Meditation

Individual Assessment/Intervention

The client was meeting a medical professional for a one-on-one during the same time period, and could not attend the Closing Group. She was excused.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/30/2025 11:27 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Group Sessions

Wednesday, Dec 31, 2025

Res Morning Meeting 08:15 AM PST by Sharon Johnson, LCSW

Patient Status: Absent

Start: 12/31/2025 08:15 AM PST - End: 12/31/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness

Individual Assessment/Intervention

Client did not attend the group. Therapist confirmed with medical that she is cleared for participation.

Group Description

Group is designed to foster a supportive environment where individuals can begin their day with focus, intention and clarity. Session starts with a mindfulness practice tool like meditation, breathing or grounding. Clients have an opportunity to check in with peers and staff using a structured format



Sharon Johnson, LCSW (Staff), 12/31/2025 10:16 AM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Group Sessions

Wednesday, Dec 31, 2025

Res Process Group 11:00 AM PST by Sharon Johnson, LCSW

Patient Status: Absent

Start: 12/31/2025 11:00 AM PST - End: 12/31/2025 12:15 PM PST Duration: 01:15

Topic

Graduation - Check in

Individual Assessment/Intervention

Absent - Client is cleared by medical to attend. Therapist updated clinical staff regarding her non-attendance in clinical staff meeeting at Noon today.

Group Description

Coins presented to two clients followed by a brief check in group. This special group is dedicated to honoring and acknowledging the dedication, resilience, and achievements of our clients as they reach this important milestone in their recovery journey. Together, we celebrate their hard work, perseverance, and commitment to a healthier, brighter future. Each group member shares the impact that the graduation client has on them and practices healthy closure as modeled by group leader.

Sharon Johnson, LCSW (Staff), 12/31/2025 01:46 PM

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status	Executed At 12/30/2025 06:44 PM		
Active	Pending Order Review		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Negative, And The Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology	LAR1191	

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alkaloids, Nos (Excluding Cotinine) Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Tramadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tramadol Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tapentadol Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Methylendioxyphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylendioxyphetamines Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Methadone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methadone Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Ketamine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Ketamine Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Heroin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Heroin Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Gabapentin Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antiepileptic Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Tricyclic Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Serotonergic Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Otherwise Not Specified Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Amphetamines Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status	Executed At 12/30/2025 06:44 PM		
Active	Pending Order Review		
Location	LAR - Simmons		

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alcohol Biomarkers Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status	Executed At		
Active Pending Order Review	12/30/2025 06:44 PM		
Location			
LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Result Is Consistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: If any of the presumptive tests are positive, and the positive result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status	Executed At 12/30/2025 06:44 PM		
Active	Pending Order Review		
Location	LAR - Simmons		

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Positive Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology	LAR1191	

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Psychedelic Substances Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Stimulants, Synthetic Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Skeletal Muscle Relaxants Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Sedative Hypnotics Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Propoxyphene Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Pregabalin Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Phencyclidine Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Oxycodone Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opioids & Opiate Analogs Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Opiates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opiates Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylphenidate Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Fentanyl Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Cocaine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cocaine Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cannabinoids, Natural Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Buprenorphine Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Benzodiazepines Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Barbiturates Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antipsychotics Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Medical Test Order

Description Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/30/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/30/2025 06:43 PM	Ordered By: NP Ellen Barbieri at 12/30/2025 06:43 PM via Verbal	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/30/2025 06:44 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Anti Hypertensive Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Audrey Chaing ♀ 2025-133

Birthdate: 05/26/1980

Allergies: Apple, Lamb Meat

Admission: 12/30/2025 Care Team

Lab Test Requisition

Specimen	Specimen Source
KKFF3HEA	Urine
Collected By:	Created By:
LVN Monika Lopez at 12/30/2025 06:43 PM	LVN Monika Lopez at 12/30/2025 06:44 PM
Requested By:	Status
LVN Monika Lopez at 12/30/2025 06:44 PM	Sent

**Insurance Information**

Insurance Payer California Blue Shield	Subscriber ID xed914041218	Insurance Priority N/A	
Group Number N/A	Plan Type	Insurance Phone Number N/A	Deductible Substance Abuse Benefits: Deduction = 14000, Deduction Met = 0, Oop = 25000, Oop Met = 0.
Subscriber Audrey Chaing	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 05/26/1980
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LAR1191	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical Necessity

45 year old female Client presenting with F19.20 Other psychoactive substance dependence and uncomplicated.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Order Description	Ordered At
Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine)	12/30/2025 06:43 PM
Requested Medical Tests	
Test Code	Test Description
340108	Anti-hypertensive Presumptive
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)	12/30/2025 06:43 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340109	Antipsychotics Presumptive	toxicology	5
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340121	Methylphenidate Presumptive	toxicology	5	
Medical Test: Opiates Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340122	Opiates Presumptive	toxicology	5	
Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340123	Opioids & Opiate Analogs Presumptive	toxicology	5	
Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340124	Oxycodone Presumptive	toxicology	5	
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340125	Phencyclidine Presumptive	toxicology	5	
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340126	Pregabalin Presumptive	toxicology	5	
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340128	Sedative Hypnotics Presumptive	toxicology	5
Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340129	Skeletal Muscle Relaxants Presumptive	toxicology	5
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340130	Stimulants, synthetic Presumptive	toxicology	5
Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340136	Psychedelic Substances Presumptive	toxicology	5
Medical Test: If any of the presumptive tests are positive, and the positive result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
POSINC	If any of the presumptive tests are positive, and the positive result is inconsistent with the patient's prescribed medications, perform definitive testing.	toxicology	5
Medical Test: If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
POSCON	If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing.	toxicology	5
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340101	Alcohol Biomarkers Presumptive	toxicology	5

Order Description			Ordered At
Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340103	Amphetamines Presumptive	toxicology	5
Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340104	Antidepressants, otherwise not specified Presumptive	toxicology	5
Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340105	Antidepressants, serotonergic Presumptive	toxicology	5
Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/30/2025 06:43 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340118	Ketamine Presumptive	toxicology	5	
Medical Test: Methadone Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340132	Tramadol Presumptive	toxicology	5	
Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340135	Alkaloids, NOS (Excluding Cotinine) Presumptive	toxicology	5	
Medical Test: If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine)				12/30/2025 06:43 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
NEGINC	If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing.	toxicology	5	

Point of Collection Results (POC)

Reason For Testing (Required): : Diagnosis and treatment for substance abuse or dependence (SUD)

If Diagnosis and treatment for substance abuse or dependence (SUD) was selected above, document days of abstinence : 0-30

Additional Information

Temp 90-100F? : YES

Temperature is measured in celsius or fahrenheit? : Fahrenheit

Clinical Data

Diagnosis

F19.20 Other psychoactive substance dependence, uncomplicated

Medication

N/A

Patient Consent For Testing

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information on this form and the label affixed to the specimen cup is accurate.


Audrey Chaing, 12/30/2025 06:44 PM