

Megan Vinson MR# 2025-128 DOB: 10/21/1975

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Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Date 1st contact 12/08/2025	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 - McClay

Program: McClay - Start Date: 12/12/2025

Primary Therapist: John Foord, LMFT

Admission Date 12/08/2025 05:00 PM	Referrer	Contact? No	Anticipated Discharge Date 01/10/2026 05:00 PM
Discharge/Transition Date	Discharge/Transition to		

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

Megan Vinson

Current Address:

25 Ashford ave
Mill Valley, CA 94941

Phone: 415-412-6518

Email: megan.vinson@gmail.com

Date of Birth: 10/21/1975 SSN:

Birth Sex: Female

Pronouns:

Preferred Language:

Marital Status: Divorced

Sobriety date: n/a

Race:

Ethnicity:

Payment Method**Insurance****Insurance Information**

Show Inactive Insurances

Insurance Payer Cigna Health Plans	Subscriber ID U84190656	Effective Date 01/01/2025	Termination Date	Status Active	Insurance Priority
Internal ID / External ID 11415 / 12564986	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 Megan Vinson Subscriber Address 1 25 ashford ave	Subscriber Address 2	Patient Relationship to Subscriber Self Subscriber City Mill Valley	SSN	Date of Birth 10/21/1975 Subscriber Zip 94941	Gender Female Subscriber Country
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Precertification Company
n/aPhone
n/a**Utilization Reviews**

Start Date	End Date	# of Days	Auth Date	Authorization Number	Status	Managed	Level of Care
12/27/2025	01/02/2026	7	12/26/2025	IP2575757356	Approved	Yes	Residential 3.5
Next Review	Days of Week		Hours per Day	Days per Week	Frequency	LCD	Next LOC
01/02/2026	Sun,Mon,Tue,Wed,Thu,Fri,Sat				daily	No	Next LOC Date
Insurance Payer Name		Insurance Payer Policy No.					
Cigna Health Plans		U84190656					

Start Date	End Date	# of Days	Auth Date	Authorization Number	Status	Managed	Level of Care
12/20/2025	12/26/2025	7	12/19/2025	IP2575757356	Approved	Yes	Residential 3.5
Next Review	Days of Week		Hours per Day	Days per Week	Frequency	LCD	Next LOC
12/26/2025	Sun,Mon,Tue,Wed,Thu,Fri,Sat				daily	No	Next LOC Date
Insurance Payer Name		Insurance Payer Policy No.					
Cigna Health Plans		U84190656					

Start Date	End Date	# of Days	Auth Date	Authorization Number	Status	Managed	Level of Care
12/13/2025	12/19/2025	7	12/12/2025	IP2575757356	Approved	Yes	Residential 3.5
Next Review	Days of Week		Hours per Day	Days per Week	Frequency	LCD	Next LOC
12/19/2025	Sun,Mon,Tue,Wed,Thu,Fri,Sat				daily	No	Next LOC Date
Insurance Payer Name		Insurance Payer Policy No.					
Cigna Health Plans		U84190656					

Start Date	End Date	# of Days	Auth Date	Authorization Number	Status	Managed	Level of Care
12/08/2025	12/12/2025	5	12/09/2025	IP2571119008	Approved	Yes	Detox
Next Review	Days of Week		Hours per Day	Days per Week	Frequency	LCD	Next LOC
12/12/2025	Mon,Tue,Wed,Thu,Fri				daily	No	Next LOC Date
Insurance Payer Name		Insurance Payer Policy No.					
Cigna Health Plans		U84190656					

Pharmacy

Pharmacy Name
Golden Gate Pharmacy
Phone
(415) 455-9042

Address
8 Digital Drive #200, Novato, CA, 94949
Fax
(415) 455-9318

Contacts

Contact Type Emergency	Relationship Friend
Name Peter	Phone 415-850-0183

Patient Contact Consent Forms

No patient contact forms

Allergies and Food Restrictions

Allergies

No Known Allergies/NKA

Diets

- Regular Diet (no special dietary needs)

Other Restrictions

No Restrictions

External Apps

External App Name	Unique Patient ID	Action
CMD:45>Living at Reflections - IB	68358178	

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

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Insurance Verification

Megan Vinson
 Current Address:
 25 Ashford ave
 Mill Valley, CA 94941

DOB: 10/21/1975
 SSN:
 Phone: 415-412-6518

Subscriber's name Megan Vinson	Subscriber's SSN	Subscriber's DOB 10/21/1975
Relationship Self	Subscriber Employer Insurance Company Cigna Health Plans	
Insurance Phone	Policy No. U84190656	Group ID
Plan type		
Initial coordinator n/a	Initial date/time n/a	
Rate type	Plan year calendar	Confirmation #
Effective NO	COBRA NO	Pre-Existing NO
Precert penalty NO	Precert penalty terms" 	Pre existing terms

Substance Abuse Benefits DED DED met OOP OOP met
 2750 348.21 8750 348.21

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

	Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
Detox - UHC Benefits		50%				
Residential 3.5 Benefits		50%				
PHP Benefits		50%				
IOP Benefits		50%				
OP Benefits						

Mental Health Benefits DED DED met OOP OOP met
 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 DED DED met OOP OOP met
 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

Cigna Health Plans

Claims Address

License requirements

Phone

Payer ID

Pharmacy Benefit RX

NO

RX Phone

Comment

detox 2500-2000 rtc 2200-1700 php 1000-500 iop 700-400

Rounds

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Reflections Pre-Admission Assessment

Initial Call Information

Date: 12/08/2025

Lead Source:

Information Collected
from:

Kristin

Referent Name:

Client Information

Client Name: Megan Vinson DOB: 10/21/1975 Age: 50 Phone #:

Client Address: 25 ashford ave
Mill Valley, CA 94941

Client Occupation:

Chase, Real Estate Finance

Marital Status: Divorced

Current living
arrangements and is
this conducive to
sobriety:

Lives alone with two dogs

Birth Gender:

Female

Identified Gender:

Female

Can you read and
write in english?

Yes

No

Do you require
interpretive services?

No

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

Name	Provider Type	Contact Information (PHONE/EMAIL)
NA		

Presenting Information

Why are you reaching out for help now?

Megan has been drinking alcoholically for years. She was intoxicated at the time of this pre admission and it was difficult to get much detail. She has a troublesome relationship with her ex husband and she feels triggered by him often, and uses alcohol to relieve the stress. She feels like this last episode of drinking is due to her son going off to college and her ex wanting her to sell her condo that she lives in.

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

She believes her son and her job are affected.

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

Megan would like to finally do some trauma work to get out from underneath all of the anxiety and triggers.

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

NA

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 bottles of wine for the last 4 - 5 days		20	Currently	2 bottles of wine, has been drinking since morning

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	Prescribed 8 or 9 years ago, unsure of dosage	9 months maybe	42	42	NA
Ativan/Lorazepam	NA				
Ambien/Lunesta	NA				
Librium/Chlordiazepoxide	NA				

None

Marijuana

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Created on: 12/31/2025 19:29 PM EST - 19:29 PM EST

9 of 501 pages

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Marijuana	Experimented in 20's		20	25	NA

Cocaine/Stimulants None

None

Hallucinogens None

None

Others None

History of Seizure?:

No

Longest Period of Sobriety and When:

6 months 6 years ago

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

Yes

No

If yes, explain

Nausea, tremors

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

Denies

Do you currently smoke or use nicotine products?

	TYPE	Amount/Frequency/Route
	No	

Mental Health Information

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

Facility:

Marin General

Admit Date:

Reason for Admission/Diagnoses:

7 years ago, after heated argument with ex. She doesn't recall how she was admitted, but recalls the 72 hour hold

DEPRESSION

Have you ever experienced any of the following symptoms of Depression? Some suicidal ideation in past, one attempt 7 years ago

Hopelessness (Ex. Things are never going to get better): Yes

If admits, describe previous history and current:

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

If admits, describe previous history and current:

Worthlessness:

Yes

If admits, describe previous history and current

Decreased Energy or Motivation:

Yes

If admits, describe previous history and current:

Have you ever had problems with your sleep?

Yes

If admits, describe previous history and current:

Takes ZQuil for sleep almost every night, can't sleep through night

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?

ANXIETY

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

Panic Attacks:

Yes

If admits, describe previous history and current:

2 years ago, heart racing, shortness of breath, can't recall events surrounding the episode, but probably when she attempted suicide by slitting her wrists

Restlessness/Inability to sit still:

No

Obsessive Thoughts:

No

Compulsive Behaviors:

Yes

If admits, describe previous history and current:

Just started to experience lock checking constantly

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:

Abusive relationship with ex husband. Childhood trauma.

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

No

BEHAVIORAL RISK FACTORS

Putting self or others in dangerous situations:

Only when drinking

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?

History of Suicidal/Homicidal/Assaultive Behaviors

Have you ever had suicidal thoughts: Yes

Details:

Some ideation in her marriage, one attempt to slit her wrists 7 years ago

Have you ever purposely inflicted harm on yourself?

Yes

Client admits to the following:

Slit her wrist 7 years ago

Frequent:

One time

Date of last incident:

Hospitalization or medical attention required?

Yes

Details:

She doesn't recall but this event was likely what led to 5150 at Marin General

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?

No

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):

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
NA					

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?

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 COVID?

Yes No

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

Do you have any allergies - Food/Drug/Environmental? No

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:

Denies

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), 12/08/2025 03:34 PM

Reviewed by

Ellen Barbieri, NP (Review), NPI Number 1134929573, DEA mb9534822, 12/08/2025 03:46 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

COVID-19 Pre-Admission Screening Questionnaire 12/08/2025 04:01 PM

Date/Time: 12/08/2025 04:01 PM

Living at Reflections, LLC

COVID-19 Pre-Admission Screening Questionnaire

Client Name: Megan Vinson

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?

Denies

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

Denies

- C) Have you been fully vaccinated for COVID-19?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

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

Does not remember

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

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.



Scheria Smith, LVN (Staff), 12/08/2025 05:44 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Assignment of Primary Therapist 12/08/2025

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

Primary Therapist

Primary Therapist
John Foord, LMFT

Assigned on
12/08/2025

Evaluation Date: 12/08/2025

Comments

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

Kristin Furuichi (Staff), 12/08/2025 04:08 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

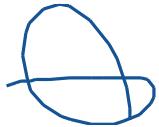
Living at Reflections, LLC

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



Megan Vinson (Client), 12/08/2025 05:09 PM

Staff present: James A. Hayes,, Program Assistant

This form expires on 12/08/2026 05:09 PM.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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 California. Venue for litigation concerning this Agreement shall be in Los Angeles County.



Megan Vinson (Client), 12/08/2025 05:09 PM

Staff present: James A. Hayes,, Program Assistant

This form expires on 12/08/2026 05:09 PM.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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.



Megan Vinson (Client), 12/08/2025 05:10 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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 Powered by Kipu Systems

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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.

health related products or services that may be of interest to you, such as health care providers or settings of care or to tell 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

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



Megan Vinson (Client), 12/08/2025 05:11 PM
Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC

Consent for Camera Surveillance & Therapeutic Photograph

I, Megan Vinson, 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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Megan Vinson (Client), 12/08/2025 05:11 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC Confidentiality

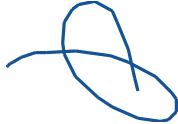
To reinforce the feelings of closeness and willingness to share with others your feelings, thoughts, and consequences of your dependency, confidentiality is a must in group therapy. Use this as your golden rule: **What is said in Group, stays in Group.** To break this rule violates the trust of the total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



Megan Vinson (Client), 12/08/2025 05:12 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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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Megan Vinson (Client), 12/08/2025 05:12 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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, Megan Vinson, 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:

MVA abstain from the use of all illegal/non-prescribed substances and alcohol.

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

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

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

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

MVI 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.

MVI 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.



Megan Vinson (Client), 12/08/2025 05:15 PM

Staff present: James A. Hayes,, Program Assistant

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35 of 501 pages

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/08/2025. 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: Megan Vinson

Acknowledgements and Representations by Client:

The undersigned Client, Megan Vinson, 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, Megan Vinson (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, Megan Vinson, (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 constructed 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, Megan Vinson, have read and fully understand the contents herein.

Executed this 12/08/2025.

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Megan Vinson (Client), 12/08/2025 05:17 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC Safety Contract

I, Megan Vinson, 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.



Megan Vinson (Client), 12/08/2025 05:17 PM
Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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, Megan Vinson, 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.

n/a



Megan Vinson (Client), 12/08/2025 05:18 PM
Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 25 Ashford Ave

City: Mill Valley State: CA ZIP Code: 94941

Phone: 415-412-6518

E-mail address: Megan.Vinson@gmail.com

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.



Megan Vinson (Client), 12/08/2025 05:20 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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.



Megan Vinson (Client), 12/08/2025 05:21 PM
Staff present: James A. Hayes, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Vape/ e- cig policy

I, Megan Vinson agree to the following terms.

1. MVReflections allows only non-refillable pod based vapes/electronic cigarettes (e.g., Juul, Von Earl, Blue, etc). Any vape/ e-cig needing juice will not be allowed.
2. MVIf a client wishes to use an electronic cigarette while at Reflections, it must be either (1) be brought to the facility in an unopened package. (2) Be bought online from a staff approved website and delivered directly to the facility OR (3) be bought during scheduled store run and left unopened. In all cases, Reflections staff must inspect and approve the item before it can be used.
3. MVClients may use electronic cigarettes only in designated smoking areas. Smoking and/or electronic cigarette use is not allowed anywhere indoors including bedrooms, bathrooms, common areas, or on balconies. Violations of this rule will result in loss of privilege. Repeated violations may be grounds for discharge and dismissal from the program.
4. MVClients can have one pack of pods in their possession at a time. Additional pods will be kept in the client 'vault' area. Used pods must be turned in to staff in order to receive new ones.
5. MVIt is the client's responsibility to ensure they have all necessary supplies for their electronic cigarettes (pods, chargers, etc.). Staff will not be available to make extra trips to the store to obtain necessary supplies.



Megan Vinson (Client), 12/08/2025 05:21 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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.



James A. Hayes,, Program Assistant (Staff), 12/08/2025 05:21 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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.



Megan Vinson (Client), 12/08/2025 05:22 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Belongings Placed in Staff Vault 12/08/2025

Evaluation Date: 12/08/2025

Locker # 2

Additional luggage in storage Yes No

Driver's license Yes

Other IDs None

Insurance Card(s) No

Cash No

Checks (blank) No

Checks (written) No

Wallet No

Credit or debit cards None

Phones and electronic devices

Item	Charger	Condition	Condition
Gold colored Iphone	Charger included	Visible scratches/bumps/dents	Visible scratches/bumps/dents
Silver Apple Laptop	Charger included	Visible scratches/bumps/dents	Visible scratches/bumps/dents

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.



Megan Vinson (Client), 12/08/2025 06:12 PM
Staff present: Michael Del Carlo, Program Assistant



Michael Del Carlo, Program Assistant (Staff), 12/08/2025 06:13 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

**Reflections Initial Treatment Plan 12/08/2025**

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

Date Established 12/08/2025

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.								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/08/2025</td><td>Completed</td><td></td><td>MDC 12/08/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/08/2025	Completed		MDC 12/08/2025	
Target date	Status	Date/Comment	By							
12/08/2025	Completed		MDC 12/08/2025							
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.								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/11/2025</td><td>Open</td><td></td><td>MDC 12/08/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/11/2025	Open		MDC 12/08/2025	
Target date	Status	Date/Comment	By							
12/11/2025	Open		MDC 12/08/2025							
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								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/11/2025</td><td>Open</td><td></td><td>MDC 12/08/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/11/2025	Open		MDC 12/08/2025	
Target date	Status	Date/Comment	By							
12/11/2025	Open		MDC 12/08/2025							

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
12/08/2025	Completed		MDC 12/08/2025

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
12/08/2025	Completed		MDC 12/08/2025

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
12/08/2025	Completed		MDC 12/08/2025

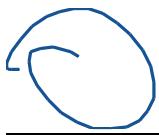
I will verbalize to Reflections staff any suicidal thoughts, feelings, plans, behaviors, or intent. I agree to cooperate with any safety precautions assessed to be necessary by the Reflections staff.

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
12/08/2025	Completed		MDC 12/08/2025

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.



Megan Vinson (Client), 12/08/2025 06:11 PM
Staff present: Michael Del Carlo, Program Assistant



Michael Del Carlo, Program Assistant (Staff), 12/08/2025 06:13 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Orientation Checklist (Residential) 12/08/2025

Evaluation Date: 12/08/2025

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.

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Megan Vinson (Client), 12/08/2025 05:23 PM
Staff present: James A. Hayes,, Program Assistant



Michael Del Carlo, Program Assistant (Staff), 12/08/2025 06:06 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Patient Personal Items And Valuables 12/08/2025

Evaluation Date: 12/08/2025

Locker # 2

Additional luggage in storage Yes No

Driver's license No

Other IDs None

Insurance Card(s) No

Cash No

Checks (blank) No

Checks (written) No

Wallet No

Credit or debit cards None

Phones and electronic devices

Item	Charger	Condition	Condition
Gold colored Iphone	Charger included	Visible scratches/bumps/dents	Visible scratches/bumps/dents
Silver Apple Laptop	Charger included	Visible scratches/bumps/dents	Visible scratches/bumps/dents

Sharps None

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.



Megan Vinson (Client), 12/08/2025 06:11 PM

Staff present: Michael Del Carlo, Program Assistant



Michael Del Carlo, Program Assistant (Staff), 12/08/2025 06:12 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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



Megan Vinson (Client), 12/12/2025 06:06 PM
Staff present: Michael Whitley

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

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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 California. Venue for litigation concerning this Agreement shall be in Los Angeles County.



Megan Vinson (Client), 12/12/2025 06:06 PM

Staff present: Michael Whitley

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

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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
- 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 10569, 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.



Megan Vinson (Client), 12/12/2025 06:09 PM

Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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 Powered by Kipu Systems

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.

health related products or services that may be of interest to you, such as health care providers or settings of care or to tell 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

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Created on: 12/31/2025 19:29 PM EST - 19:29 PM EST

66 of 501 pages

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



Megan Vinson (Client), 12/12/2025 06:12 PM
Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC

Consent for Camera Surveillance & Therapeutic Photograph

I, Megan Vinson, 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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Megan Vinson (Client), 12/12/2025 06:12 PM

Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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.



Megan Vinson (Client), 12/12/2025 06:13 PM

Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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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Megan Vinson (Client), 12/12/2025 06:13 PM

Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

LIVING AT REFLECTIONS, LLC

Program and House Rules – McClay Residential

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

PROCEDURE:

- Clients are to always remain within the grounds of Reflections unless accompanied by a staff member or given a pass to go off premises. Please DO NOT LEAVE the property without clinical permission.
- Cell phone use is permitted during non-program times. That is, before 9:00 am; during breaks from group and individual sessions, and after 4pm.
- Please refrain from using your cell phone in group. You are encouraged to either leave your phone outside the group room or turned it off completely prior to the start of group. Looking at your phone during group is disrespectful and distracting.
- Living Room TV is restricted to hours 5:00am to 8:00am and 5:00pm until lights out Monday through Friday, and 5:00am to 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 of eating disorders.
- Medication is made available during the following times or when medically indicated:
 - 7:00am-9am
 - 11am-1:00pm
 - 4pm-6:00pm
 - 8pm-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 are 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 keep beds made and bedrooms neat and orderly, maintaining a clean and safe living space within their bedroom area. Beds shall be made when unoccupied.
- Clients may be subject to room changes during their stay 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 be subject to room and person searches.
- 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 will be permitted.
- 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 participate in all groups, unless excused by the Primary Therapist.
- Clients are expected to maintain basic hygienic practices.
- Clients are required to always maintain a respectful attitude toward staff. Clients are expected to remain 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 client's bedrooms for any reason.
- Clients are not to enter other clients' bedroom or restrooms for any reason.
- Reflections does not allow online food orders.
- Clients are not to share personal items. This includes but is not limited to: phones, money, cigarettes/vape, clothes, accessories.
- Amazon, other like deliveries and drop offs must be approved prior to order/ Drop off.
- Only nonrefillable 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 to ensure the client's diet is reflective of the appropriate foods they should eat.
 - No clients are allowed in the Kitchen.
 - Clients are responsible for clearing their place settings (dishes) from the table and putting these in the designated area.
 - Any kitchen utensils or dishes needed, will be provided.
 - Coffee is available until 1pm only.
 - All snacks are provided.
- All meals are provided.
 - Meals will be served at the following times:

Monday-Friday:

Breakfast: 7:00am - 8:00am

Lunch: 12:30pm - 1:00pm

Dinner: 6:00pm - 6:30pm

Saturday and Sunday:

Breakfast: 8:00am - 9:00am

Lunch: 12:00pm - 12:30pm (may vary depending on outing)

Dinner: 5:30pm - 6:00pm

VISITATION:

- Visiting hours are Saturday from 10:00am - 2:00pm.
- Visitors are allowed on the first Saturday, after completion of one week in the program.
- All visitors must review and sign a copy of Visitor agreement.

FIRE SAFETY RULES

- There is NO SMOKING/ Vaping allowed anywhere in the house. Smoking outside is permitted in designated areas. Ashtray receptacles are provided at these designated smoking areas and are to be used 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 dangerous, 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 alarms, NEVER remove the batteries. Staff is responsible for checking alarms 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. An evacuation location has been established so everyone knows all are O.K.
- Call 911 to report a fire.

- Never try to be the hero and save a person; that is the responsibility of the Fire Department's.
- 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 the door. 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 Reflections staff.
- Dress Code: Shirts, Pants, Shoes required in all common areas (outside of bedrooms).
- Appropriate non-revealing attire is expected by all residents when in 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.
- Headphones and audio players are to be used in bedrooms and at poolside.
- In order to preserve confidentiality of all residents, there is to be no use of cameras, no taking photos, no "Facetime" in the common areas.
- Pool rules are posted, please adhere.
- Television viewing is allowed during non-program hours, on evenings and weekends.
- Quiet time is after 10:00pm, Sunday through Thursday.
- Lights out is at 11:30p 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.

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.

Drug and Alcohol Use Policy

I, Megan Vinson, 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:

MVI abstain from the use of all illegal/non-prescribed substances and alcohol.

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

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

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

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

MVI 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.

MVVunderstand 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.


Megan Vinson (Client), 12/12/2025 06:24 PM
Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/12/2025. 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: Megan Vinson

Acknowledgements and Representations by Client:

The undersigned Client, Megan Vinson, 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, Megan Vinson (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, Megan Vinson, (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 constructed 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, Megan Vinson, have read and fully understand the contents herein.

Executed this n/a.

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Megan Vinson (Client), 12/12/2025 06:24 PM
Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC Safety Contract

I, Megan Vinson, 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.



Megan Vinson (Client), 12/12/2025 06:25 PM
Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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, Megan Vinson, 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.

n/a



Megan Vinson (Client), 12/12/2025 06:25 PM
Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: n/a

City: n/a State: n/a ZIP Code: n/a

Phone: n/a

E-mail address: n/a

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.



Megan Vinson (Client), 12/12/2025 06:26 PM
Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Vape/ e- cig policy

I, Megan Vinson agree to the following terms.

1. MVReflections allows only non-refillable pod based vapes/electronic cigarettes (e.g., Juul, Von Earl, Blue, etc). Any vape/ e-cig needing juice will not be allowed.
2. MVIf a client wishes to use an electronic cigarette while at Reflections, it must be either (1) be brought to the facility in an unopened package. (2) Be bought online from a staff approved website and delivered directly to the facility OR (3) be bought during scheduled store run and left unopened. In all cases, Reflections staff must inspect and approve the item before it can be used.
3. MVClients may use electronic cigarettes only in designated smoking areas. Smoking and/or electronic cigarette use is not allowed anywhere indoors including bedrooms, bathrooms, common areas, or on balconies. Violations of this rule will result in loss of privilege. Repeated violations may be grounds for discharge and dismissal from the program.
4. MVClients can have one pack of pods in their possession at a time. Additional pods will be kept in the client 'vault' area. Used pods must be turned in to staff in order to receive new ones.
5. MVIt is the client's responsibility to ensure they have all necessary supplies for their electronic cigarettes (pods, chargers, etc.). Staff will not be available to make extra trips to the store to obtain necessary supplies.


Megan Vinson (Client), 12/12/2025 06:26 PM
Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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 Whitley (Staff), 12/12/2025 07:12 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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.



Megan Vinson (Client), 12/12/2025 06:27 PM

Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

MCCLAY RESIDENTIAL- 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, 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.
- Please refrain from cell phone use in group. Phones should either be left outside the group room or turned off completely 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.
- Be honest. Always.
- Be willing to apologize to the group when needed. This invites closeness.
- 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.
- Prior to giving feedback to another person in group, please ask if your feedback is wanted.
- Feedback is to be given with an attitude of respect to the other person. Someone's life and sobriety may just depend on your feedback.
- 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 and to be 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 another group member will never be tolerated.
- Give and take feedback constructively.

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; identify a 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 of becoming defensive. If you feel yourself becoming defensive, it is a good idea to share this awareness with the group.


Megan Vinson (Client), 12/12/2025 06:28 PM
Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Belongings Placed in Staff Vault 12/12/2025

Evaluation Date: 12/12/2025

Locker # 2

Additional luggage in storage Yes No

Driver's license No

Other IDs None

Insurance Card(s) No

Cash Yes , Amount: \$13.41

Checks (blank) No

Checks (written) No

Wallet No

Credit or debit cards None

Phones and electronic devices

Item	Charger	Condition	Condition
Gold colored Iphone	Charger included	Visible scratches/bumps/dents	Visible scratches/bumps/dents
Silver Apple Laptop	Charger included	Visible scratches/bumps/dents	Visible scratches/bumps/dents

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.



Megan Vinson (Client), 12/12/2025 07:07 PM

Staff present: Michael Whitley



Michael Whitley (Staff), 12/12/2025 07:08 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

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

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

Date Established 12/12/2025

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.								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/12/2025</td><td>Open</td><td></td><td>MW 12/12/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/12/2025	Open		MW 12/12/2025	
Target date	Status	Date/Comment	By							
12/12/2025	Open		MW 12/12/2025							
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.								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/15/2025</td><td>Open</td><td></td><td>MW 12/12/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/15/2025	Open		MW 12/12/2025	
Target date	Status	Date/Comment	By							
12/15/2025	Open		MW 12/12/2025							
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								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/15/2025</td><td>Open</td><td></td><td>MW 12/12/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/15/2025	Open		MW 12/12/2025	
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12/15/2025	Open		MW 12/12/2025							

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
12/15/2025	Open		MW 12/12/2025

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
12/12/2025	Open		MW 12/12/2025

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
12/15/2025	Open		MW 12/12/2025

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
12/12/2025	Open		MW 12/12/2025

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.

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Megan Vinson (Client), 12/12/2025 06:34 PM
Staff present: Michael Whitley

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Patient Personal Items And Valuables 12/12/2025

Evaluation Date: 12/12/2025

Locker # 2

Additional luggage in storage Yes No

Driver's license No

Other IDs None

Insurance Card(s) No

Cash Yes , Amount: \$13.41

Checks (blank) No

Checks (written) No

Wallet No

Credit or debit cards None

Phones and electronic devices

Item	Charger	Condition	Condition
Gold colored Iphone	Charger included	Visible scratches/bumps/dents	Visible scratches/bumps/dents
Silver Apple Laptop	Charger included	Visible scratches/bumps/dents	Visible scratches/bumps/dents

Sharps None

Other items

4 gold colored earrings

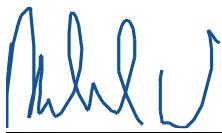
Attachments

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.



Megan Vinson (Client), 12/12/2025 07:10 PM

Staff present: Michael Whitley



Michael Whitley (Staff), 12/12/2025 07:10 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Ancillary Charges

Name

Megan Vinson

Date of Birth

10/21/75

CLIENT OR GUARANTOR CREDIT CARD INFORMATION

Name on Credit Card

Megan Vinson

Email

Megan.vinson@gmail.com

Billing Street Address

25 Ashford Ave.

Billing City, State ZIP

Mill Valley, 94941

Home Phone

Cell Phone

4154126518

Credit Card Type

Visa

Credit Card Number

4342 5625 0527 9545

Expiration Date

09/28

3 Digit Security Code on Back or 4 Digit
Security Code if American Express

900

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): _____

Date (If applicable): _____



Megan Vinson (Client), 12/10/2025 02:34 PM

Staff present: Michael Del Carlo, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

(INS) Assignment of Benefits / Release of Medical Information 12/08/2025

Today's Date 12/08/2025

Client's Insurance Name

Anthem Blue Cross

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:



Megan Vinson (Client), 12/08/2025 05:31 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

(INS) Coordination of Benefits and Pre-existing Conditions

Date of Admission 12/08/2025 05:00 PM

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

- I have never been treated for this condition prior to my admission to Living at Reflections, LLC

	Employer	Insurance Name
Chase	Name of Subscriber	Anthem Blue Cross
Megan Vinson		Relationship to Subscriber

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



Megan Vinson (Client), 12/08/2025 05:31 PM
Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Statement of Financial Responsibility 12/08/2025

Today's Date

12/08/2025

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.



Megan Vinson (Client), 12/08/2025 05:29 PM

Staff present: James A. Hayes,, Program Assistant

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Fee Agreement 12/08/2025

Today's Date 12/08/2025

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

Megan Vinson

Guarantor for:

Date of Admit 12/08/2025

Date of Discharge 01/12/2026

Fee Agreement**Due before or on day of admit**

	Total Amount Due	Deposit Paid	Balance Due
	\$0	\$0	\$0

Notes

Reflections to bill insurance for up to 5 nights medically assisted detox services followed by 30 nights dual diagnosis treatment at Reflections McClay facility (741 McClay Road, Novato, CA). Nothing due from client.

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. Initials: MV

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. Initials: MV

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. Initials: MV

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. Initials: MV

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

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

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. Initials: MV

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

Initials: MV

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.

Initials: MV

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.

Initials: MV

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

Initials: MV

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.

Initials: MV

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.

Initials: MV

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

Date 12/08/2025 04:54 PM



Megan Vinson (Client), 12/09/2025 10:57 AM

Staff present: Kristin Furuichi

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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.



Megan Vinson (Client), 12/08/2025 05:47 PM
Staff present: Scheria Smith, LVN

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC Consent For Pregnancy Test

It is the policy of Living at Reflections, LLC to have female clients evaluated by a physician, to determine the necessity of a pregnancy test.

PROCEDURE:

1. Upon admission, clients must provide a medical exam, completed 7 days prior to or within 2 days of admission.
2. The Physical Exam will include the need for female clients to be evaluated for the necessity of a pregnancy test.
3. Clients deemed in need of a pregnancy test will self-administer a pregnancy test with the supervision of staff. Results will be noted in the clinical record in accordance with Living at Reflections, LLC's policies and procedures.
4. Results of the tests will be documented in the medical section of the file and co-signed by the physician.
5. Positive Pregnancy Test: If a client is found to be pregnant, an immediate medical conference will be held with the clinical staff, client and significant others within 24 hours.
6. Client will be referred to case management services for referral and linkage for proper medical care or referred to an inpatient detoxification program.

My signature below indicates I have acknowledged Living at Reflections, LLC's pregnancy test protocols and consent to this testing.

I understand that my refusal to self-administer this test could result in my being asked to leave Living at Reflections, LLC and to forfeit all my rights and privileges as a client.



Megan Vinson (Client), 12/08/2025 05:47 PM

Staff present: Scheria Smith, LVN

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC Authorization for Release of Confidential Information

I, Megan Vinson, SS# , DOB: 10/21/1975,

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: Peter Phone: 415-850-0183

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.



Megan Vinson (Client), 12/08/2025 05:33 PM
Staff present: James A. Hayes,, Program Assistant

This form expires on 12/08/2026 05:33 PM.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: Honeycomb Wellness - Women's IOP/SLE

Relationship: Treatment Program

Address: 250 Bel Marin Keys Blvd f300, Novato

Phone number: (415) 480-7497

Fax number: Jennifer is in Admissions

Email: info@honeycombrecovery.com

The following information:

Description of Information to be Disclosed (*Client should initial each item to be disclosed*)

- Assessments
- Discharge/Transfer Summary
- Medication
- Presence in Treatment
- Progress in Treatment
- Psychosocial Evaluation
- Treatment Plan or Summary

- Cooperation/Motivation
- Financial Information
- Nursing/Medical Assessment
- Prognosis
- Psychiatric Evaluation
- Toxicological Reports/Drug Screen
- Other: _____

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

I understand that Living at Reflections, LLC will not condition my treatment on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

Form of Disclosure: Unless you have requested in writing that disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner we deem to be appropriate and consistent with applicable law, including but not limited to verbally, in paper format, or electronically.

RE-DISCLOSURE

"This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly

permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information in NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse Client."

I may request a copy of this authorization for my records.

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2). Published August 10, 1987, and the Heath 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 and alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. (Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure).

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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Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: Avery Lane

Relationship: Treatment Program

Address: 505 San Marin Dr. Ste. 300

Phone number: 888-835-4407

Fax number: <https://averylanewomensrehab.com/>

Email: Jennifer 707.364.6002

The following information:

Description of Information to be Disclosed (*Client should initial each item to be disclosed*)

- Assessments
- Discharge/Transfer Summary
- Medication
- Presence in Treatment
- Progress in Treatment
- Psychosocial Evaluation
- Treatment Plan or Summary

- Cooperation/Motivation
- Financial Information
- Nursing/Medical Assessment
- Prognosis
- Psychiatric Evaluation
- Toxicological Reports/Drug Screen
- Other: _____

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

I understand that Living at Reflections, LLC will not condition my treatment on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

Form of Disclosure: Unless you have requested in writing that disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner we deem to be appropriate and consistent with applicable law, including but not limited to verbally, in paper format, or electronically.

RE-DISCLOSURE

"This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly

permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information in NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse Client."

I may request a copy of this authorization for my records.

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2). Published August 10, 1987, and the Heath 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 and alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. (Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure).

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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Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Living at Reflections, LLC Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: Peter Mcgowan

Relationship: Friend

Address: n/a

Phone number: 415-850-0183

Fax number: n/a

Email: n/a

The following information:

Description of Information to be Disclosed (*Client should initial each item to be disclosed*)

<u>n/a</u> Assessments	<u>M</u> Cooperation/Motivation
<u>n/a</u> Discharge/Transfer Summary	<u>n/a</u> Financial Information
<u>n/a</u> Medication	<u>n/a</u> Nursing/Medical Assessment
<u>M</u> Presence in Treatment	<u>n/a</u> Prognosis
<u>M</u> Progress in Treatment	<u>n/a</u> Psychiatric Evaluation
<u>n/a</u> Psychosocial Evaluation	<u>n/a</u> Toxicological Reports/Drug Screen
<u>n/a</u> Treatment Plan or Summary	<u>n/a</u> Other: <u>n/a</u>

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

n/a

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

I understand that Living at Reflections, LLC will not condition my treatment on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

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Megan Vinson (Client), 12/09/2025 10:23 AM
Staff present: Daniel Rouquette, Program Assistant

This form expires on 12/09/2026 10:23 AM.

Megan Vinson ♀ 2025-128

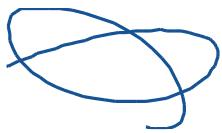
Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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 (escltalopram); Wellbutrin (bupropion); Effexor (venafaxine); 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.



Megan Vinson (Client), 12/08/2025 05:44 PM
Staff present: Scheria Smith, LVN

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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.



Scheria Smith, LVN (Staff), 12/08/2025 06:55 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Attachment Admit Email 12/08/2025

Title Admit Email

Date 12/08/2025

Description

Date: Monday, 12/8/25

Time: 1655

New Admit to: Simmons Detox 1 with 24 hour observation safety checks every 30 min, then reassess

Initials: MV Age: 50 yo Gender: Female

Here for: F10.20 Alcohol use disorder, Severe

UDS: pending BAC: 0.022%

Residing in room number: 1

Medication Allergies/Reaction if any: Denies

Food Allergies/Reaction if any: NKA

Type of Diet: Regular diet

Cleared for all activities? No

Initial Screens within our Client Health Questionnaire & Initial Assessment are + or - OR NEG/POS? Neg
Suicide Neg ,Pain denies , Nutritional Assessment - OK ,Cravings 10/10.

Clinical will follow up.

This is her first residential treatment episode. Let's all give her a warm welcome.

Scanned Document



Scheria Smith, LVN (Staff), 12/08/2025 05:29 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Initial Abbreviated Treatment Plan (Includes Detox) 12/08/2025

Date Established: 12/08/2025

PRESENTING PROBLEM:

Alcohol use disorder, Severe

Patient Needs to Be Detoxed from:

Alcohol Dependence

AS EVIDENCED BY (History and Patient Statement):

"I have been drinking in abusive relationship and it triggers me"

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-alternating 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
12/15/2025	Open		SS 12/08/2025

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
12/22/2025	Open		SS 12/08/2025

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
12/29/2025	Open		SS 12/08/2025

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.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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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Scheria Smith

Scheria Smith, LVN (Staff), 12/08/2025 05:34 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Self Preservation Statement 12/08/2025

Evaluation Date: 12/08/2025

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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Scheria Smith, LVN (Staff), 12/08/2025 05:30 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Client Health Questionnaire & Initial Screening 12/08/2025**Date:** 12/08/2025

Vital Signs	Blood Pressure (systolic/diastolic) 117 / 72	Temperature 97.7	Pulse 89	Respirations 18	O2 Saturation 98
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Comments

-

Admission BAC and UA Screen: Breathalyzer: 0.22% , UA Screen: +TCA**No Known Allergies/NKA**

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' 9" Weight: 125 lbs BMI: 18.46 Target Body Weight: n/a

BMI 18.46

Weight Change (of ≥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 No Problem (0) (0)

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 (0)**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

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

No
Yes

Referral to Nutritionist or Physician: No

Mental Status Exam

Appearance Unkempt

Behavior Cooperative

Orientation Oriented x 4

Speech Relevant , Coherent

Mood Anxious

Affect Anxious

Attention/
Concentration Easily Distracted , Short Attention SpanThought
Processes: RelevantThought
content WNL

Judgement Good

Insight Good

Memory Intact

Fund of
information Good awareness of current events , Good awareness of past history

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:

Denies

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

If yes, please give details:

Denies

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:

Denies

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

If yes, when? Please give details:

Denies

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

If yes, when? Please give details:

Denies

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

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

Denies

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:

Denies

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

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

Denies

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:

Denies

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:

Denies

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:

"I have terrible sleep and have not slept good in years"

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

If yes, please explain:

Denies

12. Have you ever had a stroke? Yes No

If yes, please give details:

Denies

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:

Denies

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:

Denies

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

If yes, please give details:

Denies

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

If yes, please give details:

Denies

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

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

Denies

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:

Denies

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:

Denies

20. Have you ever been told you had problems with your thyroid gland, been treated for, or told you need to be treated for, any other type of glandular disease? Yes No

If yes, please give details:

Denies

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

If yes, please give details:

Denies

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:

Denies

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

If yes, how strong is the pain?

If yes, describe pain:

Denies

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:

Denies

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:

Denies

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:

Denies

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:

Denies

27. When was your last dental exam? Date: does not remember

Are you in need of dental care? Yes No

If yes, please give details:

Denies

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:

Denies

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

Denies

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

What was the purpose of the visit?

Denies

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	oral= wine	1/3 to whole bottle every day	10+ years	this morning	10/10
	oral = vodka	1/3 to whole bottle every day	10+ years	this morning	10/10
	oral = tequila	1/3 to whole bottle every day	10+ years	this morning	10/10
Opiates	Denies				
Benzodiazepines	Denies				
Cocaine/Stimulants	Denies				
THC	Denies				
Hallucinogens/Club Drugs	Denies				
Inhalants	Denies				

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= wine	1/3 to whole bottle every day	10+ years	this morning	10/10
	oral = vodka	1/3 to whole bottle every day	10+ years	this morning	10/10
	oral = tequila	1/3 to whole bottle every day	10+ years	this morning	10/10
Opiates	Denies				

Benzodiazepines	Denies				
Cocaine/Stimulants	Denies				
THC	Denies				
Hallucinogens/Club Drugs	Denies				
Inhalants	Denies				

MENTAL & EMOTIONAL33. Are you currently feeling down, depressed, anxious or hopeless? Yes No

If yes, describe:

"I was in abusive relationship and really need help"

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

If yes, for what are you being treated?

Denies

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

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

Past Month: YES NO

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

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

Past Month: YES NO

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

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

YES

NO

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

N/A

Low Risk

Moderate Risk

High Risk

Recommended response to C-SSRS Screening:

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:

Denies

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

If yes, describe:

Denies

Do you have any cultural, religious or other beliefs that prohibit/discourage suicide?

Yes

No

Do you have strong coping and problem-solving skills or are you optimistic?

Yes

No

Do you have a strong therapeutic relationship?

Yes

No

Are you positively motivated for treatment?

Yes

No

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:

"Yes, that was my ex he gave me a black eye, kicked me and other stuff"

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)
Denies			

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: No previous detox

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

Friend Peter

Mom

44. How is this effecting your work life?

"Not great right now"

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 12/08/2025 04:01 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):

Tattoo right wrist

RISK PROFILE

Are you current with all immunizations? Yes No

Specify year/type of immunizations:

	Year	Where Given
Pneumonia	Does not remember	Does not remember
Flu	Does not remember	Does not remember
Tetanus	Does not remember	Does not remember
Hepatitis	Does not remember	Does not remember

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 No
2. Have you ever had an organ transplant? Yes No
3. Are you a recent (Within the last 5 years) immigrant from a country with a high rate of TB? Yes No
4. Have you ever injected drugs? Yes No
5. 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 No
7. Have you ever been told you have an abnormal chest x-ray? Yes No
8. Have you had any of the following symptoms recently? Yes No

Client denies

9. Education Provided Re: Infection Prevention and Control

Client verbalized understanding? Yes

Infection Prevention and Control Pamphlet received by client?

Denies

Additional Medical Notes:


Megan Vinson (Client), 12/08/2025 06:05 PM
Staff present: Scheria Smith, LVN


Scheria Smith, LVN (Staff), 12/08/2025 09:07 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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, Megan Vinson, 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:

Valium Taper 20mg q6h for six doses, then 20mg q12h for 3 doses,

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 Megan Vinson: Reason, Dosing schedule, food/drug interactions, side effects and signs/symptoms to report to the nurse or physician.

Verbalized an understanding **Needs further education**

A handwritten signature in blue ink, appearing to be a stylized 'M' or 'V'.

Megan Vinson (Client), 12/08/2025 05:43 PM
Staff present: Scheria Smith, LVN

This form expires on 12/08/2026 05:43 PM.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment - CP Cures 12/08/2025

Title Cures

Date 12/08/2025

Description

Scanned Document

75532_Megan-CURES.pdf, 244 KB

Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/08/2025 04:48 PM

ROB BONTA
State of California
Attorney General
DEPARTMENT OF JUSTICE



JUSTICE DATA AND INVESTIGATIVE SERVICES BUREAU
CURES PROGRAM
P.O. BOX 160447
SACRAMENTO, CA 95816
Telephone: (916) 210-3187

CURES SEARCH SUMMARY

The below-identified subject or subjects were searched against the California Department of Justice (CA DOJ), Controlled Substance Utilization Review and Evaluation System (CURES) for reported transactions of dispensed controlled substance prescriptions.

CURES was searched on December 08, 2025, for the period of December 08, 2024 to December 08, 2025. The following search criteria were queried for partial matches in CURES:

Patient Information	Patient Address
First Name: Megan Last Name: Vinson DOB: 10/21/1975 Gender:	Address: City: State: Zip Code:

No records matching the above-identified search criteria were found.

The CURES database contains Schedule II, Schedule III, Schedule IV, and Schedule V prescription dispensation information for patients, as reported by California-licensed dispensers. The CA DOJ CURES does not independently verify the accuracy of the information reported by dispensers.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment - CP Fasting Labs 12/12/2025

Title Fasting Labs

Date 12/12/2025

Description

Some values out of range, Nurse Practitioner made aware via text.

Scanned Document

75636_FAX-20251216-1765915324-981.pdf, 76.4 KB

Scheria Smith, LVN (Staff), 12/16/2025 12:05 PM

12/16/25 11:59:20 9168555908

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14155342833 Desktop Prod

Page 001

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Novato Community Hospital

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FAX LAB REPORT

=====

=====

MESSAGE

=====

Novato Community Hospital
180 Rowland Way, Novato, CA 94945
(415)209-1424 Fax (415)209-1421

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12/16/25 11:59:41 9168555908

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Page 002

PAGE 1

NOVATO COMMUNITY HOSPITAL
 165 Rowland Way suite 100
 NOVATO, CA 94945 (415) 209-1424
 Christopher W. Soon, M.D., Medical Director

NAME: VINSON,MEGAN MEDICAL REC#: 51607142 LOC: NVLABD
 ID: 1501911230 AGE: 50Y SEX: F
 DOCTOR / LOC: BARBIERI,ELLEN GRIFFIN,NP ADMITTED: 12/12/2025 DOB: 10/21/1975

F6167981 COLL: 12/12/2025 06:35 REC: 12/12/2025 06:38 PHYS: BARBIERI,ELLEN GRIFFIN,
 415.534.2833 415.408.3501

Comp Metabolic Pnl

Sodium	143	[136-145]	mmol/L	{NV}
Potassium	3.7	[3.5-5.1]	mmol/L	{NV}
Chloride	106	[98-110]	mmol/L	{NV}
Bicarbonate	27	[21-32]	mmol/L	{NV}
Anion Gap	10	[2-12]	mmol/L	{NV}

The Anion Gap calculation uses the American formula: $(\text{Na}) - (\text{Cl} + \text{CO}_2) = \text{anion gap}$. There are other means of calculating anion gap that may yield a different value. Therefore, the clinical history of the patient should be considered when interpreting the anion gap value.

A low Anion Gap result may be observed in patients with decreased albumin. Every 1.0 g/dL decrease in albumin causes an approximate decrease of 2.5 mmol/L in the measured Anion Gap. Interpret anion gap results in the context of the complete clinical history.

Glucose	94	[70-100]	mg/dL	{NV}
BUN	9	[7-18]	mg/dL	{NV}
Creatinine	0.84	[0.40-1.00]	mg/dL	{NV}
		IDMS-traceable method		
Calcium	8.7	[8.5-10.1]	mg/dL	{NV}
Total Protein	6.9	[6.4-8.2]	g/dL	{NV}
Albumin	L 3.2	[3.4-5.0]	g/dL	{NV}
Bilirubin, Total	0.2	[0.2-1.0]	mg/dL	{NV}
Alkaline Phosphatase	85	[26-137]	U/L	{NV}
AST	H 52	[15-37]	U/L	{NV}
ALT	57	[0-65]	U/L	{NV}
eGFR	85	[>60]	See Cmnt	{NV}

Units: mL/min/1.73 m². Estimated glomerular filtration rate values are calculated using the CKD-EPI Creatinine 2021 equation (non-race based).

HIV 4th Gen wRflx

HIV1/HIV2

Non Reactive [NRX] {S5}
 This fourth generation immunoassay shows no detectable antibodies to HIV-1 (groups M

NAME: VINSON,MEGAN
 MR#: 51607142 LOC: NVLABD

DR: BARBIERI,ELLEN GRIFFIN,NP
 PAGE: 1 CONTINUED

12/16/25 12:00:15 9168555908

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14155342833 Desktop Prod

Page 003

PAGE 2

NOVATO COMMUNITY HOSPITAL
 165 Rowland Way suite 100
 NOVATO, CA 94945 (415) 209-1424
 Christopher W. Soon, M.D., Medical Director

NAME: VINSON,MEGAN

MEDICAL REC#: 51607142

LOC: NVLABD

ID: 1501911230

AGE: 50Y SEX: F

DOCTOR / LOC: BARBIERI,ELLEN GRIFFIN,NP ADMITTED: 12/12/2025

DOB: 10/21/1975

F6167981 COLL: 12/12/2025 06:35 REC: 12/12/2025 06:38 PHYS: BARBIERI,ELLEN GRIFFIN,

415.534.2833 415.408.3501

HIV 4th Gen wRflx (CONTINUED)

and O) and HIV-2, and the HIV-1 p24 antigen.

Lipid Profile

Cholesterol	H 205	[<200]	mg/dL	{NV}
Triglyceride	H 335	[<150]	mg/dL	{NV}
HDL	70	[>50]	mg/dL	{NV}
LDL (Calculated)	68	[<100]	mg/dL	{NV}

LDL cholesterol was calculated using the Friedewald equation. This formula is valid for samples with triglycerides <400 mg/dL. Fasting sample is preferred.

Cholesterol:HDL Rati

2.9 [1.00-4.50] {NV}

Cholesterol/HDL Cholesterol Ratio

Interpretation

Risk	Female	Male
1/2 Average	3.27	3.34
Average	4.44	4.97
2X Average	7.05	9.55
3X Average	11.04	23.39

TSH

1.65 [0.36-3.74] uIU/mL {NV}

CBC w Auto Diff

WBC Count	5.2	[4.0-11.0]	K/uL	{NV}
RBC Count	L 3.77	[3.9-5.4]	M/uL	{NV}
Hemoglobin	12.6	[12.0-15.5]	g/dL	{NV}
Hematocrit	36.4	[36.0-47.0]	%	{NV}
MCV	97	[80.0-100.0]	fL	{NV}
MCH	H 33.4	[27.0-33.0]	pg	{NV}
MCHC	34.6	[31.0-36.0]	g/dL	{NV}
RDW	12.5	[11.5-15.0]	%	{NV}
Platelet Count	213	[150-400]	K/uL	{NV}
Diff Type	Automated			{NV}
Neutrophil	46		%	{NV}
Lymphocytes	43		%	{NV}
Monocyte	6		%	{NV}
Eosinophil	4		%	{NV}
Basophil	1		%	{NV}
Abs. Neutrophil	2.4	[2.0-8.0]	K/uL	{NV}

NAME: VINSON,MEGAN

MR#: 51607142

LOC: NVLABD

DR: BARBIERI,ELLEN GRIFFIN,NP

PAGE: 2 CONTINUED

12/16/25 12:00:45 9168555908

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Page 004

PAGE 3

NOVATO COMMUNITY HOSPITAL
 165 Rowland Way suite 100
 NOVATO, CA 94945 (415) 209-1424
 Christopher W. Soon, M.D., Medical Director

NAME: VINSON,MEGAN

MEDICAL REC#: 51607142

LOC: NVLABD

ID: 1501911230

AGE: 50Y SEX: F

DOCTOR / LOC: BARBIERI,ELLEN GRIFFIN,NP ADMITTED: 12/12/2025

DOB: 10/21/1975

F6167981 COLL: 12/12/2025 06:35 REC: 12/12/2025 06:38 PHYS: BARBIERI,ELLEN GRIFFIN,
 415.534.2833 415.408.3501

CBC w Auto Diff (CONTINUED)

Abs. Lymphocyte	2.3	[1.0-5.1]	K/uL	{NV}
Abs. Monocyte	0.3	[0.0-0.8]	K/uL	{NV}
Abs. Eosinophil	0.2	[0.0-0.5]	K/uL	{NV}
Abs. Basophil	0.0	[0.0-0.2]	K/uL	{NV}
Nucleated RBC Auto	0.0	/100 WBC		{NV}

{NV} = Performed at Novato Community Hospital Laboratory, 165 Rowland Way,
 Novato, CA 94945 Medical Director: Christopher W. Soon, MD

{S5} = Performed at: Sutter Health Shared Lab, 2950 Collier Canyon Rd Livermore
 CA 94551 Medical Director: Mona Wood M.D.

NAME: VINSON,MEGAN
 MR#: 51607142 LOC: NVLABD

DR: BARBIERI,ELLEN GRIFFIN,NP
 PAGE: 3 END OF REPORT

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment - CP History & Physical 12/08/2025

Title History & Physical

Date 12/08/2025

Description

Reflections

ID: This is a 50 year old female with alcohol use disorder(s), admitted to Reflections for acute withdrawal management and residential treatment.

HPI:

Reason for seeking treatment at present: "I'm miserable and I can't stop drinking. I'm afraid I will kill myself, and I want to live."

Brief synopsis of current use: 2 bottles of wine or a half a bottle of hard liquor

Last drink/Use: 12/8/25

Past treatment attempts: Denies

Residential: Denies

Outpatient: Denies

Substance Use History

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

#1 Alcohol: 12/8/25, 2 bottles of wine or half a bottle of hard liquor daily

Cannabis: 25 years ago

DENIES

Nicotine

Cocaine:

Opioids (Fent):

Sedative: (Xanax):

Stimulants

Hallucinogens

Inhalants:

Over the Counter

Powered by Kipu Systems

Created on: 12/31/2025 19:29 PM EST - 19:29 PM EST

139 of 501 pages

Prescriptions

Other

Negative consequences

Legal: Denies

Employment/School: "I don't know if I have a job to go back to"

Financial: "I spend a lot on alcohol, money I don't have"

Family/Relationships: "isolated from family, friends very worried, can't process divorce"

Health: falls, memory issues, depression

Risky Behavior: blackouts, falls

Trauma

Physical: YES

Social/domestic abuse: YES

Mental/psychological: YES

Sexual: YES

Sober Time: "in 30 years maybe six months"

Factors that helped: "white knuckled"

Detox History: Denies

History of Seizures or DT's: Denies

Current Physical Symptoms

YES

Cramping

Nausea

Depression

Anxiety

Shakes

DENIES

Seizures

DTs

Hallucinations/Delusions

Blackouts

Paranoia Suspiciousness

Achy Joints

Current Cravings: yes

Any history of IV drug use: Denies

Overdose history: Denies

Medical History:

Primary care provider name and last visit: yes, "around two years since I've seen them"

Recent ED: Denies

Chronic/Acute Illnesses: Denies

Hx seizures, epilepsy, kidney, liver: Denies

Head/Fall/Brain Hemorrhage: Denies

Surgeries: Denies

Diet: Regular

Psychiatric History:

Hx bipolar, schizo, eating dx, mania: Denies

Hx anxiety, depression: Denies (insomnia not treated) "possible depression"

Therapist/psychiatrist: currently therapist, "haven't seen them in three weeks"

Hx SI/SA: passive SI, no plan. "no one would care if I die." Hx SA "8 years ago slit right wrist" scar visible.

Hx self-harm: Denies

Hix 5150 holds: 8 years ago with SA attempt

Allergies: Denies

Medications: NONE

Social History:

Sexual orientation: prefers males

Relationships Status: divorced, single

Housing, persons in home: self

substance use in home: Yes

Employment, Career, Certification, License, Ed level: High school, works in finance for 20 plus years

Military service: Denies

Family History:

Medical: Denies

Substance: Both parents alcoholic

Psychiatric, including suicides: unknown

Recent Loss/Grief: Son left for college, ex-husband "kicking me out of my home."

Physical

Mood: "tearful, anxious"

Hallucinations: denies

SI/HI: "no one would care if I was dead", Passive SI, no plan

General: Client has been a heavy drinker for 30 plus years. The last ten years she drinks every day, blacking out often. She was raised in an abusive alcoholic household. Her neighbor and two uncles sexually abused her in childhood. In her 20s her father asked to have sex with her. She got away from her family and had a good life for a few years. Then she met her no ex-husband, who is a diagnosed narcissist. He was verbally and physically abusive. They divorced seven years ago and she is still very harmed and hurting from that relationship. She has an adult son who just went off to college. She has two close friends, but no family support from her toxic family. She has a sincere desire to get sober and regain the self-respect and dignity she remembers having before her marriage.

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

PSYCH: Endorses insomnia. Denies depression and anxiety. Passive suicide ideation.

Physical Exam

General: Well-developed, adequately-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' 9" Weight: 125lbs BMI: 18.46 B/P: 117/72 P: 89 O2: 98 R: 20 T: 98.7 CIWA: 15 BAC: 0.22 UDS: Etg

Substance Use Diagnoses:

F10.20 Alcohol use disorder, Severe

Assessment:

This is a 50 year old male with severe alcohol and cocaine use disorder, presenting to Reflections Dual Diagnosis Treatment Center for acute withdrawal management and residential treatment.

Given the time since patient's last use and current symptoms, there is a concern for a withdrawal seizure or other acute medical problem from withdrawal. Therefore, the patient is placed in ASAM LOC 3.7.

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, 12/11/2025 11:46 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment - CP PPD 12/11/2025

Title PPD

Date 12/11/2025

Description

PPD RESULT 0MM INDURATION (-) NEGATIVE. NP NOTIFIED

Scanned Document

75595_Xerox-Scan-2025-12-13-02-27-02-PM.pdf, 82.7 KB

Irma Martinez, LPT (Staff), 12/13/2025 04:07 PM

Reflections, LLC T.B. Screening**Has patient ever received PPD skin test?****If so, was it positive?**

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	Yes

<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	No

If positive by history, do not administer PPD.

The patient must provide a clear chest X-ray.

This must be attached to this form and submitted to the Personnel File. A clearance from a physician must be obtained annually thereafter to document that the patient is free of communicable disease.

This must be provided to the Human Resource Department in lieu of annual PPD testing.

Has patient received PPD in the past 90 days?

<input type="checkbox"/>	Yes
--------------------------	-----

<input checked="" type="checkbox"/>	No
-------------------------------------	----

(If record of PPD done in the past 90 days is available, do not administer PPD.)

The employee must obtain the record within 5 days.

Attach to this record and submit to the H.R. Department.

Lot # 90878
 Exp. 2027/Jun

Purified Protein Derivative**0.1 ml intradermally administered:**

Date: 12/11/25 @ 1414 Site: Left Forearm
 By: Mariela Lopez, LVN Title: LVN

Read within 48-72 hours of administration

Date Read: 12/13/25 By: Tina Martinez
 Time Read 1517 Title: LPT

Result:

Negative Positive

Measurement of induration:

0 mm If no reaction document 0 mm

Positive result immediately reported to:

Physician: _____ By: _____ Date: _____
Megan Vinson 2025-128

Client Name

MR#

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment - CP Standard Diazepam Taper 12/08/2025

Title Standard Diazepam Taper

Date 12/08/2025

Description

Standard Diazepam Taper

Ondansetron 4 mg ODT SL x 2 prior to initiation of other medications

Consider adjuvant gabapentin therapy if CIWA "Tremor" score of 4 or greater

Step 1: Diazepam, 5 mg tablets, 4 tablets (20 mg) by mouth every six hours for 4 doses

Followed by:

Step 2: Diazepam, 5 mg tablets, 4 tablets (20 mg) by mouth every eight hours for 3 doses, to start eight hours after the last scheduled diazepam dose in Step 1

Followed by:

Step 3: Diazepam, 5 mg tablets, 4 tablets (20 mg) by mouth every twelve hours for 2 doses, to start six - twelve hours* after the last scheduled diazepam dose given in Step 2

Followed by:

Step 4: Diazepam, 5 mg tablets, 2 tablets (10 mg) by mouth every twelve hours for 2 doses, to start twelve hours after the last scheduled diazepam dose given in Step 3

For presenting CIWA score of greater than or equal to 19, consider "Front Loading" of diazepam, by increasing dosing frequency in Step 1 to every 3 hours.

Nursing to contact provider immediately for patient seizure, hallucinations, confusion, altered mental status, if CIWA remains >19 after Step 1 or other concerns.

Diazepam is to be held for patient "sedation", defined as a Richmond Agitation-Sedation Scale (RASS) score of -2 or less. It is recognized that the RASS was validated for hospitalized patients.

* Medication administration times may be adjusted for Step 3 and Step 4 for patient convenience and to accommodate their circadian rhythm.

40 tablets are required for this taper.

Discontinue diazepam after taper is finished.

CURES database reviewed, please see chart for report.

Scanned Document



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:03 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Doctor's Admitting Order 12/08/2025

Date 12/08/2025

Allergies

No Known Allergies/NKA

Admit To Dual Diagnosis
Program

Detox Level
(attach detox orders)

Detox 1

Diagnosis F10.20 Alcohol use disorder, Severe

Activity No Gym Activities until further Notice by Order

Diet

Diet(s): Regular Diet (no special dietary needs)

Other Restrictions: No Restrictions

- 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, 12/08/2025 06:01 PM

Marked Closed by: Scheria Smith, LVN, 12/09/2025 02:10 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Physician Progress Note 12/29/2025 12:26 PM

Date & Time 12/29/2025 12:26 PM

Progress Notes

Subjective:

Client has improved tremendously during the last two weeks. She is no longer showing signs of cognitive impairment, she is tracking the group schedule, medication dosing, indications and times. She reports feelings "good". She is enjoying the food and has a good appetite. She is sleeping better than she has in a long time. The trazodone helps her fall asleep and then she can stay asleep. She denies cravings. Client hasn't utilized hydroxyzine in 10 days, and uses gabapentin every few days. This indicates a decrease in anxiety and an increase in emotional regulation. At this time client is declining an IOP or PHP and is still deciding about a recovery program. Client was advised that the recommendation is an IOP/PHP and recovery program. Before client leaves she agrees to establish care with a PCP and schedule an appointment with her therapist.

MAT: Client is taking acamprosate. No side effects reports.

Objective: Client's vital signs are stable, and within normal range. She is compliant with medication. In no acute distress.

PAWS: CIWA 1

Assessment:

F10.20 Alcohol use disorder, Severe

Plan:

- 1) Continue treatment plan with psychotherapy and prevention.
- 2) Assess MAT compliance and benefit
- 3) Support client in following up with her PCP and therapist.

Current Meds

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 12/29/2025 12:26 PM:

acamprosate, 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated), three times a day schedule (TID), until further notice, indication: relapse prevention

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
 gabapentin, 300 mg x 1 capsule , oral, capsule, four times a day, until further notice, PRN, indication: eRx
 hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, four times a day, until further notice, PRN, indication: eRx
 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
 Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
 ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication:
 Nausea/vomiting
 Senokot (sennosides), 8.6 mg x 1 Tablet , oral, tablet, once a day (AM) PRN, until further notice, PRN, indication:
 Constipation
 trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS) PRN, until further notice, PRN, indication:
 insomnia
 Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication:
 GERD



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/29/2025 01:02 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Physician Progress Note 12/15/2025 04:32 PM

Date & Time 12/15/2025 04:32 PM

Progress Notes

Subjective:

Client has been crying a lot and very anxious. We discussed taking higher doses of anti-anxiety medications more often. Client was refusing acamprosate, but after education has agreed to take it. Client expresses a real desire to process her trauma so she is not so triggered and scared. She does sleep ok, and reports her appetite is normal, and she enjoys the food. She was educated on PAWS and to give herself grace for the work ahead. Her body and mind need time to heal from substances and trauma, she acknowledged understanding some of the pathological reasons her anxiety. Of concern, nursing reports client is forgetful about medication times and repeats questions. Client's will be encouraged to follow up with her PCP as soon as possible to have cognitive testing done, give SUD transparency.

MAT: Client is taking acamprosate. No side effects reports.

Objective: Client's vital signs are stable, and within normal range. She is compliant with medication. In no acute distress.

PAWS: CIWA 4

Assessment:

F10.20 Alcohol use disorder, Severe

Plan:

- 1) Continue treatment plan with psychotherapy and prevention.
- 2) Assess MAT compliance and benefit
- 3) Support client in following up with her PCP for cognition tests, and SUD transparency.
- 4) Increase doses of Gabapentin and hydroxyzine and increase from 3 to 4 times a day

Current Meds

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 12/15/2025 04:32 PM:

acamprosate, 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated), three times a day schedule (TID), until
Powered by Kipu Systems

Created on: 12/31/2025 19:29 PM EST - 19:29 PM EST

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further notice, indication: relapse prevention

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety
gabapentin, 300 mg x 1 capsule , oral, capsule, four times a day, until further notice, PRN, indication: eRx
hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, 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

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication:
Nausea/vomiting

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

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS) PRN, until further notice, PRN, indication:
insomnia

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



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/15/2025 04:46 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Physician Progress Note 12/12/2025 01:56 PM

Date & Time 12/12/2025 01:56 PM

Progress Notes

Advance from ASAM LOC 3.7, Acute Withdrawal Management to ASMA LOC 3.5 Residential Level of Care.

Current Meds

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 12/12/2025 01:56 PM:

acamprostate, 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated), three times a day schedule (TID), until further notice, indication: relapse prevention

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: routine to prn

gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, until further notice, PRN, indication: eRx
hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

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

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication:

Nausea/vomiting

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

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS) PRN, until further notice, PRN, indication:
insomnia

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



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/12/2025 01:59 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Physician Progress Note 12/11/2025 03:01 PM

Date & Time 12/11/2025 03:01 PM

Progress Notes

DETOX DAY #4

No SI/SA.

Mood: "better"

Withdrawal Symptoms: POSITIVE anxiety, depression, DENIES hopelessness, body aches, fatigue.

Cravings: "very mild"

Eating/Hydrating: appetite increasing, still not eating in usual pattern

Sleeping: "ok for me"

MAT Medications: continue on detox, medications managing symptoms, will start acamprosate after detox

Attending Group: yes

General: client attended group today, and was nicely encouraged by her peers. She is concerned about affairs outside treatment, but is appropriately seeking help with her anxiety/panic.

Objective

CIWA: 8

Vital Signs: BP - 117/75, HR - 97, Res - 18, Temp - 96.9, SaO2 - 98

Physical Exam:

General: Alert, fluent, cooperative

Affect: appropriate and full

Head: normocephalic and atraumatic

Eyes: no icterus

Neuro: Normal

Gait: Normal

Neck: Supple without masses or jugular venous distension

Assessment

The patient is doing well. CIWA/COWS remains low. However, given the length of time in observation, there is still a low probability of a withdrawal seizure or other acute medical problem from withdrawal. Will continue ASAM LOC 3.7.

Plan

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Continue on ASAM LOC 3.7

Continue to assess for transition to ASAM LOC 3.5.

Continue on diazepam taper.

Continue OTCs, clonidine and ondansetron as needed for withdrawal symptoms and comfort.

Start hydroxyzine for panic/anxiety

Current Meds

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 12/11/2025 03:01 PM:

acamprosate, 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated), three times a day schedule (TID), until further notice, indication: relapse prevention

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: routine to prn

diazepam, 5 mg x 2 tablets , oral, tablet, once a day (AM), for 1 day, indication: Detox, Dea Class: C-IV

diazepam, 5 mg x 2 tablets , oral, tablet, once a day (HS), for 1 day, indication: detox, Dea Class: C-IV

gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, until further notice, PRN, indication: eRx

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

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

Miralax, 17g x 1 Unspecified , oral, powder for reconstitution, 2x a day schedule (BID) PRN, for 3 days, PRN, indication: Constipation

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

ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication:

Nausea/vomiting

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

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS) PRN, until further notice, PRN, indication: insomnia

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



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/11/2025 03:07 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Physician Progress Note 12/11/2025 02:51 PM

Date & Time 12/11/2025 02:51 PM

Progress Notes

Late Entry Note for 12/10/25

DETOX DAY #3

No SA, passive SI "no one would care if I was dead"

Mood: "depressed"

Withdrawal Symptoms: POSITIVE anxiety, depression, DENIES hopelessness, body aches, fatigue.

Cravings: mild, "fleeting thoughts" and body sensations.

Eating/Hydrating: appetite increasing

Sleeping: struggles with insomnia. Sleeping "ok for me"

MAT Medications: continue on detox, medications managing symptoms. Agrees to start acamprosate after detox.

Attending Group: no

General: client stayed in her room most of the day, saw therapist, then joined to community for dinner

Objective

CIWA: 12

Vital Signs: BP - 119/80, HR - 85, Res - 19, Temp - 97.7, SaO2 - 99

Physical Exam:

General: Alert, fluent, cooperative

Affect: appropriate and full

Head: normocephalic and atraumatic

Eyes: no icterus

Neuro: Normal

Gait: Normal

Neck: Supple without masses or jugular venous distension

Assessment

The patient is stable. CIWA/COWS remains stable. However, given the length of time in observation, there is still a low probability of a withdrawal seizure or other acute medical problem from withdrawal. Will continue ASAM LOC 3.7.

Plan

Continue on ASAM LOC 3.7

Continue to assess for transition to ASAM LOC 3.5.

Continue on diazepam taper.

Continue OTCs, clonidine and ondansetron as needed for withdrawal symptoms and comfort.

Start acamprosate after detox

Current Meds

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 12/11/2025 02:51 PM:

acamprosate, 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated), three times a day schedule (TID), until further notice, indication: relapse prevention

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: routine to prn

diazepam, 5 mg x 2 tablets , oral, tablet, once a day (AM), for 1 day, indication: Detox, Dea Class: C-IV

diazepam, 5 mg x 2 tablets , oral, tablet, once a day (HS), for 1 day, indication: detox, Dea Class: C-IV

gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, until further notice, PRN, indication: eRx

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

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

Miralax, 17g x 1 Unspecified , oral, powder for reconstitution, 2x a day schedule (BID) PRN, for 3 days, PRN, indication: Constipation

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

ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication:

Nausea/vomiting

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

Constipation

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS) PRN, until further notice, PRN, indication: insomnia

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



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/11/2025 03:01 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Physician Progress Note 12/09/2025 04:04 PM

Date & Time 12/09/2025 04:04 PM

Progress Notes

DETOX DAY #2

No SI/SA.

Mood: "ok"

Withdrawal Symptoms: POSITIVE anxiety, depression, DENIES hopelessness, body aches, fatigue.

Cravings: "mild, fleeting thoughts."

Eating/Hydrating: appetite increasing

Sleeping: "well, when I sleep." Wakes up and can't go back to sleep "racing thoughts"

MAT Medications: continue on detox, medications managing symptoms, discussion and education about MAT provided, will follow up.

Attending Group: no

General: client reports starting to feel safe. They were so frightened when they got here. She is getting a lot of attention from nursing and it's easing her anxiety.

Objective

CIWA: 10

Vital Signs: BP - 120/89, HR - 98, Res - 18, Temp - 98.0, SaO2 - 99

Assessment:

The patient is stabilizing. CIWA/COWS remains stable. Given the length of time in observation, there is still a low probability of a withdrawal seizure or other acute medical problem from withdrawal. Will continue ASAM LOC 3.7.

Plan:

Continue on ASAM LOC 3.7.

Continue to assess for transition to ASAM LOC 3.5.

Continue on diazepam taper.

Continue OTCs, clonidine and ondansetron as needed for withdrawal symptoms and comfort.

Add Trazodone for sleep

Add Gabapentin for anxiety/cravings

Current Meds

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 12/09/2025 04:04 PM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: routine to prn diazepam, 5 mg x 4 tablets , oral, tablet, every 8 hours, until further notice, indication: Advanced to Valium Taper Step #2 by Nurse Practitioner, Dea Class: C-IV
 gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, until further notice, PRN, indication: eRx
 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
 Miralax, 17g x 1 Unspecified , oral, powder for reconstitution, 2x a day schedule (BID) PRN, for 3 days, PRN, indication: Constipation
 Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
 ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Nausea/vomiting
 Senokot (sennosides), 8.6 mg x 1 Tablet , oral, tablet, once a day (AM) PRN, until further notice, PRN, indication: Constipation
 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, every night at bedtime, until further notice, PRN, indication: eRx
 Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/09/2025 04:15 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Statement of Medical Clearance 12/08/2025 04:03 PM

Date of Exam: 12/08/2025 04:03 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, 12/08/2025 06:01 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Incidental Medical Services Certification Form 12/08/2025

Date of Certification: 12/08/2025

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.



Megan Vinson (Client), 12/08/2025 05:42 PM

Staff present: Scheria Smith, LVN



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:27 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

PRESCRIPTION

C-IV

◆
diazepam, 5
mg x 4 tablets
, oral, tablet,
every six hours, until further notice

Take 4 tablet by mouth every six hours as directed

Duration: Until further notice, start date: 12/08/2025 05:30 PM

Dispense Amount: 5 mg tablet x 40 tablets

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$6.25, BIN:019876,
PCN:CHIPPO, Group:EMR, ID:DFE2BA7239

Comments for Office Use Only: n/a

Discontinued: 12/09/2025 01:22 PM

Medication: diazepam Route: oral Dosage Form: tablet

Frequency:

every six hours

Amount	Strength	Unit
4	5 mg	tablets

Ordered by John C. O'Neil, MD, NPI Number: 1952573826, DEA: F07577147 via eRx

Entered by Ellen Barbieri, NP 12/08/2025 05:23 PM

Signed electronically 12/08/2025 05:42 PM

Pharmacy: CVS/pharmacy #9316, 1707 Grant Ave, Novato, CA, 94945

Received by Pharmacy

- eRx ID: 71227383628

Discontinued Ordered by Ellen Barbieri, NP via previously prescribed medication approved by doctor

Discontinued Entered by Scheria Smith, LVN at 12/09/2025 01:22 PM

Discontinue Reason: Advanced to Valium Taper Step #2 by Nurse Practitioner

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

PRESCRIPTION

ondansetron

HCl, 4 mg x 1

tablet , oral,

tablet, three

times a day,

until further notice

DISCONTINUED

12/09/2025 01:43 PM

Take 1 tablet by mouth three times a day for nausea/vomiting

Duration: Until further notice, start date: 12/08/2025 05:15 PM

Dispense Amount: 4 mg tablet x 10 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/09/2025 01:43 PM

Medication
ondansetron HCl

Route
oral

Dosage Form
tablet

Frequency

three times a day

Amount	Strength	Unit
1	4 mg	tablet

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

Entered by Ellen Barbieri, NP 12/08/2025 05:23 PM

Discontinued Due to Change Order by Scheria Smith, LVN 12/09/2025 01:43 PM: ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Signed electronically 12/08/2025 05:22 PM

Pharmacy: CVS/pharmacy #9316, 1707 Grant Ave, Novato, CA, 94945

Received by Pharmacy

- eRx ID: 71227383833

Discontinued Ordered by Ellen Barbieri, NP via previously prescribed medication approved by doctor

Discontinued Entered by Scheria Smith, LVN at 12/09/2025 01:43 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

PRESCRIPTION

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, three
times a day,
until further notice

DISCONTINUED

12/09/2025 01:42 PM

Take 1 tablet by mouth three times a day blood pressure Give for blood pressure either over 140 or 110

Duration: Until further notice, start date: 12/08/2025 05:15 PM

Dispense Amount: 0.1 mg tablet x 10 tablets

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$5.25, BIN:019876,
PCN:CHIPPO, Group:EMR, ID:DFD3019987

Comments for Office Use Only: n/a

Discontinued: 12/09/2025 01:42 PM

Medication	Route	Dosage Form
clonidine HCl	oral	tablet

Frequency

three times a day

Amount	Strength	Unit
1	0.1 mg	tablet

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

Entered by Ellen Barbieri, NP 12/08/2025 05:23 PM

Discontinued Due to Change Order by Scheria Smith, LVN 12/09/2025 01:42 PM: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Signed electronically 12/08/2025 05:22 PM

Pharmacy: CVS/pharmacy #9316, 1707 Grant Ave, Novato, CA, 94945

Received by Pharmacy

- eRx ID: 71227383863

Discontinued Ordered by Ellen Barbieri, NP via previously prescribed medication approved by doctor

Discontinued Entered by Scheria Smith, LVN at 12/09/2025 01:42 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN

Justification: Pain

Warnings: NTE - 4 Doses in 24 hours

PRN, Duration: Until further notice, start date: 12/08/2025 06:30 PM

Dispense Amount: 325 mg tablet x 8 tablets

Number of Refills: 1

Medication	Route	Dosage Form
Acetaminophen	oral	tablet

Frequency

every 6 hours

Amount	Strength	Unit
2	325 mg	tablets

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

Entered by Ellen Barbieri, NP 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/08/2025 06:30 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 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/08/2025 06:30 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 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/08/2025 06:30 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 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/08/2025 06:30 PM

Dispense Amount: 10 mg Tablet, Sublingual x 2 tablets

Number of Refills: 1

Medication melatonin	Route sublingual	Dosage Form Tablet, Sublingual
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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 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Miralax, 17g x
1 Unspecified
, oral, powder
for
reconstitution,

DISCONTINUED

12/09/2025 01:40 PM

2x a day schedule (BID) PRN, for 3 days

Justification: Constipation

Duration: 3 days, start date: 12/08/2025 06:30 PM, end date: 12/10/2025 11:59 PM

Dispense Amount: 17g powder for reconstitution x 6 Unspecifieds

Number of Refills: 1

Discontinued: 12/09/2025 01:40 PM

Day 1 to Day 4
12/08/2025
06:30 PM to
12/11/2025

Medication
Miralax

Route
oral

Dosage Form
powder for
reconstitution

Frequency

2x a day schedule (BID) PRN

Amount	Strength	Unit
1	17g	Unspecified

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

Entered by Ellen Barbieri, NP 12/08/2025 06:36 PM

Discontinued Due to Change Order by Scheria Smith, LVN 12/09/2025 01:40 PM: Miralax, 17g x 1 Unspecified , oral, powder for reconstitution, 2x a day schedule (BID) PRN, for 3 days, PRN

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Discontinued Ordered by Ellen Barbieri, NP via previously prescribed medication approved by doctor

Discontinued Entered by Scheria Smith, LVN at 12/09/2025 01:40 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/08/2025 06:30 PM

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

Entered by Ellen Barbieri, NP 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

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

Justification: TB Screening

Duration: 1 day, start date: 12/08/2025 06:30 PM, end date: 12/08/2025 11:59 PM

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

Number of Refills: n/a

Day 1 to Day 2	Medication	Route	Dosage Form
12/08/2025 06:30 PM to 12/09/2025	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 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/08/2025 06:30 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 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/08/2025 06:30 PM, end date: 12/10/2025 11:59 PM

Dispense Amount: 100 mg tablet x 3 Tablets

Number of Refills: 1

Day 2 to Day 3 12/08/2025 06:30 PM to 12/09/2025	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

Entered by Ellen Barbieri, NP 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

72 Hour Q 30 min.Observation Detox Simmons, Once , for 3 days

Justification: Detox Observation

Duration: 3 days, start date: 12/08/2025 06:30 PM, end date: 12/10/2025 11:59 PM

Show in MARs: YES

Day 1 to Day 4	Action
12/08/2025	72 Hour Q 30
06:30 PM to	min.Observation
12/11/2025	Detox Simmons

Frequency
Once

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

Entered by Ellen Barbieri, NP 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Detox 1

**Protocol, Once
, until further
notice**

Justification:

Appropriate Level of Care

Duration: Until further notice, start date: 12/08/2025 06:30 PM

Show in MARs: YES

Discontinued: 12/09/2025 04:13 PM

Action

Detox 1 Protocol

Frequency

Once

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

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

Entered by Ellen Barbieri, NP 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/09/2025 04:13 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/09/2025 04:13 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Once a Week Blind Weight Check, Weekly, until further notice

Justification: Weight Management

Duration: Until further notice, start date: 12/08/2025 06:30 PM

Show in MARs: YES

Action

Once a Week Blind
Weight Check

Frequency

Weekly

	Hours	Minutes	Meridian
At	08	00	AM

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

Entered by Ellen Barbieri, NP 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/08/2025 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 12/08/2025 06:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/08/2025 06:36 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

C-IV

❖
diazepam, 5
mg x 4 tablets
, oral, tablet,
every 8 hours, until further notice

DISCONTINUED

12/11/2025 07:37 AM

Justification: Advanced to Valium Taper Step #2 by Nurse Practitioner

Duration: Until further notice, start date: 12/09/2025 09:15 PM

Dispense Amount: 5 mg tablet x 12 tablets

Number of Refills: n/a

Discontinued: 12/11/2025 07:37 AM

Medication
diazepam

Route
oral

Dosage Form
tablet

Frequency

every 8 hours

Amount	Strength	Unit
4	5 mg	tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via previously prescribed medication approved by doctor

Entered by Scheria Smith, LVN 12/09/2025 01:24 PM

Discontinued Due to Change Order by Monika Lopez, LVN 12/11/2025 07:37 AM: diazepam, 5 mg x 4 tablets , oral, tablet, two times a day schedule (BID), for 1 day

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via previously prescribed medication approved by doctor

Discontinued Entered by Monika Lopez, LVN at 12/11/2025 07:37 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Miralax, 17g x 1 Unspecified , oral, powder for reconstitution, 2x a day schedule (BID) PRN, for 3 days, PRN

Justification: Constipation

PRN, Duration: 3 days, start date: 12/09/2025 01:30 PM, end date: 12/11/2025 11:59 PM

Dispense Amount: 17g powder for reconstitution x 6 Unspecifieds

Number of Refills: 1

Day 1 to Day 4 12/09/2025 01:30 PM to 12/12/2025	Medication Miralax	Route oral	Dosage Form powder for reconstitution
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Frequency

2x a day schedule (BID) PRN

Amount	Strength	Unit
1	17g	Unspecified

Change Order: Miralax, 17g x 1 Unspecified , oral, powder for reconstitution, 2x a day schedule (BID) PRN, for 3 days

Change Reason: routine to prn

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via previously prescribed medication approved by doctor

Entered by Scheria Smith, LVN 12/09/2025 01:40 PM

Pending Review

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, 3x a
day schedule

DISCONTINUED
12/12/2025 06:04 PM

(TID) PRN, until further notice, PRN

Justification: routine to prn

PRN, Duration: Until further notice, start date: 12/09/2025 01:30 PM

Dispense Amount: 0.1 mg tablet x 10 tablets

Number of Refills: 0

Discontinued: 12/12/2025 06:04 PM

Medication
clonidine HCl

Route
oral

Dosage Form
tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	0.1 mg	tablet

Change Prescription: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, three times a day, until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via previously prescribed medication approved by doctor

Entered by Scheria Smith, LVN 12/09/2025 01:42 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/12/2025 06:04 PM: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/12/2025 06:04 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

**ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN,
until further notice, PRN**

Justification: Nausea/vomiting

PRN, Duration: Until further notice, start date: 12/09/2025 01:30 PM

Dispense Amount: 4 mg tablet x 10 tablets

Number of Refills: 0

Medication	Route	Dosage Form
ondansetron HCl	oral	tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	4 mg	tablet

Change Prescription: ondansetron HCl, 4 mg x 1 tablet , oral, tablet, three times a day, until further notice

Change Reason: routine to prn

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via previously prescribed medication approved by doctor

Entered by Scheria Smith, LVN 12/09/2025 01:43 PM

Pending Review

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

PRESCRIPTION

trazodone
(trazodone
HCl), 50 mg x
1 tablet , oral,
tablet, every
night at bedtime, until further notice, PRN

DISCONTINUED
12/09/2025 04:42 PM

Take 1 tablet by mouth every night at bedtime as needed for insomnia

PRN, Duration: Until further notice, start date: 12/09/2025 04:00 PM

Dispense Amount: 50 mg tablet x 30 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/09/2025 04:42 PM

Medication
trazodone

Route
oral

Dosage Form
tablet

Frequency

every night at bedtime

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	10	00	PM	1	50 mg	tablet

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

Entered by Ellen Barbieri, NP 12/09/2025 04:03 PM

Discontinued Due to Change Order by Monika Lopez, LVN 12/09/2025 04:42 PM: trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS) PRN, until further notice, PRN

Signed electronically 12/09/2025 04:02 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71227627051

Discontinued Ordered by Ellen Barbieri, NP via email

Discontinued Entered by Monika Lopez, LVN at 12/09/2025 04:42 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

PRESCRIPTION

gabapentin,
100 mg x 1
capsule , oral,
capsule, three
times a day,
until further notice, PRN

DISCONTINUED
12/13/2025 01:19 PM

Take 1 capsule by mouth three times a day as needed for anxiety

PRN, Duration: Until further notice, start date: 12/09/2025 04:00 PM

Dispense Amount: 100 mg capsule x 60 capsules

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/13/2025 01:19 PM

Medication
gabapentin

Route
oral

Dosage Form
capsule

Frequency

three times a day

Amount	Strength	Unit
1	100 mg	capsule

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

Entered by Ellen Barbieri, NP 12/09/2025 04:03 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/13/2025 01:19 PM: gabapentin, 100 mg x 1-3 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Signed electronically 12/09/2025 04:02 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71227627548

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/13/2025 01:19 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Detox 2

**Protocol , until
further notice**

Duration: Until
further notice,
start date:

12/09/2025 04:00 PM

Show in MARs: NO

Discontinued: 12/10/2025 05:25 PM



- 1) Vital Signs TID, while awake
- 2) CIWA/COWS TID, while awake
- 3) Vital Signs & CIWA/COWS prior to detox medication administration
- 4) Safety checks every hour
- 5) Must attend groups
- 6) offsite outings case by case
- 7) No gym/pool

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

Entered by Ellen Barbieri, NP 12/09/2025 04:13 PM

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/09/2025 04:13 PM

Discontinued Order Review

Ellen Barbieri, NP, NPI: 1134929573, DEAmb9534822, 12/10/2025 05:25 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/10/2025 05:25 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS)

PRN, until further notice, PRN

Justification: insomnia

PRN, Duration: Until further notice, start date: 12/09/2025 04:30 PM

Dispense Amount: 50 mg tablet x 30 tablets

Number of Refills: 0

Medication	Route	Dosage Form
trazodone	oral	tablet

Frequency

once a day (HS) PRN

Amount	Strength	Unit
1	50 mg	tablet

Change Prescription: trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, every night at bedtime, until further notice, PRN

Change Reason:

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

Entered by Monika Lopez, LVN 12/09/2025 04:42 PM

Pending Review

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

PRESCRIPTION

hydroxyzine
HCl, 25 mg x 1
or 2 tablets ,
oral, tablet,
three times a
day, until further notice, PRN

DISCONTINUED
12/15/2025 03:42 PM

Take 1-2 tablet by mouth three times a day as needed for anxiety

PRN, Duration: Until further notice, start date: 12/10/2025 05:15 PM

Dispense Amount: 25 mg tablet x 30 tablets

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$6.04, BIN:019876,

PCN:CHIPPO, Group:EMR, ID:DFC4CCED94

Comments for Office Use Only: n/a

Discontinued: 12/15/2025 03:42 PM

Medication	Route	Dosage Form
hydroxyzine HCl	oral	tablet

Frequency

three times a day

Amount	Strength	Unit
1 or 2	25 mg	tablets

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

Entered by Ellen Barbieri, NP 12/10/2025 05:21 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/15/2025 03:42 PM: hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, 4x a day schedule (QID) PRN, until further notice, PRN

Signed electronically 12/10/2025 05:20 PM

Pharmacy: CVS/pharmacy #9947, 2035 Novato Blvd, Novato, CA, 94947

Completed (Faxed or Printed)

- eRx ID: 71227886536

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/15/2025 03:42 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

PRESCRIPTION

acamprosate
(acamprosate
calcium), oral,
tablet, delayed
release

(enteric coated), until further notice

Take 2 tablet by mouth three times a day at 9:00 am, 3:00 pm, and 9:00 pm

Duration: Until further notice, start date: 12/10/2025 05:15 PM

Dispense Amount: n/a

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$68.26, BIN:019876,

PCN:CHIPPO, Group:EMR, ID:DFEB014C8E

Comments for Office Use Only: n/a

Discontinued: 12/10/2025 06:55 PM

DISCONTINUED

12/10/2025 06:55 PM

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

Entered by Ellen Barbieri, NP 12/10/2025 05:21 PM

Discontinued Due to Change Order by Monika Lopez, LVN 12/10/2025 06:55 PM: acamprosate, 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated), three times a day schedule (TID), until further notice

Signed electronically 12/10/2025 05:21 PM

Pharmacy: CVS/pharmacy #9947, 2035 Novato Blvd, Novato, CA, 94947

Received by Pharmacy

- eRx ID: 71227886633

Discontinued Ordered by Ellen Barbieri, NP via verbal, read back and verified

Discontinued Entered by Monika Lopez, LVN at 12/10/2025 06:55 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Detox 3

**Protocol , until
further notice**

Duration: Until
further notice,
start date:

12/10/2025 05:15 PM

Show in MARs: NO

Discontinued: 12/12/2025 10:05 AM



- 1) Vital Signs BID, while awake
- 2) CIWA/COWS BID, while awake
- 3) Vital Signs & CIWA/COWS prior to detox medication administration
- 4) Safety checks every two hours
- 5) Must attend groups
- 6) Must attend offsite outings
- 7) No gym/pool

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

Entered by Ellen Barbieri, NP 12/10/2025 05:25 PM

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/10/2025 05:25 PM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Kiran Kaur, MA at 12/12/2025 10:05 AM

Discontinue Reason: COMPLETED

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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: 12/10/2025 05:15 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 12/10/2025 05:28 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/10/2025 05:28 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

acamprostate, 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated), three times a day schedule (TID), until further notice

Justification: relapse prevention

Duration: Until further notice, start date: 12/13/2025 09:00 AM

Dispense Amount: n/a

Number of Refills: n/a

Medication acamprostate	Route oral	Dosage Form tablet, delayed release (enteric coated)
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Frequency

three times a day schedule (TID)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	2	333 mg	tablets
At	03	00	PM	2	333 mg	tablets
At	09	00	PM	2	333 mg	tablets

Change Prescription: acamprostate (acamprostate calcium), oral, tablet, delayed release (enteric coated), until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via verbal, read back and verified

Entered by Monika Lopez, LVN 12/10/2025 06:55 PM

Pending Review

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

C-IV

diazepam, 5 mg x 4 tablets , oral, tablet,

two times a day schedule (BID), for 1 day

Justification: Advanced to Valium Taper Step #3

Duration: 1 day, start date: 12/11/2025 09:15 AM, end date: 12/11/2025 11:59 PM

Dispense Amount: 5 mg tablet x 8 tablets

Number of Refills: n/a

Discontinued: 12/11/2025 08:24 AM

Day 1
12/11/2025
09:15 AM

Medication
diazepam

Route
oral

Dosage Form
tablet

Frequency

two times a day schedule (BID)

At	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	PM	4	5 mg	tablets

Change Order: diazepam, 5 mg x 4 tablets , oral, tablet, every 8 hours, until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via previously prescribed medication approved by doctor

Entered by Monika Lopez, LVN 12/11/2025 07:37 AM

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/11/2025 08:24 AM

Discontinued Order Review

Ellen Barbieri, NP, NPI: 1134929573, DEAm9534822, 12/11/2025 08:24 AM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/11/2025 08:24 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

C-IV



diazepam, 5 mg x 4 tablets , oral, tablet, At a specific time, for 1 day

Justification: detox

Warnings: Step 3, dose 2 of 2

Duration: 1 day, start date: 12/11/2025 08:15 AM, end date: 12/11/2025 10:15 AM

Dispense Amount: 5 mg tablet x 4 tablets

Number of Refills: n/a

Day 1 12/11/2025 08:15 AM	Medication diazepam	Route oral	Dosage Form tablet
---------------------------------	------------------------	---------------	-----------------------

Frequency

At a specific time

Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	4	5 mg tablets

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

Entered by Ellen Barbieri, NP 12/11/2025 08:40 AM

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/11/2025 08:40 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

C-IV



diazepam, 5 mg x 2 tablets , oral, tablet, once a day (HS), for 1 day

Justification: detox

Warnings: Step 4, dose 1 of 2

Duration: 1 day, start date: 12/11/2025 08:30 AM, end date: 12/11/2025 11:00 PM

Dispense Amount: 5 mg tablet x 2 tablets

Number of Refills: n/a

Day 1 12/11/2025 08:30 AM	Medication diazepam	Route oral	Dosage Form tablet
---------------------------------	------------------------	---------------	-----------------------

Frequency

once a day (HS)

Hours	Minutes	Meridian	Amount	Strength	Unit
At 09	00	PM	2	5 mg	tablets

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

Entered by Ellen Barbieri, NP 12/11/2025 08:40 AM

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/11/2025 08:40 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

C-IV

diazepam, 5 mg x 2 tablets, oral, tablet, once a day (AM), for 1 day

Justification: Detox

Warnings: Step 4, dose 2 of 2 END OF TAPER

Duration: 1 day, start date: 12/12/2025 08:30 AM, end date: 12/12/2025 01:30 PM

Dispense Amount: 5 mg tablet x 2 tablets

Number of Refills: n/a

Discontinued: 12/12/2025 10:04 AM

Day 1 12/12/2025 08:30 AM	Medication diazepam	Route oral	Dosage Form tablet
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Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	2	5 mg	tablets

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

Entered by Ellen Barbieri, NP 12/11/2025 08:40 AM

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/11/2025 08:40 AM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Kiran Kaur, MA at 12/12/2025 10:04 AM

Discontinue Reason: COMPLETED PER NP ORDER

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Client has completed Taper and can fully participate in Residential Programming Per NP order, Once , until further notice

Justification: Next Level of Care

Duration: Until further notice, start date: 12/12/2025 10:00 AM

Show in MARs: NO

Action

Client has completed
Taper and can fully
participate in
Residential
Programming Per NP
order

Frequency

Once

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Kiran Kaur, MA 12/12/2025 10:07 AM

Pending Review

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, 3x a
day schedule

DISCONTINUED
12/15/2025 03:54 PM

(TID) PRN, until further notice, PRN

Justification: Anxiety

Warnings: Hold for BP <90/60

PRN, Duration: Until further notice, start date: 12/12/2025 06:00 PM

Dispense Amount: 0.1 mg tablet x 10 tablets

Number of Refills: 0

Discontinued: 12/15/2025 03:54 PM

Medication	Route	Dosage Form
clonidine HCl	oral	tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	0.1 mg	tablet

Change Order: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/12/2025 06:04 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/15/2025 03:54 PM: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/15/2025 03:54 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

gabapentin,
100 mg x 1-3
capsules ,
oral, capsule,
3x a day

DISCONTINUED
12/15/2025 03:42 PM

schedule (TID) PRN, until further notice, PRN

Justification: Relapse prevention

PRN, Duration: Until further notice, start date: 12/13/2025 01:15 PM

Dispense Amount: 100 mg capsule x 9 capsules

Number of Refills: 0

Discontinued: 12/15/2025 03:42 PM

Medication
gabapentin

Route
oral

Dosage Form
capsule

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1-3	100 mg	capsules

Change Prescription: gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, until further notice, PRN
Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/13/2025 01:19 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/15/2025 03:42 PM: gabapentin, 100 mg x 1-3 capsules , oral, capsule, 4x a day schedule (QID) PRN, until further notice, PRN

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/15/2025 03:42 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

gabapentin,
100 mg x 1-3
capsules ,
oral, capsule,
4x a day

DISCONTINUED
12/15/2025 04:10 PM

schedule (QID) PRN, until further notice, PRN

Justification: Relapse prevention

PRN, Duration: Until further notice, start date: 12/15/2025 03:30 PM

Dispense Amount: 100 mg capsule x 18 capsules

Number of Refills: n/a

Discontinued: 12/15/2025 04:10 PM

Medication
gabapentin

Route
oral

Dosage Form
capsule

Frequency

4x a day schedule (QID) PRN

Amount	Strength	Unit
1-3	100 mg	capsules

Change Order: gabapentin, 100 mg x 1-3 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/15/2025 03:42 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/15/2025 04:10 PM

Discontinue Reason: Duplicate orders

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

hydroxyzine
HCl, 25 mg x 1
or 2 tablets ,
oral, tablet, 4x
a day

DISCONTINUED
12/17/2025 02:06 PM

schedule (QID) PRN, until further notice, PRN

Justification: Anxiety

PRN, Duration: Until further notice, start date: 12/15/2025 03:30 PM

Dispense Amount: 25 mg tablet x 12 tablets

Number of Refills: 0

Discontinued: 12/17/2025 02:06 PM

Medication
hydroxyzine HCl

Route
oral

Dosage Form
tablet

Frequency

4x a day schedule (QID) PRN

Amount	Strength	Unit
1 or 2	25 mg	tablets

Change Prescription: hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN
Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/15/2025 03:42 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via eRx

Discontinued Entered by Ellen Barbieri, NP at 12/17/2025 02:06 PM

Discontinue Reason: Change per new prescription

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, 3x a
day schedule

DISCONTINUED
12/17/2025 02:03 PM

F10.20 Alcohol use disorder,
Severe

(TID) PRN, until further notice, PRN

Justification: Anxiety

Warnings: Hold for BP <90/60

PRN, Duration: Until further notice, start date: 12/15/2025 03:45 PM

Dispense Amount: 0.1 mg tablet x 30 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Discontinued: 12/17/2025 02:03 PM

Medication	Route	Dosage Form
clonidine HCl	oral	tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	0.1 mg	tablet

Change Order: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN
Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/15/2025 03:54 PM

Signed electronically 12/15/2025 04:07 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71228718472

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/15/2025 04:07 PM

Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/17/2025 02:03 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/17/2025 02:03 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

PRESCRIPTION

gabapentin, 300 mg x 1 capsule , oral, capsule, four times a day, until further notice, PRN

Take 1 capsule by mouth four times a day as needed for anxiety

PRN, Duration: Until further notice, start date: 12/15/2025 04:00 PM

Dispense Amount: 300 mg capsule x 60 capsules

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Medication gabapentin	Route oral	Dosage Form capsule
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Frequency

four times a day

Amount	Strength	Unit
1	300 mg	capsule

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

Entered by Ellen Barbieri, NP 12/15/2025 04:07 PM

Signed electronically 12/15/2025 04:07 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71228720759

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

PRESCRIPTION

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, four times a day, until further notice, PRN

Take 1-2 tablet by mouth four times a day as needed for anxiety

PRN, Duration: Until further notice, start date: 12/17/2025 02:00 PM

Dispense Amount: 25 mg tablet x 60 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Medication hydroxyzine HCl	Route oral	Dosage Form tablet
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Frequency

four times a day

<u>Amount</u>	<u>Strength</u>	<u>Unit</u>
1 or 2	25 mg	tablets

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

Entered by Ellen Barbieri, NP 12/17/2025 02:06 PM

Signed electronically 12/17/2025 02:06 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71229211661

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

24 Hour Observation Sheet 12/11/2025

12/11/2025

Date/Time: 0734 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: ML

Date/Time: 0802 , Detox Level: 3 , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0834 , Detox Level: 3 , Location: G , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0903 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0935 , Detox Level: 3 , Location: I , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1002 , Detox Level: 3 , Location: I , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1036 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1102 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1134 , Detox Level: 3 , Location: G , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1201 , Detox Level: 3 , Location: G , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1232 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: ML

Date/Time: 1303 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: Y , Care: 2 , See Notes: upset stomach , Staff Initials: ML

Date/Time: 1334 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , See Notes: resting , Staff Initials: ML

Date/Time: 1405 , Detox Level: 3 , Location: living room , Orientation: 1 , Complaints: N , See Notes: w/PA , Staff Initials: ML

Date/Time: 1414 , Detox Level: 3 , Location: N , Orientation: 1 , Complaints: N , Care: 3 , See Notes: PPD placed , Staff Initials: ML

Date/Time: 1442 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1503 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1535 , Detox Level: 3 , Location: G , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1603 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1631 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1705 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1724 , Detox Level: 3 , Location: D , Orientation: 1 , Complaints: N , Care: 5 , Staff Initials: ML

Date/Time: 1756 , Detox Level: 3 , Location: living room , Orientation: 1 , Complaints: N , See Notes: watching tv w/peers , Staff Initials: ML

Date/Time: 1903 , Detox Level: 3 , Location: N , Orientation: 1 , Complaints: Y , Care: 4,3 , See Notes: anxiety, missing son , 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), 12/11/2025 07:03 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

24 Hour Observation Sheet 12/11/2025

12/11/2025

Date/Time: 1929 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2128 , Detox Level: 3 , Location: N , Orientation: 1 , Complaints: N , Care: 1,2,3,4 , See Notes: VS & MEDS , Staff Initials: KK

Date/Time: 2327 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0126 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0325 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0524 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0723 , Detox Level: 3 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , See Notes: EATING BREAKFAST , Staff Initials: KK

Date/Time: 0922 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , 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



Irma Martinez, LPT (Staff), 12/12/2025 05:07 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

24 Hour Observation Sheet 12/10/2025

12/10/2025

Date/Time: 1919 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 1948 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 2017 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 2046 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 2112 , Detox Level: 3 , Location: N , Orientation: 1 , Complaints: Anxiety, tremors , Care: 1,2,3,4 , Staff Initials: AS

Date/Time: 2141 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: tremors, anxiety , Care: 3 , Staff Initials: AS

Date/Time: 2210 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 2239 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 2308 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 2337 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 12/11/25/@ 2406 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 2435 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0104 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0133 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0202 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0231 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0259 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0328 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0357 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 0426 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 0455 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0524 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0553 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0622 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0651 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 0701 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

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



Anita Salanga, LPT (Staff), 12/11/2025 07:02 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

24 Hour Observation Sheet 12/10/2025

12/10/2025

Date/Time: 0731 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: ML

Date/Time: 0803 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: ML

Date/Time: 0834 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Care: 3,5 , Staff Initials: ML

Date/Time: 0905 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Care: 3,5 , Staff Initials: ML

Date/Time: 0936 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1001 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1032 , Detox Level: 2 , Location: Living area , Orientation: 1 , Complaints: N , See Notes: reading , Staff Initials: ML

Date/Time: 1101 , Detox Level: 2 , Location: N , Orientation: 1 , Complaints: Y , Care: 1,2,3,4 , See Notes: anxious , Staff Initials: ML

Date/Time: 1132 , Detox Level: 2 , Location: Living area , Orientation: 1 , Complaints: N , See Notes: met therapist , Staff Initials: ML

Date/Time: 1203 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1235 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1302 , Detox Level: 2 , Location: N , Orientation: 1 , Complaints: Y , Care: 1,2,3,4 , See Notes: anxiety , Staff Initials: ML

Date/Time: 1334 , Detox Level: 2 , Location: I , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1403 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1436 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , See Notes: w/PA , Staff Initials: ML

Date/Time: 1504 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1536 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1601 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1633 , Detox Level: 2 , Location: N , Orientation: 1 , Complaints: Y , See Notes: anxiety , Staff Initials: ML

Date/Time: 1705 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , See Notes: w/NP , Staff Initials: ML

Date/Time: 1736 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1804 , Detox Level: 3 , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1835 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1856 , Detox Level: 3 , 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



Monika Lopez, LVN (Staff), 12/10/2025 07:13 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

24 Hour Observation Sheet 12/09/2025

12/09/2025

Date/Time: 1202 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: n , Care: 3,2,5 , See Notes: sat with her while she at lunch , Staff Initials: SS

Date/Time: 1231 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , See Notes: chatting with staff , Staff Initials: SS

Date/Time: 1300 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , See Notes: reading , Staff Initials: SS

Date/Time: 1329 , Detox Level: 1 , Location: S , Orientation: 1 , Complaints: n , Care: 6 , See Notes: sleeping in bed , Staff Initials: SS

Date/Time: 1357 , Detox Level: 1 , Location: S , Orientation: 1 , Complaints: n , Care: 6 , See Notes: asleep in bed , Staff Initials: SS

Date/Time: 1414 , Detox Level: 1 , Location: S , Orientation: 1 , Complaints: n , Care: 6 , Staff Initials: SS

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



Scheria Smith, LVN (Staff), 12/09/2025 02:15 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

24 Hour Observation Sheet 12/09/2025

12/09/2025

Date/Time: 1931 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2000 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2029 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2058 , Detox Level: 2 , Location: N , Orientation: 1 , Complaints: N , Care: 1,2,3,4 , See Notes: VS & MEDS , Staff Initials: KK

Date/Time: 2127 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2156 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2225 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2254 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2323 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2352 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0021 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0050 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0119 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0148 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0217 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0246 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0315 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0344 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0413 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0442 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0511 , Detox Level: 2 , Location: WOKEN UP FOR VS & MEDS , Orientation: 1 , Complaints: N , Care: 1,2,3,4 , Staff Initials: KK

Date/Time: 0540 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0609 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0638 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0707 , Detox Level: 2 , 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), 12/10/2025 07:12 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

24 Hour Observation Sheet 12/09/2025

12/09/2025

Date/Time: 0733 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: Y , Care: 1,2,3,4 , See Notes: anxiety , Staff Initials: ML

Date/Time: 0802 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0834 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: ML

Date/Time: 0901 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: ML

Date/Time: 0932 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: ML

Date/Time: 1003 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 6 , See Notes: ready for breakfast , Staff Initials: ML

Date/Time: 1032 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , See Notes: eating w/supervision , Staff Initials: ML

Date/Time: 1101 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: Y , See Notes: anxiety , Staff Initials: ML

Date/Time: 1133 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , See Notes: reading in bed , Staff Initials: ML

Date/Time: See separate sheet

Date/Time: 1427 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1456 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1523 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1558 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1621 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1657 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: ML

Date/Time: 1723 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1745 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1814 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , See Notes: Reading , Staff Initials: ML

Date/Time: 1844 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , See Notes: Reading , Staff Initials: ML

Date/Time: 1902 , Detox Level: 2 , 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



Monika Lopez, LVN (Staff), 12/09/2025 07:02 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

24 Hour Observation Sheet 12/08/2025

12/08/2025

Date/Time: 1930 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3, 4 , See Notes: Received client in her room, appeared intoxicated but was oriented oftime and place. , Staff Initials: AA

Date/Time: 2000 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3 , See Notes: Collected urine from client. , Staff Initials: AA

Date/Time: 2030 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , See Notes: Resting in her bed. , Staff Initials: AA

Date/Time: 2101 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 2133 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 2202 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 2230 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 2300 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 2331 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 12/9/25 @0002 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0030 , Detox Level: 1 , Location: A , Orientation: Confused , Complaints: N , Care: 2, 3, 4 , Staff Initials: AA

Date/Time: 0100 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0130 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0200 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0233 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0301 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0335 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0402 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0433 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0500 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0530 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0600 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0633 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0655 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3 , Staff Initials: AA

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



Alma Arenas, LPT (Staff), 12/09/2025 06:35 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

24 Hour Observation Sheet 12/08/2025

12/08/2025

Date/Time: 1655 , Detox Level: OBS , Location: onsite , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1624 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: crying over being here , Care: 3, 1 , See Notes: crying in bed , Staff Initials: SS

Date/Time: 1653 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1722 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1751 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1820 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1849 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

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



Scheria Smith, LVN (Staff), 12/08/2025 06:53 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Anxiety 12/30/2025

Title Anxiety

Date 12/30/2025

Description

Megan continues to use PRN Gabapentin 300mg TID as prescribed to help manage break though anxiety. Patient teaching provided to come for Gabapentin and or Hydroxyzine as needed 30-45min in advance to give medication enough time to work its way into her system. She was encouraged to come when she feels her anxiety moving from a 2 to 3 and definitely 3 to 4. She verbalized understanding this. She has came for this x2 so far today. No adverse s/e reported or observed. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/30/2025 02:14 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Anxiety 12/17/2025

Title Anxiety

Date 12/17/2025

Description

Megan is settling into routine of using anxiety management therapies with as needed Gabapentin 300mg, Hydroxyzine 25mg, and Clonidine 0.1mg. Today she decided to start her day with two hydroxyzine tablets instead of one to see if that helped any with her daytime breakthrough anxiety. Will continue to monitor closely with BP 90/60 parameter on Clonidine.

Scanned Document

Scheria Smith, LVN (Staff), 12/17/2025 08:32 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Anxiety 12/16/2025

Title Anxiety

Date 12/16/2025

Description

Megan continues to c/o 5-7 anxiety with verbalized fear of "I don't want to have panic attack". PRN Gabapentin 300mg + Hydroxyzine 25mg + Clonidine 0.1mg given together x2 have been effective for management of anxiety symptoms. Will continue to monitor.

Scanned Document


Scheria Smith, LVN (Staff), 12/16/2025 10:28 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Insomnia 12/30/2025

Title Insomnia

Date 12/30/2025

Description

Megan continues to endorse good sleep quality with combined Trazodone 50mg and Melatonin 10mg used together at bedtime. No adverse s/e reported or observed. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/30/2025 02:18 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Insomnia 12/17/2025

Title Insomnia

Date 12/17/2025

Description

Megan reported good sleep last night with Trazodone 50mg combined with melatonin 10mg as needed therapies. Presented smiling and in good spirits. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/17/2025 08:46 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Insomnia 12/16/2025

Title Insomnia

Date 12/16/2025

Description

Megan continues to struggle with concerns over sleep. She endorsed improved sleep quality last night with combined Trazodone 50mg + Melatonin 10mg therapies but did wake during the night. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/16/2025 10:32 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment MAT 12/31/2025

Title MAT

Date 12/31/2025

Description

Megan continues her Acamprosate 333mg x2 tablets three times per day as prescribed for relapse prevention therapy. She does need a verbal reminder to take the 3pm dose. No adverse s/e reported to or observed by this writer. Will continue to monitor.

Scanned Document

A handwritten signature in blue ink that reads "Scheria Smith".

Scheria Smith, LVN (Staff), 12/31/2025 08:35 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment MAT 12/30/2025

Title MAT

Date 12/30/2025

Description

Megan continues her Acamprosate 333mg x2 tablets three times per day as prescribed for relapse prevention therapy. She verbalized "I happy to have this available". No adverse s/e reported to or observed by this writer. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/30/2025 09:12 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment MAT 12/17/2025

Title MAT

Date 12/17/2025

Description

Megan continues with as prescribed acamprosate 333mg x2 tablets three times per day. No adverse s/e reported or observed. Needs verbal prompts for 3pm dose. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/17/2025 08:38 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment MAT 12/13/2025

Title MAT

Date 12/13/2025

Description

Late entry

Nurse Practitioner prescribed Acamprosate 333mg x2 tablets three times per day for relapse prevention. She took her first dose today with no adverse s/e reported or observed. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/16/2025 09:39 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment MAT & CRAVINGS F/U 12/22/2025

Title MAT & CRAVINGS F/U

Date 12/22/2025

Description

Patient seen for MAT follow-up. Alert and oriented ×3. Denies cravings, withdrawal symptoms, or side effects from medication. Reports adherence to prescribed Acamprosate. UDS collected. No signs of intoxication or withdrawal noted. Patient reports stable mood and participation in counseling. Education provided on medication adherence and overdose prevention. Client receptive to verbal teaching. Cont w/care plan

Scanned Document

Irma Martinez, LPT (Staff), 12/22/2025 11:40 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Transfer from Simmons to McClay 12/12/2025

Title Transfer from Simmons to McClay

Date 12/12/2025

Description

Late entry

Megan was safely transported with all her medications and belongings from Simmons to McClay. She was warmly welcomed by her peers and staff and is settling into the new environment. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/16/2025 10:38 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

BAC/UDS 12/22/2025

Date 12/22/2025

Breathalyzer

Time

Drug Screen Result

BZO

A handwritten signature in blue ink, appearing to read "IRMA MARTINEZ LPT".

Irma Martinez, LPT (Staff), 12/22/2025 11:32 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

BAC/UDS 12/14/2025

Date 12/14/2025

Breathalyzer

Time

Drug Screen Result

BZO

A handwritten signature in blue ink, appearing to read "IRMA MARTINEZ LPT".

Irma Martinez, LPT (Staff), 12/14/2025 05:29 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

BAC/UDS 12/08/2025

Date 12/08/2025

Breathalyzer

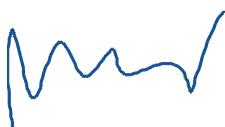
0.22%

Time

2020

Drug Screen Result

TCA



Alma Arenas, LPT (Staff), 12/08/2025 08:45 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/31/2025

12/31/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/31/2025 06:17 AM

Admit: 12/04/25

RTC, Room: 2

V/S: BP: 99/70 T 97 P 66 R 18 O2 98

CIWA: 1

Mental Status/Mood/Activities: Megan was compliant with medication and vitals were WNL. Client appears in good spirits. Client spent the evening playing table games with peer and PAs. Client attended the closing group without any issues. Reports having rested sleep. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: Acamprosate

Diagnostics: 12/14/25

Discharge Plan: 01/12/25

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Steve Athens, LPT (Staff), 12/31/2025 06:17 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/30/2025

12/30/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/30/2025 07:03 AM

Allergies: NKA

Admit: 12/04/25

RTC, Room: 3

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

BP: 107/71 P 66

CIWA: 1

Mental Status/Mood/Activities: Megan was compliant with medication and vitals were WNL. Client appears to be in good spirits. Client spent the evening watching TV with client JH. Client attended the closing group without any issues. Reported a rested night. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: Acamprosate

Diagnostics: 12/14/25

Discharge Plan: 01/12/25

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Kiran Kaur, MA (Staff), 12/30/2025 07:03 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/30/2025

12/30/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/30/2025 05:47 PM

Name: Megan V

Age: 50y/o

Allergies: NKA

Admit: 12/08/25

RTC, Room 2

F10.20 Alcohol use disorder, Severe

VS: 104/63, 75

Mental Status/Mood/Activities: Megan was medication compliant. PRN Gabapentin 300mg x2 given for anxiety, effective. She continues to need a verbal prompt for 3pm acamprosate dose. She continues to endorse good sleep with continued combined trazodone/melatonin therapies. She presented cooperative, smiling and in good spirits. She was observed in the milieu reading a book, journaling, chatting with peers and working on her computer. She took all her meals at the dining room table with peers. No issues or concerns reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedures.

MAT: Acamprosate 333mg x2 tablets three times per day

Diagnostics: Completed 12/12/25

Pharmacy: CVS

Discharge Plan: 01/12/26

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Scheria Smith, LVN (Staff), 12/30/2025 05:47 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/29/2025

12/29/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/29/2025 05:29 AM

Allergies: NKA

Admit: 12/04/25

RTC, Room: 2

V/S: B/P 106/88 T 97 P 67 R 18 O2 98

CIWA: 1

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), Client was watching tv with peer and engaging with peer and staff, while also watching football game on her phone. Appeared to have slept through the noc. No concerns reported or observed. Cont w/ care plan as ordered.

Medical: None

MAT: Acamprosate

Diagnostics: 12/14/25

Discharge Plan: 01/12/25

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Steve Athens, LPT (Staff), 12/29/2025 05:29 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/28/2025

12/28/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/28/2025 04:16 PM (last update: 12/28/2025 04:18 PM)

Allergies: NKA

Admit: 12/04/25

RTC, Room: 3

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), attended to AM group. Client was observed eating her meals at the dining table. She was observed walking around the house, and sitting in the living room watching tv and went for a outing in the morning and in the evening w/ peer and PA. UDS Collected, processed, documented and ready to send out. Reported a rested night. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: Acamprosate

Diagnostics: 12/14/25

Discharge Plan: 01/12/25

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Irma Martinez, LPT (Staff), 12/28/2025 04:18 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/27/2025

12/27/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/27/2025 04:41 PM

Age: 50 y/o

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

F10.20 Alcohol use disorder, Severe

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), attended to AM group and checked in w/counselor. Client was observed eating her meals at the dining table. Was observed walking on the parking lot, went for a walk w/peer and PA. Reported a rested night. Received a visitation from her son and was observed very happy. C/O low level of anxiety requested and received PRN for anxiety and was observed effective. No concerns noted or reported

Medical: None

MAT: Acamprosate

Diagnostics: 12/14/25

Discharge Plan: 01/12/25

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Irma Martinez, LPT (Staff), 12/27/2025 04:50 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/26/2025

12/26/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/26/2025 05:18 PM

Age: 50 y/o

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

F10.20 Alcohol use disorder, Severe

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), attended to groups and session therapies. Client was observed eating her meals at the dining table. Was observed walking on the parking lot, went to an outing w/peer and clinician. Reported a rested night. Very grateful w/staff during these holidays. No concerns noted or reported

Medical: None

MAT: Acamprosate

Diagnostics: 12/14/25

Discharge Plan: 01/12/25

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LPT

Irma Martinez, LPT (Staff), 12/26/2025 05:18 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/24/2025

12/24/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/24/2025 06:23 AM

Allergies: KNA

Admit: 12/08/25

V/S: B/P 112/71 T 97 P 74 R 18 O2 98

CIWA: 1

Mental status/Mood/Activities: Compliant with medication and vitals (V/S). Engaging with peer and staff while watching tv in the living room. Client was observed eating her meals at the dining table. Appeared to have slept through the noc. No concerns noted or reported

Medical: None

MAT: Acamprosate

Discharge Plan: 01/12/25

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Steve Athens, LPT (Staff), 12/24/2025 06:23 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/22/2025

12/22/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/22/2025 04:24 PM

Age: 50 y/o

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

F10.20 Alcohol use disorder, Severe

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), attended to groups and session therapies. UDS collected, documented and sent out. MAT and cravings f/u. Client was observed eating her meals at the dining table. C/O anxiety PRN given and effective. Client was observed working on her homework. Met w/NP no med changes. Reported a rested night. No concerns noted or reported

Medical: None

MAT: Acamprosate

Diagnostics: Client will go on 12/14/25

Discharge Plan: 01/12/25

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Irma Martinez, LPT (Staff), 12/22/2025 04:24 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/21/2025

12/21/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/21/2025 05:22 PM

Age: 50 y/o

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

F10.20 Alcohol use disorder, Severe

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), attended to sound bath therapy group w/Megan. C/o anxiety requested and received PRN and was noted to be effective. Megan went to an outing w/peer and PA and reported to feel relax after. Ate all of her meals and kept herself hydrated. No concerns noted or reported

Medical: None

MAT: Acamprosate

Diagnostics: 12/14/25

Discharge Plan: 01/12/25

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LPT

Irma Martinez, LPT (Staff), 12/21/2025 05:22 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/19/2025

12/19/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Anita Salanga, LPT, 12/19/2025 05:34 AM

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

VS: BP: 96/59, P 84

CIWA: 3

Mental status/Mood/Activities: Megan was compliant with VS & medications. At the beginning of the shift She c/o anxiety, took PRN Gabapentin noted effective. Watched movie with peers in the living room, engaged in self-care by applying facial mask while watching movie. No concerns were noted or reported.

Medical: None

MAT: Acamprosate

Diagnostics: Client will go on 12/14/25

Discharge Plan: 01/12/25

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Anita Salanga, LPT (Staff), 12/19/2025 05:35 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/17/2025

12/17/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/17/2025 05:51 AM

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

VS: BP: 98/58 T 97 P 63 R 18 O2 98

CIWA: 3

Mental status/Mood/Activities: Megan was compliant with VS & medications. She attended off site meeting with all peers and PA.. Observed engaging with peers before attending the meeting. Having some difficulty understanding which meds she is prescribed and for what. Patient education provided. Remains polite and courteous, Went to bed upon return from off site meeting. Reports sleeping well when asked. No concerns were noted or reported.

Medical: None

MAT: Acamprosate

Diagnostics: Client will go on 12/14/25

Discharge Plan: 01/12/25

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Steve Athens, LPT (Staff), 12/17/2025 05:52 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/17/2025

12/17/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/17/2025 06:12 PM (last update: 12/17/2025 06:13 PM)

Name: Megan V

Age: 50y/o

Allergies: NKA

Admit: 12/08/25

RTC, Room 6

F10.20 Alcohol use disorder, Severe

VS: 84/60, 67 | 86/54, 58 | 100/56, 60

Mental Status/Mood/Activities: Megan was medication compliant. PRN Hydroxyzine 25mg x2 tablets+ Gabapentin 300mg given for anxiety, effective. Clonidine discontinued by Nurse Practitioner r/t trending low BP. Verbal reminder needed for 3pm acamprosate dose. She is wearing the same clothes. She endorsed good sleep last night with continued combined trazodone/melatonin therapies. She presented cooperative, smiling and in good spirits. She was observed in the milieu reading a book, chatting with peers and staff appropriately. She took all her meals at the dining room table with peers. She missed the 3pm group r/t receiving a work call. Self hydration encouraged. No issues or concerns reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedures.

MAT: Acamprosate 333mg x2 tablets three times per day

Diagnostics: Completed 12/12/25

Pharmacy: CVS

Discharge Plan: 01/12/26

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Scheria Smith, LVN (Staff), 12/17/2025 06:12 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/16/2025

12/16/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/16/2025 06:36 AM

Age: 50 y/o

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

F10.20 Alcohol use disorder, Severe

VS: BP: 98/63 P 71

CIWA: 3

Mental status/Mood/Activities: Megan was compliant with VS & medications. She attended the closing group. Observed engaging with peers while watching TV in the LR. Reported a rested night. No concerns were noted or reported.

Medical: None

MAT: Acamprosate

Diagnostics: Client will go on 12/14/25

Discharge Plan: 01/12/25

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Kiran Kaur, MA (Staff), 12/16/2025 06:37 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/16/2025

12/16/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/16/2025 06:50 PM

Name: Megan V

Age: 50y/o

Allergies: NKA

Admit: 12/08/25

RTC, Room 6

F10.20 Alcohol use disorder, Severe

VS: 92/58,71

Mental Status/Mood/Activities: Megan was medication compliant. PRN Hydroxyzine 25mg+ Gabapentin 300mg+Clonidine 0.1mg all given for anxiety, effective. She presented cooperative, smiling and in good spirits. She was observed in the milieu chatting with peers and staff appropriately. She took all her meals at the dining room table with peers. Self hydration encouraged. Fasting labs uploaded to KIPU for review. No other issues or concerns reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedures.

MAT: Acamprosate 333mg x2 tablets three times per day

Diagnostics: Completed 12/12/25

Pharmacy: CVS

Discharge Plan: 01/12/26

Scheria Smith

Scheria Smith, LVN (Staff), 12/16/2025 06:51 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/15/2025

12/15/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/15/2025 04:26 PM

Age: 50 y/o

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

F10.20 Alcohol use disorder, Severe

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), attended to groups and session therapies. UDS sent out. Client was observed eating her meals at the dining table. C/O anxiety PRN given and effective. Client was observed working on her homework. Met w/NP changes in orders in KIPU. Clients have been observed to display uncontrollable head movements. NP notified. Reported a rested night. Client went for a walk w/ peers and Clinician. No concerns noted or reported

Medical: None

MAT: Acamprosate

Diagnostics: Client will go on 12/14/25

Discharge Plan: 01/12/25

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Irma Martinez, LPT (Staff), 12/15/2025 04:26 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/15/2025

12/15/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/15/2025 05:44 AM

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

V/S: B/P 98/64 T 97.4 P 117 R 18 O2 98

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), Tearful and expressing anxiety regarding having to make a phone call with ex husband regarding personal business. Received clonidine 0.1 mg which appeared effective. Later expressed the phone call was better than expected and was relieved. Reports of client eating all of her meals and kept herself hydrated. No concerns noted or reported

Medical: None

MAT: Client will started on Acamprosate 12/13/25

Diagnostics: Client will go on 12/14/25

Discharge Plan: 01/12/25

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Steve Athens, LPT (Staff), 12/15/2025 05:44 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/14/2025

12/14/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/14/2025 04:40 PM

Age: 50 y/o

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

F10.20 Alcohol use disorder, Severe

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), attended to the sound bathing in house session w/peers went well. Client went to an outing w/peers and PA. Client ate all of her meals and kept herself hydrated. C/O anxiety PRN given and effective. UDS collected, processed documented and ready to send out. No concerns noted or reported

Medical: None

MAT: Client will start Acamprosate on 12/13/25

Diagnostics: Client will go on 12/14/25

Discharge Plan: 01/12/25

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LPT

Irma Martinez, LPT (Staff), 12/14/2025 04:41 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/14/2025

12/14/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/14/2025 06:13 AM

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

V/S: B/P 93/60 T 97.7 P 96 R 18 O2 98

CIWA: 5

Mental Status/Mood/Activities: Megan was medication compliant. Spent the majority of the shift sitting by the fireplace reading and watching tv. Engaging with peers. Took Melatonin and Trazadone for sleep. No concerns at this time. Cont w/ care plan as ordered.

Medical: None

MAT: start Acamprosate on 12/13/25

Diagnostics: Client will go on 12/14/25

Discharge Plan: 01/12/25

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Steve Athens, LPT (Staff), 12/14/2025 06:14 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/13/2025

12/13/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/13/2025 04:42 PM

Age: 50 y/o

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

F10.20 Alcohol use disorder, Severe

Mental Status/Mood/Activities: Megan was medication compliant at the beginning of this shift client refused Acamprosate despite teaching and encouragement. Client was observed anxious as evidenced by bilateral hand tremors rocking herself back and forth, heavily breathing. Elevated v/s and CIWA score of 7. Met w/ NP and agreed to receive acamprosate. First dosage provided. No s/e noted or reported. Client's gabapentin increased to 100mg 1-3 tab TID PRN. PPD read w/0mm induration (-) negative result. Client ate all her meals and kept herself hydrated. No concerns at this time. Cont w/ care plan as ordered.

Medical: None

MAT: Client will start Acamprosate on 12/13/25

Diagnostics: Client will go on 12/14/25

Discharge Plan: 01/12/25

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LPT

Irma Martinez, LPT (Staff), 12/13/2025 04:42 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/12/2025

12/12/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/12/2025 07:57 AM

Detox/OBS/RES Status: Detox 3 OBS Q 2 hrs.

Allergies: NKA

Detox Meds if applicable: Valium taper step 4, She took Valium 5 mg x 2 tabs every 12 hours, will take 5 mg x 2 tabs at 09:00 am and completes the Valium taper

PRN Meds for PAWS: None

C/O: none

CIWA: 7

Daily Vital Signs: BP 106/72, P 76

Appearance (ADLs): Disheveled

Mental status/mood: Megan was advanced to Detox 3 and step 4 Valium taper. Last night she took Valium 5 mg (2 tabs) Q 12 hours and will complete her Valium taper this morning at 09:00 am with 5 mg Valium (2 tabs). She continues to be checked Q2 hours per Detox 3 protocol and remains on Detox 3 until NP clears her. Megan has been compliant with VS & meds. Client took Trazodone 50 mg and Melatonin 10 mg to help with sleep and reports to have a rested night but waking up with weird dreams. She went to labs this morning and it has been completed successfully. No other concerns were noted or reported.

Will cont. plan of care.

Did the Client Participate in Groups/Meetings? Yes, attended the closing group

Sleeping: reports to have rested night

Nutrition: Tolerated meds and maintained hydration

Discharge Date: 01/12/2026

Daily Temps: WNL.

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Kiran Kaur, MA (Staff), 12/12/2025 07:57 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/12/2025

12/12/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/12/2025 06:29 PM

Age: 50 y/o

Allergies: KNA

Admit: 12/08/25

RTC, Room: 2

Mental Status/Mood/Activities: Client transferred from Simmons at approx. Upon arrival client was greeted by her peers and staff. Observed anxious, emotional w/ a crying spell. V/s BP 133/87 T97.6 P116, R20, O299RA, denies pain CIWA score 9. PRN meds given for anxiety, client was encouraged to ground herself and to utilize her coping skills. Client receptive to verbal advice, able to de-escalate herself. NP notified.

Medical: None

MAT: Client will start Acamprosate on 12/13/25

Diagnostics: 12/12/25

Discharge Plan: 01/12/25

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LPT

Irma Martinez, LPT (Staff), 12/12/2025 06:29 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/12/2025

12/12/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Alma Arenas, LPT, 12/13/2025 04:55 AM

Detox/OBS/RES Status: Res

Allergies: NKA

Detox Meds if applicable: Megan just completed her Diazepam 5 mg x 2 tabs standard taper.

PRN Meds for PAWS: Trazadone 50 mg x 1 tab

C/O: Anxious causing inability to sleep well.

CIWA: 4

Daily Vital Signs: See KIPU

Appearance (ADLs): Clean.

Mental status/mood: Megan appears to be adjusting well to her new environment, though she did express significant anxiety regarding the transition. She reported that the PRN medications she was previously prescribed for anxiety were very effective and requested the same combination be available should she experience a panic attack. I informed her that those PRNs are available for use as needed. A CIWA assessment was conducted, resulting in a score of 4 due to anxiety. Despite this, she participated well and showed excitement during the closing group session. Following the assessment, she rested comfortably. No further issues or signs of distress have been reported at this time.

Did the Client Participate in Groups/Meetings? Yes, attended the closing group.

Sleeping: She slept most of the shift.

Nutrition: Tolerated dinner meal and encouraged to keep self hydrated.

Discharge Date: TBD.

Daily Temps: WNL.

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Alma Arenas, LPT (Staff), 12/13/2025 05:29 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/11/2025

12/11/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Monika Lopez, LVN, 12/11/2025 06:22 PM

Allergies: NKA

Detox Meds if applicable: Valium taper. It ends tomorrow

PRN Meds for PAWS: None

C/O: anxiety, tremors

CIWA: 8

Daily Vital Signs: See Kipu

Appearance (ADLs): Disheveled

Mental status/mood: Megan is on Detox 3 and step 3 Valium taper. Ellen adjusted the taper. KIPU is correct and taper ends tomorrow. Megan completed her first 72 hours and remains on detox 3 until NP clears her. She was emotional after therapy this morning and laid down a bit to rest and read. She skipped lunch today as she did not have an appetite. Her vitals were re-checked around this time and they improved. She was up for the 3pm group on DBT. Her peers are very supportive and she appreciates that. PPD was placed on LFA and she will go to labs tomorrow morning. She is aware. She ate dinner with peers and watched tv with them in the living room. Will cont plan of care

Did the Client Participate in Groups/Meetings? Therapy, DBT

Sleeping: Did not sleep during the day

Nutrition: Tolerated meals, but declined lunch and maintained hydration

Discharge Date: 01/12/2026

Daily Temps: WNL.

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Monika Lopez, LVN (Staff), 12/11/2025 06:22 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/11/2025

12/11/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Anita Salanga, LPT, 12/11/2025 06:24 AM

Detox/OBS/RES Status: Detox 3, Q 30 min OBS

Allergies: NKA

Detox Meds if applicable: Was on Valium taper step 3, She took Valium 5 mg x 4 tabs every 8 hours.

PRN Meds for PAWS: None

C/O: anxiety, tremors

CIWA: 12

Daily Vital Signs: BP 119/90, P85

Appearance (ADLs): Disheveled

Mental status/mood: Megan was advanced to Detox 3 and step 3 Valium taper yesterday took Valium 5 mg (4 tabs) Q 8 hours. Megan has been compliant with VS & meds. Client took Hydroxyzine 25 mg, Gabapentin 100 mg, Trazodone 50 mg and Melatonin 10 mg. Megan was in a better mood this shift, she was observed awake few times throughout the night. She was anxious c/o of tremors. No other concerns were noted or reported. Will cont. plan of care.

Did the Client Participate in Groups/Meetings? No, on Detox

Sleeping: observed awake in bed few times.

Nutrition: Tolerated meds and maintained hydration

Discharge Date: 01/12/2026

Daily Temps: WNL.

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Anita Salanga, LPT (Staff), 12/11/2025 06:25 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/10/2025

12/10/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Monika Lopez, LVN, 12/10/2025 06:32 PM

Allergies: NKA

Detox Meds if applicable: Currently on her step 2 valium taper. She took valium 5 mg x 4 tabs every 8 hours, changed to Q 8 hours at 1330

PRN Meds for PAWS: None

C/O: anxiety

CIWA: 8,9

Daily Vital Signs: See KIPU

Appearance (ADLs): Clean

Mental status/mood: Megan slept in this morning and woke up to report she had good sleep. She was grateful for the additional medication Ellen NP ordered yesterday to help with her ongoing insomnia. Taper is in Step 3 and she is med compliant. CIWA's included symptoms of anxiety, sweating, and tremor. She met with her therapist and was emotional throughout the day. She stayed out of her room purposely so she can feel stronger and get out of her head as she was ruminating quite a bit about her ex threatening to take her home. She received an email from him and requested tp process with a therapist. She denied SI, just needed to process. Ellen NP was already planning on meeting with her and this really help ground her. Hydroxyzine was ordered and acamprosate. Acamprosate would start on 12/13 per Ellen. Labs were ordered today. PPD solution has not arrived from the pharmacy yet, so this was not placed yet. Reported this to Ellen. Detox 3 protocol post meeting with Ellen. Ellen will input next step in taper after dose this evening. Will cont plan of care.

Did the Client Participate in Groups/Meetings? No, on detox protocol. She met with her therapist and NP

Sleeping: Slept throughout the night

Nutrition: Tolerated meds and maintained hydration

Discharge Date: TBD.

Daily Temps: WNL.

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Monika Lopez, LVN (Staff), 12/10/2025 06:32 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/10/2025

12/10/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/10/2025 06:12 AM (last update: 12/10/2025 06:13 AM)

Detox/OBS/RES Status: Detox 2, Q 30 min OBS

Allergies: NKA

Detox Meds if applicable: Currently on her step 2 valium taper. She took valium 5 mg x 4 tabs every 8 hours, changed to Q 8 hours at 1330

PRN Meds for PAWS: None

C/O: anxiety

CIWA: 10; 9

Daily Vital Signs: BP 136/97 P 99 BP 107/77 P 80

Appearance (ADLs): Disheveled

Mental status/mood: Megan was moved to detox 2 and step 2 was initiated yesterday afternoon. She is currently taking Valium 5mgx4 tablets Q 8 hrs. Megan has been compliant with VS & meds. Client was very emotional in the evening while taking her meds, expressed feelings of shame & guilt for being in treatment and stated she is worried about her college son & also spoke about her trauma with this writer. Client was reassured she is safe here. Client observed 100mg Gabapentin, 50mg of Trazodone and 10 mg Melatonin for sleep therapy which she reported to be effective but had weird dreams. She is glad to have a rested night. Client was woken up @ 0530am for Valium which client was compliant with VS and Medication. No other concerns were noted or reported. Will cont plan of care.

Did the Client Participate in Groups/Meetings? No, on detox protocol

Sleeping: Slept throughout the night

Nutrition: Tolerated meds and maintained hydration

Discharge Date: TBD.

Daily Temps: WNL.

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Kiran Kaur, MA (Staff), 12/10/2025 06:12 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/09/2025

12/09/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Monika Lopez, LVN, 12/09/2025 06:10 PM

Allergies: NKA

Detox Meds if applicable: Currently on her step 2 valium taper. She took valium 5 mg x 4 tabs every 6 hours, changed to Q 8 hours at 1330

PRN Meds for PAWS: None

C/O: anxiety

CIWA: 9,10

Daily Vital Signs:

Appearance (ADLs): Disheveled

Mental status/mood: Megan was in bed when shift began. NOC nurse had just provided her with a full glass of gatorade as requested/ Megan continued to hydrate well throughout the day and shared her story with this writer as she was observed eating breakfast. She was observed each meal as she is on detox protocol and did not feel well enough to eat at the table with peers, although she did briefly meet them and engaged in a positive way with them. They all welcomed her. She appreciated this. MV's vitals are stable and she is med compliant. She spoke to Ellen NP via phone to discuss sleep. Ellen ordered additional meds to help tonight with sleep and explained potential side effects and benefits. MV consented to gabapentin and trazodone to be added. She was moved to detox 2 and step 2 was initiated this afternoon. Will cont plan of care.

Did the Client Participate in Groups/Meetings? No, on detox protocol

Sleeping: She stayed in her room most of this shift, briefly slept

Nutrition: Tolerated all three meals today w/no nausea/vomiting

Discharge Date: TBD.

Daily Temps: WNL.

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Monika Lopez, LVN (Staff), 12/09/2025 06:10 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/08/2025

12/08/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Alma Arenas, LPT, 12/09/2025 06:36 AM

Detox/OBS/RES Status: Detox 1 with 72-hour q 30 minutes observation

Allergies: NKA

Detox Meds if applicable: Currently on her step1 valium taper. He takes valium 5 mg x 4 tabs every 6 hours.

PRN Meds for PAWS: None

C/O: None

CIWA: 11, 12

Daily Vital Signs:

Appearance (ADLs): Disheveled with dirty sweater.

Mental status/mood: Megan was admitted earlier today. She was pleasant and cooperative with staff, though noticeably anxious and guarded regarding her surroundings. She was informed that she is safe here and was receptive to this reassurance. We reviewed her Plan of Care and medication schedule, and she expressed a positive outlook on her treatment outcome and commitment to the plan. She was fully compliant with the initial assessment, teachings (including hydration and informing staff of distress during withdrawal), vital sign collection, and medication administration. She also complied with the UA collection, and the specimen has been sent to the lab with a pick-up requested today. During the assessment, she exhibited signs of disorientation to the new environment, including briefly entering the bathroom under the impression it was her room. She responded appropriately to teaching and stated, "I will," when advised to remain hydrated and report distress. Megan is currently on Detox 1 protocol, requiring 72 hours of observation and Q 30 minutes checks. She has been started on the Valium standard taper, Step #1 (5 mg x 4 tabs every 6 hours for 4 doses), before transitioning to the next step. CIWA assessment was done and scored 11 and 12 during this shift with noticeable tremors. She has been resting comfortably in her room since the assessment. No further issues or distress have been reported.

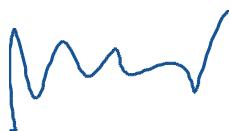
Did the Client Participate in Groups/Meetings? No, currently on Detox 1.

Sleeping: She slept most of the shift.

Nutrition: Tolerated dinner meal and encouraged to keep self hydrated.

Discharge Date: TBD.

Daily Temps: WNL.



Alma Arenas, LPT (Staff), 12/09/2025 06:37 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Nursing Progress Notes (Daily) 12/08/2025

12/08/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/08/2025 05:28 PM

Date: Monday, 12/8/25

Time: 1655

New Admit to: Simmons Detox 1 with 24 hour observation safety checks every 30 min, then reassess

Initials: MV Age: 50 yo Gender: Female

Here for: F10.20 Alcohol use disorder, Severe

UDS: pending BAC: 0.022%

Residing in room number: 1

Medication Allergies/Reaction if any: Denies

Food Allergies/Reaction if any: NKA

Type of Diet: Regular diet

Cleared for all activities? No

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

Suicide Neg ,Pain denies , Nutritional Assessment - OK , Cravings 10/10.

Clinical will follow up.

This is her first residential treatment episode. Let's all give her a warm welcome.

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Scheria Smith, LVN (Staff), 12/08/2025 05:28 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2
 Allergies: No Known Allergies/NKA
 Admission: 12/08/2025 Care Team
 Legacy MARs
 New MARs



Actions						
Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	Detox 1 Protocol	6:30 PM	ACTION			
				12/09/2025 12:25 AM		
Yes	72 Hour Q 30 min.Observation Detox Simmons	6:30 PM	ACTION			
				12/09/2025 12:25 AM		
n/a	72 Hour Q 30 min.Observation Detox Simmons	6:15 PM	ACTION			
Yes	72 Hour Q 30 min.Observation Detox Simmons	6:00 PM	ACTION			
				12/10/2025 09:15 PM		
Yes	Once a Week Blind Weight Check	8:00 AM	ACTION			Irma Martinez, LPT, Dec 15, 2025 at 08:11 AM Client stated she was not wt on admission date. Her regular wt always has been in the 140's.
				12/15/2025 08:15 AM		
Yes	Once a Week Blind Weight Check	8:00 AM	ACTION			
				12/22/2025 09:06 AM		
Yes	Once a Week Blind Weight Check	8:00 AM	ACTION			
				12/29/2025 08:29 AM		

Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/08/2025 05:15 PM	No	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx	not here yet	Charted by Scheria Smith, LVN 12/08/2025 06:59 PM					
12/08/2025 05:15 PM	No	ondansetron HCl	4 mg tablet, oral	1 tablet	eRx	not here yet	Charted by Scheria Smith, LVN 12/08/2025 06:59 PM					
12/08/2025 05:30 PM	Yes	diazepam	5 mg tablet, oral	4 tablets	eRx		Observed by Alma Arenas, LPT 12/08/2025 07:33 PM		Alma Arenas, LPT, Dec 08, 2025 at 07:33 PM Given at 1930.			
12/08/2025 06:30 PM	No	Miralax	17g powder for reconstitution, oral	1 Unspecified	MED	not here yet	Charted by Scheria Smith, LVN 12/08/2025 07:00 PM					
12/08/2025 06:30 PM	No	Tuberculin purified protein derivative	.1ml Liquid, Intradermal	1 .1ml	MED		Charted by Alma Arenas, LPT 12/08/2025 10:16 PM		Alma Arenas, LPT, Dec 08, 2025 at 10:16 PM No TB test sol available.			
12/08/2025 11:30 PM	Yes	diazepam	5 mg tablet, oral	4 tablets	eRx		Observed by Alma Arenas, LPT 12/08/2025 12:25 AM					

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/09/2025 01:15 AM	No	ondansetron HCl	4 mg tablet, oral	1 tablet	eRx	Charted by Alma Arenas, LPT 12/09/2025 06:08 AM							
12/09/2025 01:15 AM	No	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx	Charted by Alma Arenas, LPT 12/09/2025 06:08 AM							
12/09/2025 05:30 AM	Yes	diazepam	5 mg tablet, oral	4 tablets	eRx	Observed by Monika Lopez, LVN 12/09/2025 07:33 AM							
12/09/2025 06:30 AM	No	Miralax	17g powder for reconstitution, oral	1 Unspecified	MED	Charted by Monika Lopez, LVN 12/09/2025 07:33 AM							
12/09/2025 09:00 AM	No	Thiamine	100 mg tablet, oral	1 Tablet	MED	Declined	Charted by Monika Lopez, LVN 12/09/2025 07:33 AM						
12/09/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Declined	Charted by Monika Lopez, LVN 12/09/2025 07:33 AM						
12/09/2025 09:15 AM	No	ondansetron HCl	4 mg tablet, oral	1 tablet	eRx	Declined	Charted by Monika Lopez, LVN 12/09/2025 11:00 AM						
12/09/2025 09:15 AM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx	Observed by Monika Lopez, LVN 12/09/2025 11:02 AM							
12/09/2025 11:30 AM	Yes	diazepam	5 mg tablet, oral	4 tablets	eRx	Observed by Scheria Smith, LVN 12/09/2025 01:18 PM							
12/09/2025 09:15 PM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Kiran Kaur, MA 12/09/2025 09:10 PM							
12/10/2025 05:15 AM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Kiran Kaur, MA 12/10/2025 05:29 AM							
12/10/2025 09:00 AM	No	Thiamine	100 mg tablet, oral	1 Tablet	MED	declined	Charted by Monika Lopez, LVN 12/10/2025 10:53 AM						
12/10/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	declined	Charted by Monika Lopez, LVN 12/10/2025 10:53 AM						
12/10/2025 01:15 PM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Monika Lopez, LVN 12/10/2025 12:57 PM							
12/10/2025 09:15 PM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Anita Salanga, LPT 12/10/2025 09:12 PM							
12/11/2025 05:15 AM	No	diazepam	5 mg tablet, oral	4 tablets	MED	Charted by Anita Salanga, LPT 12/11/2025 06:08 AM							
12/11/2025 09:00 AM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Monika Lopez, LVN 12/11/2025 09:06 AM							
12/11/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Monika Lopez, LVN 12/11/2025 09:07 AM							
12/11/2025 09:00 PM	Yes	diazepam	5 mg tablet, oral	2 tablets	MED	Observed by Kiran Kaur, MA 12/11/2025 09:28 PM							
12/12/2025 09:00 AM	Yes	diazepam	5 mg tablet, oral	2 tablets	MED	Observed by Kiran Kaur, MA 12/12/2025 09:07 AM							
12/12/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Kiran Kaur, MA 12/12/2025 09:07 AM							
12/13/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/13/2025 08:24 AM							
12/13/2025 09:00 AM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Kindly refused	Charted by Irma Martinez, LPT 12/13/2025 08:24 AM						
12/13/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Given at this time per NP request	Observed by Irma Martinez, LPT 12/13/2025 01:20 PM						

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/13/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Steve Athens, LPT 12/13/2025 07:56 PM			12/13/2025 09:51 PM				
12/14/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/14/2025 09:02 AM			12/14/2025 09:02 AM				
12/14/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/14/2025 09:02 AM			12/14/2025 09:02 AM				
12/14/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/14/2025 04:55 PM			12/14/2025 04:57 PM				
12/14/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Steve Athens, LPT 12/14/2025 09:42 PM			12/14/2025 09:48 PM				
12/15/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/15/2025 08:12 AM			12/15/2025 08:15 AM				
12/15/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/15/2025 08:12 AM			12/15/2025 08:15 AM				
12/15/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/15/2025 03:45 PM			12/15/2025 03:45 PM				
12/15/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Kiran Kaur, MA 12/15/2025 09:20 PM			12/15/2025 09:23 PM				
12/16/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Scheria Smith, LVN 12/16/2025 08:44 AM			12/16/2025 08:45 AM				
12/16/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/16/2025 08:44 AM			12/16/2025 08:45 AM				
12/16/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Scheria Smith, LVN 12/16/2025 02:58 PM			12/16/2025 03:02 PM				
12/16/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Steve Athens, LPT 12/16/2025 10:05 PM			12/16/2025 10:07 PM				
12/17/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/17/2025 07:21 AM			12/17/2025 07:25 AM				
12/17/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Scheria Smith, LVN 12/17/2025 07:21 AM			12/17/2025 07:25 AM				
12/17/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Scheria Smith, LVN 12/17/2025 03:40 PM							
12/17/2025 09:00 PM	n/a	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED								
12/18/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Gisselle Arellano 12/18/2025 09:31 AM			12/18/2025 09:36 AM				

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/18/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Gisselle Arellano 12/18/2025 09:36 AM							
12/18/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Gisselle Arellano 12/18/2025 03:26 PM							12/18/2025 03:32 PM
12/18/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Anita Salanga, LPT 12/18/2025 07:06 PM							12/18/2025 07:07 PM
12/19/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/19/2025 09:04 AM							12/19/2025 09:07 AM
12/19/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/19/2025 09:06 AM							12/19/2025 09:07 AM
12/19/2025 03:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Charted by Michael Whitley 12/19/2025 03:50 PM							12/19/2025 03:54 PM
12/19/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Noah Alric 12/19/2025 10:16 PM							12/19/2025 10:17 PM
12/20/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Gisselle Arellano 12/20/2025 10:11 AM							12/20/2025 10:12 AM
12/20/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Gisselle Arellano 12/20/2025 10:11 AM							12/20/2025 10:12 AM
12/20/2025 03:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Charted by Irma Martinez, LPT 12/21/2025 10:36 AM							
12/20/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Noah Alric 12/20/2025 09:32 PM							12/20/2025 09:34 PM
12/21/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/21/2025 08:56 AM							12/21/2025 08:58 AM
12/21/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/21/2025 08:56 AM							12/21/2025 08:58 AM
12/21/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/21/2025 04:50 PM							12/21/2025 04:52 PM
12/21/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Michael Galarneau, Program Assistant 12/21/2025 09:28 PM					Michael Galarneau, Program Assistant, Dec 21, 2025 at 09:28 PM Took 1 tablet		12/21/2025 09:28 PM
12/22/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/22/2025 09:06 AM							12/22/2025 09:06 AM
12/22/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/22/2025 09:06 AM							12/22/2025 09:06 AM

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/22/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/22/2025 03:47 PM			12/22/2025 03:48 PM				
12/22/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Michael Whitley 12/22/2025 08:39 PM			12/22/2025 08:42 PM				
12/23/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Gisselle Arellano 12/23/2025 09:05 AM			12/23/2025 09:06 AM				
12/23/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Gisselle Arellano 12/23/2025 09:05 AM			12/23/2025 09:06 AM				
12/23/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Michael Galarneau, Program Assistant 12/23/2025 04:35 PM			12/23/2025 04:47 PM		Michael Galarneau, Program Assistant, Dec 23, 2025 at 04:38 PM Approved by nursing		
12/23/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Steve Athens, LPT 12/23/2025 08:33 PM			12/23/2025 08:33 PM				
12/24/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Gisselle Arellano 12/24/2025 09:59 AM			12/24/2025 10:00 AM				
12/24/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Gisselle Arellano 12/24/2025 09:59 AM			12/24/2025 10:00 AM				
12/24/2025 03:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Charted by Michael Galarneau, Program Assistant 12/24/2025 09:06 PM			12/24/2025 09:13 PM				
12/24/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Michael Galarneau, Program Assistant 12/24/2025 09:05 PM			12/24/2025 09:13 PM				
12/25/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Gisselle Arellano 12/25/2025 09:06 AM			12/25/2025 09:10 AM				
12/25/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Gisselle Arellano 12/25/2025 09:06 AM			12/25/2025 09:10 AM				
12/25/2025 03:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Charted by Michael Whitley 12/25/2025 09:18 PM			12/25/2025 09:24 PM				
12/25/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Michael Whitley 12/25/2025 09:21 PM			12/25/2025 09:24 PM				
12/26/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/26/2025 08:03 AM			12/26/2025 08:04 AM				
12/26/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/26/2025 08:03 AM			12/26/2025 08:04 AM				
12/26/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/26/2025 03:23 PM			12/26/2025 03:23 PM				

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/26/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Gisselle Arellano 12/26/2025 09:17 PM							12/26/2025 09:18 PM
12/27/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/27/2025 09:39 AM							12/27/2025 09:41 AM
12/27/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/27/2025 09:39 AM							12/27/2025 09:41 AM
12/27/2025 03:00 PM	n/a	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED								
12/27/2025 09:00 PM	n/a	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED								
12/28/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/28/2025 09:40 AM							12/28/2025 09:41 AM
12/28/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/28/2025 09:40 AM							12/28/2025 09:41 AM
12/28/2025 03:00 PM	n/a	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED								
12/28/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Steve Athens, LPT 12/28/2025 09:19 PM							12/28/2025 09:19 PM
12/29/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Gisselle Arellano 12/29/2025 08:28 AM							12/29/2025 08:29 AM
12/29/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Gisselle Arellano 12/29/2025 08:28 AM							12/29/2025 08:29 AM
12/29/2025 03:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Charted by Kiran Kaur, MA 12/29/2025 09:15 PM							12/29/2025 09:21 PM
12/29/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Kiran Kaur, MA 12/29/2025 09:20 PM							12/29/2025 09:21 PM
12/30/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Scheria Smith, LVN 12/30/2025 08:14 AM							12/30/2025 02:01 PM
12/30/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/30/2025 08:14 AM							12/30/2025 02:01 PM
12/30/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Scheria Smith, LVN 12/30/2025 01:56 PM							12/30/2025 02:01 PM
12/30/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Steve Athens, LPT 12/30/2025 10:04 PM							12/30/2025 10:05 PM
12/31/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/31/2025 08:03 AM							12/31/2025 08:04 AM

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/31/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Scheria Smith, LVN 12/31/2025 08:03 AM						12/31/2025 08:04 AM	
12/31/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED	Observed by Scheria Smith, LVN 12/31/2025 03:13 PM						12/31/2025 03:14 PM	
12/31/2025 09:00 PM	n/a	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	2 tablets	MED								

PRN Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/09/2025 09:08 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	PRN	routine to prn	Observed by Kiran Kaur, MA 12/09/2025 09:10 PM					12/09/2025 09:12 PM	
12/09/2025 09:10 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/09/2025 09:11 PM					12/09/2025 09:12 PM	
12/09/2025 09:10 PM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Kiran Kaur, MA 12/09/2025 09:10 PM					12/09/2025 09:12 PM	
12/09/2025 09:11 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Kiran Kaur, MA 12/09/2025 09:11 PM					12/09/2025 09:12 PM	
12/10/2025 10:48 AM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Monika Lopez, LVN 12/10/2025 10:49 AM					12/10/2025 10:55 AM	
12/10/2025 10:50 AM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	PRN	routine to prn	Observed by Monika Lopez, LVN 12/10/2025 10:50 AM					12/10/2025 10:55 AM	
12/10/2025 03:30 PM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Monika Lopez, LVN 12/10/2025 03:31 PM					12/10/2025 09:15 PM	
12/10/2025 03:30 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	PRN	routine to prn	Observed by Monika Lopez, LVN 12/10/2025 03:30 PM					12/10/2025 09:15 PM	
12/10/2025 09:06 PM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Anita Salanga, LPT 12/10/2025 09:12 PM					12/10/2025 09:15 PM	
12/10/2025 09:12 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Anita Salanga, LPT 12/10/2025 09:12 PM					12/10/2025 09:15 PM	
12/10/2025 09:12 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Anita Salanga, LPT 12/10/2025 09:13 PM					12/10/2025 09:15 PM	
12/10/2025 09:13 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Anita Salanga, LPT 12/10/2025 09:13 PM					12/10/2025 09:15 PM	
12/11/2025 10:12 AM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Monika Lopez, LVN 12/11/2025 10:13 AM					12/11/2025 09:32 PM	
12/11/2025 10:13 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Monika Lopez, LVN 12/11/2025 10:13 AM					12/11/2025 09:32 PM	
12/11/2025 06:54 PM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Monika Lopez, LVN 12/11/2025 06:55 PM					12/11/2025 09:32 PM	
12/11/2025 06:55 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Monika Lopez, LVN 12/11/2025 06:55 PM					12/11/2025 09:32 PM	
12/11/2025 09:22 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/11/2025 09:28 PM					12/11/2025 09:32 PM	
12/11/2025 09:28 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Kiran Kaur, MA 12/11/2025 09:28 PM					12/11/2025 09:32 PM	
12/12/2025 01:36 PM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by James A. Hayes,, Program Assistant 12/12/2025 01:36 PM					12/12/2025 01:37 PM	

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response
12/12/2025 06:09 PM	Yes	clonidine HCl Warning: Hold for BP <90/60	0.1 mg tablet, oral	1 tablet	PRN	Anxiety	Observed by Irma Martinez, LPT 12/12/2025 06:13 PM		12/12/2025 06:13 PM		
12/12/2025 06:13 PM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx	PRN	Observed by Irma Martinez, LPT 12/12/2025 06:13 PM		12/12/2025 06:13 PM		
12/12/2025 06:13 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx	PRN	Observed by Irma Martinez, LPT 12/12/2025 06:13 PM		12/12/2025 06:13 PM		
12/12/2025 09:38 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Alma Arenas, LPT 12/12/2025 09:42 PM		12/12/2025 09:43 PM		
12/12/2025 09:42 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Alma Arenas, LPT 12/12/2025 09:42 PM		12/12/2025 09:43 PM		
12/13/2025 08:19 AM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx	PRN	Observed by Irma Martinez, LPT 12/13/2025 08:24 AM		12/13/2025 08:26 AM		
12/13/2025 08:19 AM	Yes	clonidine HCl Warning: Hold for BP <90/60	0.1 mg tablet, oral	1 tablet	PRN	Anxiety	Observed by Irma Martinez, LPT 12/13/2025 08:23 AM		12/13/2025 08:26 AM		
12/13/2025 08:24 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx	PRN	Observed by Irma Martinez, LPT 12/13/2025 08:24 AM		12/13/2025 08:26 AM		
12/13/2025 01:20 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	2 tablets	eRx	PRN	Observed by Irma Martinez, LPT 12/13/2025 01:21 PM		12/13/2025 01:22 PM		
12/13/2025 01:21 PM	Yes	gabapentin	100 mg capsule, oral	3 capsules	PRN	Relapse prevention	Observed by Irma Martinez, LPT 12/13/2025 01:21 PM		12/13/2025 01:22 PM		
12/13/2025 09:47 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Steve Athens, LPT 12/13/2025 09:49 PM		12/13/2025 09:51 PM		
12/13/2025 09:49 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Steve Athens, LPT 12/13/2025 09:50 PM		12/13/2025 09:51 PM		
12/14/2025 08:58 AM	Yes	gabapentin	100 mg capsule, oral	2 capsules	PRN	Relapse prevention	Observed by Irma Martinez, LPT 12/14/2025 09:02 AM		12/14/2025 09:02 AM		
12/14/2025 09:02 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx	PRN	Observed by Irma Martinez, LPT 12/14/2025 09:02 AM		12/14/2025 09:02 AM		
12/14/2025 04:55 PM	Yes	gabapentin	100 mg capsule, oral	1 capsules	PRN	Relapse prevention	Observed by Irma Martinez, LPT 12/14/2025 04:56 PM		12/14/2025 04:57 PM	Irma Martinez, LPT, Dec 14, 2025 at 04:57 PM Client took 3 tabs for c/o anxiety	
12/14/2025 04:56 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	2 tablets	eRx	eRx	Observed by Irma Martinez, LPT 12/14/2025 04:57 PM		12/14/2025 04:57 PM		
12/15/2025 08:10 AM	Yes	clonidine HCl Warning: Hold for BP <90/60	0.1 mg tablet, oral	1 tablet	PRN	Anxiety	Observed by Irma Martinez, LPT 12/15/2025 08:14 AM		12/15/2025 08:15 AM		
12/15/2025 08:14 AM	Yes	gabapentin	100 mg capsule, oral	1 capsules	PRN	Relapse prevention	Observed by Irma Martinez, LPT 12/15/2025 08:14 AM		12/15/2025 08:15 AM		
12/15/2025 08:14 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	2 tablets	eRx	eRx	Observed by Irma Martinez, LPT 12/15/2025 08:14 AM		12/15/2025 08:15 AM		
12/15/2025 03:44 PM	Yes	clonidine HCl Warning: Hold for BP <90/60	0.1 mg tablet, oral	1 tablet	PRN	Anxiety	Observed by Irma Martinez, LPT 12/15/2025 03:45 PM		12/15/2025 03:45 PM		
12/15/2025 03:45 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	2 tablets	PRN	Anxiety	Observed by Irma Martinez, LPT 12/15/2025 03:45 PM		12/15/2025 03:45 PM		
12/15/2025 03:45 PM	Yes	gabapentin	100 mg capsule, oral	3 capsules	PRN	Relapse prevention	Observed by Irma Martinez, LPT 12/15/2025 03:45 PM		12/15/2025 03:45 PM		

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response
12/15/2025 09:17 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Kiran Kaur, MA 12/15/2025 09:20 PM		12/15/2025 09:23 PM		
12/15/2025 09:20 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	2 tablets	PRN	Anxiety	Observed by Kiran Kaur, MA 12/15/2025 09:21 PM		12/15/2025 09:23 PM		
12/15/2025 09:20 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Kiran Kaur, MA 12/15/2025 09:20 PM		12/15/2025 09:23 PM		
12/15/2025 09:20 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/15/2025 09:20 PM		12/15/2025 09:23 PM		
12/16/2025 08:44 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/16/2025 08:45 AM		12/16/2025 08:45 AM		
12/16/2025 08:44 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	PRN	Anxiety	Observed by Scheria Smith, LVN 12/16/2025 08:44 AM		12/16/2025 08:45 AM		
12/16/2025 08:44 AM	Yes	clonidine HCl <small>Warning: Hold for BP <90/60</small>	0.1 mg tablet, oral	1 tablet	eRx PRN	Anxiety	Observed by Scheria Smith, LVN 12/16/2025 08:44 AM		12/16/2025 08:45 AM		
12/16/2025 02:57 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/16/2025 02:59 PM		12/16/2025 03:02 PM		
12/16/2025 02:59 PM	Yes	clonidine HCl <small>Warning: Hold for BP <90/60</small>	0.1 mg tablet, oral	1 tablet	eRx PRN	Anxiety	Observed by Scheria Smith, LVN 12/16/2025 03:02 PM		12/16/2025 03:02 PM		
12/16/2025 02:59 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	PRN	Anxiety	Observed by Scheria Smith, LVN 12/16/2025 02:59 PM		12/16/2025 03:02 PM		
12/16/2025 07:14 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	PRN	Anxiety	Observed by Steve Athens, LPT 12/16/2025 07:20 PM		12/16/2025 10:07 PM		
12/16/2025 07:20 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Steve Athens, LPT 12/16/2025 07:20 PM		12/16/2025 10:07 PM		
12/16/2025 10:01 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Steve Athens, LPT 12/16/2025 10:05 PM		12/16/2025 10:07 PM		
12/16/2025 10:05 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Steve Athens, LPT 12/16/2025 10:06 PM		12/16/2025 10:07 PM		
12/17/2025 07:17 AM	Yes	clonidine HCl <small>Warning: Hold for BP <90/60</small>	0.1 mg tablet, oral	1 tablet	eRx PRN	Anxiety	Observed by Scheria Smith, LVN 12/17/2025 07:21 AM		12/17/2025 07:25 AM		
12/17/2025 07:21 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/17/2025 07:21 AM		12/17/2025 07:25 AM		
12/17/2025 07:21 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	PRN	Anxiety	Observed by Scheria Smith, LVN 12/17/2025 07:21 AM		12/17/2025 07:25 AM	Scheria Smith, LVN, Dec 17, 2025 at 03:41 PM 2 tablets	
12/17/2025 03:40 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/17/2025 03:40 PM			Scheria Smith, LVN, Dec 17, 2025 at 03:40 PM 2 tablets	
12/17/2025 03:40 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/17/2025 03:40 PM				
12/17/2025 10:31 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Sean Lenihan 12/17/2025 10:35 PM				
12/17/2025 10:35 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Sean Lenihan 12/17/2025 10:39 PM				

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response
12/18/2025 09:29 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Gisselle Arellano 12/18/2025 09:35 AM		12/18/2025 09:36 AM	Gisselle Arellano, Dec 18, 2025 at 09:36 AM	took 1 tablet
12/18/2025 09:35 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Gisselle Arellano 12/18/2025 09:35 AM		12/18/2025 09:36 AM	Gisselle Arellano, Dec 18, 2025 at 09:36 AM	took 200mg
12/18/2025 07:05 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Anita Salanga, LPT 12/18/2025 07:06 PM		12/18/2025 07:07 PM		
12/18/2025 08:35 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Anita Salanga, LPT 12/18/2025 08:38 PM		12/18/2025 08:39 PM		
12/18/2025 08:38 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Anita Salanga, LPT 12/18/2025 08:38 PM		12/18/2025 08:39 PM		
12/18/2025 08:38 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Anita Salanga, LPT 12/18/2025 08:38 PM		12/18/2025 08:39 PM		
12/19/2025 09:04 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Irma Martinez, LPT 12/19/2025 09:05 AM		12/19/2025 09:07 AM		
12/19/2025 09:05 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Irma Martinez, LPT 12/19/2025 09:06 AM		12/19/2025 09:07 AM		
12/19/2025 03:50 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Michael Whitley 12/19/2025 03:52 PM		12/19/2025 03:54 PM		
12/19/2025 03:52 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	2 tablets	eRx PRN	eRx	Observed by Michael Whitley 12/19/2025 03:53 PM		12/19/2025 03:54 PM		
12/19/2025 10:13 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Noah Alric 12/19/2025 10:16 PM		12/19/2025 10:17 PM		
12/19/2025 10:16 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	2 tablets	eRx PRN	eRx	Observed by Noah Alric 12/19/2025 10:17 PM		12/19/2025 10:17 PM		
12/20/2025 10:09 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Gisselle Arellano 12/20/2025 10:11 AM		12/20/2025 10:12 AM		
12/20/2025 01:59 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Michael Galarneau, Program Assistant 12/20/2025 02:01 PM		12/20/2025 02:01 PM		
12/20/2025 09:30 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Noah Alric 12/20/2025 09:32 PM		12/20/2025 09:34 PM		
12/20/2025 09:32 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Noah Alric 12/20/2025 09:32 PM		12/20/2025 09:34 PM		
12/21/2025 08:54 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Irma Martinez, LPT 12/21/2025 08:58 AM		12/21/2025 08:58 AM		
12/21/2025 09:24 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Michael Galarneau, Program Assistant 12/21/2025 09:28 PM		12/21/2025 09:28 PM		
12/22/2025 09:04 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Irma Martinez, LPT 12/22/2025 09:06 AM		12/22/2025 09:06 AM		
12/22/2025 08:38 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Michael Whitley 12/22/2025 08:39 PM		12/22/2025 08:42 PM		
12/22/2025 08:39 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Michael Whitley 12/22/2025 08:39 PM		12/22/2025 08:42 PM		
12/23/2025 04:30 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Michael Galarneau, Program Assistant 12/23/2025 04:36 PM		12/23/2025 04:47 PM		

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/23/2025 08:28 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Steve Athens, LPT 12/23/2025 08:33 PM		12/23/2025 08:33 PM				
12/24/2025 09:03 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Michael Galarneau, Program Assistant 12/24/2025 09:06 PM		12/24/2025 09:13 PM				
12/25/2025 09:05 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Gisselle Arellano 12/25/2025 09:09 AM		12/25/2025 09:10 AM				
12/25/2025 09:18 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Michael Whitley 12/25/2025 09:22 PM		12/25/2025 09:24 PM				
12/26/2025 09:13 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Gisselle Arellano 12/26/2025 09:17 PM		12/26/2025 09:18 PM				
12/27/2025 09:39 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Irma Martinez, LPT 12/27/2025 09:40 AM		12/27/2025 09:41 AM				
12/27/2025 10:08 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Michael Galarneau, Program Assistant 12/27/2025 10:10 PM		12/27/2025 10:11 PM				
12/28/2025 09:39 AM	Yes	Acetaminophen <small>Warning: NTE - 4 Doses in 24 hours</small>	325 mg tablet, oral	2 tablets	PRN	Pain	Observed by Irma Martinez, LPT 12/28/2025 09:41 AM		12/28/2025 09:41 AM				
12/28/2025 09:39 AM	Yes	Ibuprofen	200 mg tablet, oral	2 Tablets	PRN	Headache or Pain	Observed by Irma Martinez, LPT 12/28/2025 09:41 AM		12/28/2025 09:41 AM				
12/28/2025 09:18 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Steve Athens, LPT 12/28/2025 09:19 PM		12/28/2025 09:19 PM				
12/29/2025 09:14 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/29/2025 09:20 PM		12/29/2025 09:21 PM				
12/29/2025 09:20 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Kiran Kaur, MA 12/29/2025 09:20 PM		12/29/2025 09:21 PM				
12/30/2025 08:11 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/30/2025 08:14 AM		12/30/2025 02:01 PM				
12/30/2025 01:56 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/30/2025 01:56 PM		12/30/2025 02:01 PM				
12/30/2025 10:04 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	PRN	insomnia	Observed by Steve Athens, LPT 12/30/2025 10:04 PM		12/30/2025 10:05 PM				
12/31/2025 08:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/31/2025 08:03 AM		12/31/2025 08:04 AM				
12/31/2025 03:12 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/31/2025 03:13 PM		12/31/2025 03:14 PM				

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Biopsychosocial Assessment 12/10/2025 09:00 AM

Place of Service: Residential
Substance Abuse Treatment
Facility

Date of Assessment	Start time	End time
	12/10/2025 09:00	
	AM	

I. Presenting Problem

Alcohol Use Disorder

II. SOCIAL AREA**A. Family of Origin****1. Where were you raised and by whom?****2. Do you have any siblings?**

	Name	Age	Grew Up Together? Y/N
	The client stated her sister is "about four years younger."		Yes

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

The client described a dysfunctional family dynamic. She reported that she and her sister "weren't super close." Her relationship with her father was "never great" and worsened with time. The client also disclosed significant trauma, stating her grandfather abused her while her grandmother watched, and that her other grandmother is a paranoid schizophrenic. She summarized the lack of support by saying, "There was never any, like, caring from any grandparents at all."

4. Is there any family history of the following

Mother

Father Substance Abuse , Mental Health Problems

Step-Parent

Siblings Substance Abuse

Other Criminal Involvement , Mental Health Problems

If YES to any of the above, please elaborate

The client's father has a history of alcohol abuse and PTSD from the Vietnam War. Her younger sister uses marijuana. Her paternal grandfather sexually abused her as a child, and her other grandmother has paranoid schizophrenia.

B. Family of Choice

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

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

The client was in a 15-year relationship with her ex-partner, with whom she has a son. She describes the relationship as abusive, citing multiple instances of physical, verbal, and psychological abuse. She stated, "I didn't want to marry him

because I didn't want to marry someone that, you know, punched me in the face." The abuse included being choked, having things thrown at her, being kicked, and being punched, resulting in a black eye. She also reported significant verbal abuse, being called names, and psychological control, such as being prevented from seeing friends. She noted her ex-partner was diagnosed with narcissism.

2. Are you involved in a significant relationship? No

3. Do you have any children?

	Name	Age	Gender	Participatory Parent	With whom do they live?
			Male	Yes	The client

4. Describe your relationships with your children?

The client describes her relationship with her son as 'pretty pleasant for the most part'. She reports they 'had fun hanging out,' had 'dinner nights,' and would go to baseball or football games together.

5. Is there any history of the following

Partner None

Past Partner Substance Abuse , Criminal Involvement , Mental Health Problems

Children None

If YES to any of the above, elaborate

The client's ex-partner of 15 years had a history of substance abuse, often getting "totally annihilated." He was diagnosed with narcissism and was physically and verbally abusive towards the client, which included choking her, punching her in the face, and kicking her. The client reported that he was arrested once for domestic violence.

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

The client identifies the trauma from her ex-partner's abuse, narcissism, and substance use as the primary reason for her own drinking, stating, "the drinking's just a byproduct of all the trauma." This has led to profound emotional distress, isolation, financial insecurity, and a suicide attempt. Additionally, she reports trauma from her father's drinking and PTSD, her grandfather's sexual abuse, and her grandmother's paranoid schizophrenia.

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 bottles of wine for the last 4 - 5 days		20	Currently	2 bottles of wine, has been drinking since morning

OPIATES None

HALLUCINOGENS None

DESIGNER DRUGS None

Cocaine/Stimulants None

Do you want help to quit smoking? No Yes

Sedatives/Benzodiazepines None

TRANQUILIZERS None

OTHER DRUGS NOT MENTIONED LIST BELOW (Including over the counter) None**List Drugs of Choice**

1. Alcohol
2.
3.
4.

a. What and how long has the Client been using "Drug of Choice" #1?

The client reports drinking wine.

b. How much have you been using "Drug of Choice" #1?

The client's daily consumption was noted as "a couple bottles of wine a day," to which the client responded, "Maybe."

c. What is length of time of the last "Run"?

The client reported that the last time they went a full day without a drink was "probably a couple weeks ago."

What, when, and how much was the last drug used? (In the past twenty-four hours)

e. What, when, and how much was the last drug used? (In the past seventy two hours)**f. How much have you used in the past 7 days on a daily basis.**

The client indicated they might drink "a couple bottles of wine a day."

3. Age of Onset of drug use (age of 1st Use of any drug)**4. How have you been supporting your alcohol/drug usage?**

The client is employed.

ASAM DIMENSION 5 - Relapse and Continued Use Potential**IV. TREATMENT/RELAPSE HISTORY****1. Have you received Substance Abuse Treatment and/or counseling in the past? Yes**

*****Outcome Codes: 1=Successful Completion 2= AMA/APA 3=Discharged / Non-Compliant 4=Other**

If YES, please list treatment history (most recent first)

Date	Provider	Treatment	Duration/Frequency	Outcome
	AA	Support Group		The client reported the experience was "fine" but felt "it wasn't really addressing what I needed to address."
	Unnamed Therapist	Individual and Couples Therapy	Off and on	The client reported a negative outcome, stating she felt her ex was pushing his issues onto her and that the couples therapy was "horrible because he lied to the therapist."
Recent	Therapist through insurance	EMDR		Mixed outcome; client found it difficult and that it was "stirring things up," and was unsure if the therapist was the right fit for trauma.

2. Previous 12 Step or other community support group Involvement

The client has previously attended Alcoholics Anonymous (AA) meetings. She reported finding them "fine" but felt they were not addressing deeper issues related to her trauma. Her participation was voluntary and she is not currently active in the program.

3. Describe client's Addiction & Relapse History and the consequences of addiction (include legal, social, emotional, and behavioral)

The client's primary substance of use is alcohol, reporting consumption of up to "a couple bottles of wine a day." She identifies her use as a coping mechanism for trauma and triggers, particularly stress related to her ex-partner. The client has a history of one DUI "a long time ago" and recently missed a week of work, which prompted her to seek treatment. She has had a previous sobriety period of six to eight months.

4. Do you believe that your substance use is a problem?

Yes, the client acknowledges her relationship with alcohol needs to "change radically" and views her drinking as a "byproduct of all the trauma" that is causing her problems.

5. What efforts have you made to control or limit your use?

The client has previously maintained a period of sobriety for six to eight months. She has also tried attending AA meetings and is currently engaged in treatment to address her substance use and underlying trauma.

6. What is your longest Period of Recovery/Abstinence?

Six to eight months.

7. What precipitating events led to previous relapses (i.e. Triggers)

The client identified stressors related to her ex-partner as a primary trigger for relapse. Specifically, she mentioned, "Now my ex is trying to sell my place. It's killing me."

V. ASSESSMENT OF OTHER ADDICTIVE OR COMPULSIVE BEHAVIORS

History of Other Addictive or Compulsive Behaviors:

1. Eating Disorders Denies

a. Has anyone ever expressed concern to you about your relationship with food, your weight, or your body image? No

No

b. Have you ever received treatment for an Eating Disorder? No

c. Do you believe you have any problems with your relationships with food, your weight, or your body image? No

2. Spending

a. Has anyone ever expressed concern about your shopping or spending patterns? No

b. Do you feel you have a problem in the area of shopping or your spending patterns? No

3. Sexual Behavior

a. Has anyone ever expressed concern about your sexual behavior? No

b. Are you concerned about your sexual behavior? No

4. Gambling

a. Has anyone ever expressed concern about your gambling? No

b. Do you believe gambling is an issue for you? No

5. Exercise

a. Has anyone ever expressed concern about you over-exercising? No

b. Do you believe over-exercising is an issue for you? No

6. Are there other addictive or compulsive behaviors (work, caffeine) that the Client has a problem with? No

g. Are there any other addictive disorders that will need to be addressed in this treatment? No

ASAM DIMENSION 2 - Biomedical Conditions

VI. MEDICAL HISTORY

1. Name of Primary Care Physician Name: Client reports not having a primary care physician.

2. Date last seen

3. History of Medical Problems and/or hospitalizations Denies

4. Current Medical Problems Denies

5. Allergies

No Known Allergies/NKA

6. Does the client have any medical problems as a result of their alcohol/drug use? Denies

ASAM DIMENSION 3 - Emotional, Behavioral, Cognitive Conditions

VII. MENTAL HEALTH/PSYCHIATRIC HISTORY

1. Have you ever been diagnosed with a mental illness? Denies

2. Previous Psychiatric Hospitalizations, treatment, or therapy

The client reported having therapy "off and on at different times." They more recently saw a therapist through their insurance and started EMDR.

3. Are you currently being followed by a psychiatrist, therapist and/or other mental health treatment provider?

Denies

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 12/10/2025 09:00 AM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: routine to prn diazepam, 5 mg x 4 tablets , oral, tablet, every 8 hours, until further notice, indication: Advanced to Valium Taper Step #2 by Nurse Practitioner, Dea Class: C-IV

gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, until further notice, PRN, indication: eRx
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

Miralax, 17g x 1 Unspecified , oral, powder for reconstitution, 2x a day schedule (BID) PRN, for 3 days, PRN, indication: Constipation

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Nausea/vomiting

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

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) PRN, until further notice, PRN, indication: insomnia

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? None

6. Do you take your medication as prescribed?

7. Have you ever experienced any cognitive impairment (memory problems, difficulty thinking clearly)? Denies

8. What current symptoms do you feel need to be addressed while in treatment?

The client wants to address the effects of her trauma, which she feels is holding her back. Specific symptoms include difficulty focusing at work and self-doubt. She stated, "I want this trauma out... Because it's causing me a lot of problems in different ways," and mentioned issues like being able to "focus at work or doubting myself."

VIII. Sexual/Trauma History Assessment

1. Sexual History

a. What is your current sexual orientation

Heterosexual

b. Have you always had this same sexual orientation

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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2. Trauma Assessment

a. Have you experienced any of the following types of trauma?

Significant death of family member or friend

No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
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Witnessing an accident

No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Domestic Violence

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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Childhood Trauma

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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Natural Disaster

No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Family Violence

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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Neglectful or scary Caregivers

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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Any type of physical, sexual, or emotional abuse

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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Have you ever felt that you were exploited in exchange for using substances?

No <input type="checkbox"/>	Yes <input type="checkbox"/>
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b. For any yes above, please elaborate

The client reports being sexually abused by her paternal grandfather at age "six or seven or eight" while her grandmother watched. She experienced significant domestic violence from her ex-partner of 15 years, including being punched, choked, and kicked. She also reported her father once made an inappropriate sexual comment to her.

c. How do the above events impact you?

The client states the trauma is "causing me a lot of problems in different ways," including doubting herself and being unable to focus. She feels her drinking is a coping mechanism and a "byproduct of all the trauma." She stated, "I want this trauma out," and feels like she is carrying "bricks on me."

d. Do you feel any of the above events may interfere with treatment and/or has led to past relapses

The client identifies her trauma as the root cause of her drinking, which she describes as a "coping mechanism for being

overwhelmed by these triggers." She cites her ex-partner's current attempt to sell her condo as a major trigger that is "killing me," demonstrating a direct link between these events and her distress that leads to substance use.

IX. Safety Assessment

1. Suicidality Screen and History

a. Past suicidal thoughts or attempts?

The client reported a suicide attempt six years ago, stating the method was "slices." This occurred about a year after her separation from her ex-partner when she felt "so underwater" and "didn't know how to get out of it." She sought therapy around that time.

b. History of Family or Friend suicide? Denies

c. Current suicidal thoughts? Denies

d. Current or past thoughts or attempts of self-harm?

The client reported a past instance of self-harm which occurred six years ago. The method was "slices." There is no report of current self-harm thoughts, plans, or intent.

e. What successful strategies have you used to curb this behavior Denies

f. Protective Factors-Check all that apply

Community Suppor , Staff Support , Religious Beliefs , Positive Therapeutic relationships , Compliant with treatment , Intelligence

g. Based on the above information, the Moderate 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?

The client reports one instance of a violent action towards her ex-partner. After he called her a name upon her return home, she stated, "that's when I did go over and push him... clearly he's a lot bigger than me, so didn't do much. But he did get mad and that's when the black eye happened."

c. Current or past thoughts or attempts of homicide? Denies

d. What happens when you get angry with your spouse, family member or significant other?

The client described an incident where her ex-partner was waiting for her when she came home and called her a name. She reported, "that's when I did go over and push him, and that's when he got up and punched me in the face."

e. Do you ever frightened your family members, friends or children? Denies

f. Have the police ever been called to your house because of your behavior? Denies

g. Have you ever been in a relationship with somebody who hurt, threatened, or controlled you?

The client reported being in a physically and psychologically abusive relationship for approximately 15 years with her ex-partner, the father of her son. He hurt her by choking her, punching her in the face (resulting in a black eye), kicking her, and throwing things at her. He controlled her by isolating her from friends ("I was not allowed to hang out with my friends at all, really"), verbally abusing her ("call me names"), and making her financially dependent.

X. Cultural Assessment

1. Were you raised in any specific culture? Denies

2. Do you identify with any specific cultural group?

Denies

3. Do you currently practice any specific cultural rituals? Denies**4. Do you identify with any specific cultural/ethnic issues? Denies****XI. LEGAL HISTORY****1. Have you ever been arrested?**

The client reported receiving a DUI "a long time ago."

If Yes, list incidents

	Date	Charges	Outcome
	A long time ago	DUI	

2. Are you currently involved in any ongoing legal proceedings Denies**XII. EDUCATIONAL / VOCATIONAL / MILITARY ISSUES****1. Educational History****a. What is the highest grade completed / degree or certificate obtained?**

The client graduated from high school but does not have a college degree.

b. How did you perform in school?

The client reported doing "pretty good" in high school. She was active in sports, serving as the basketball team captain and also being a cheerleader.

c. Are you currently enrolled and attending school? Denies**d. Have you ever been suspended or expelled from school Denies****e. Have you ever attended any special classes or schools or have any learning challenges? Denies****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
Commercial Real Estate		The client stated she stopped pursuing a "regular job" due to fear of her ex-partner's interference, stating, "I thought he was just gonna ruin it or torture me about it."

b. How would you describe your current financial situation

The client describes her financial situation as strained. She is facing the potential loss of her condo and cannot afford the loan, stating she is "partially on commission" and that her income is lower than it should be. She describes the feeling as "constantly living with this... These bricks on me."

c. How is the client paying for treatment?

The client is using insurance provided through her work.

3. Military Service**a. Have you ever served in the Military?** No YesIf Yes None**XIII. LEISURE ACTIVITIES**

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1. List any hobbies, recreational interests, sports, games, or other leisure activities you enjoy.

The client enjoys hiking and walking with her two dogs, exploring different areas of the city like the Presidio, reading, and listening to the Buddhist teacher Thich Nhat Hanh. In high school, she was active in sports, including being the basketball team captain and a cheerleader. She also used to enjoy going to baseball and football games with her son.

2. What effect has your substance use or mental illness symptoms had on their leisure time?

The client's substance use is a coping mechanism for trauma, which negatively impacts her mental state and ability to enjoy leisure. While she maintains some activities like walking her dogs, she stated, "I like being active and doing things, but I know that I'm not in the right. Mentally. I still felt like I was not in the right place where I want to be."

ASAM DIMENSION 6 - Recovery/Living Environment

XIV. CURRENT SOCIAL, WORK, AND LIVING ENVIRONMENT

1. Current Social Situation/Environment

The client lives alone in a condo that her ex-partner is trying to sell, causing her significant stress as it is her primary community. Her son recently left for school. Her support system consists of her friends, Peter and Chris, who helped her get into treatment, and her two dogs. She has a strained relationship with her father, who has dementia, and is not close with her younger sister. The client reports a history of trauma involving her grandfather and ex-partner.

2. What changes in your behavior have your family and friends noticed recently?

The client reported she "disappeared from work for a week, which I've never done." This concerned her work partner and friend, who then found this treatment facility for her. Previously, her friends had also noticed a change in her personality, stating, "something's Jake. Like you've never been like this before."

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?

The client identifies her ex-partner as a major challenge to her recovery. He is currently attempting to sell her condo, which is her home and community. She stated, "Now my ex is trying to sell my place. It's killing me... he just takes everything from me that I care about."

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?

The client identified that her income is a challenge as it relates to her housing stability. She stated, "I'm partially on commission, so I should be making probably twice as much money as I make right now." This financial insecurity directly affects her ability to afford to keep her condo, which her ex-partner is trying to sell.

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?

The client reported that spirituality is a part of her life. She stated, "I like Thich Nhat Hanh, the Buddhist teacher. I listen to him all the time... and recently I've become feeling like I'm becoming more connected with God. Not necessarily in the really conservative version of God, but a different, my version of God... more open, sort of universal version of that."

3. Do you believe in a higher power?

The client described her belief in a higher power as "my version of God... more open, sort of universal version of that."

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?

The client's motivation for treatment was initiated by friends after the client disappeared from work for a week. The client's personal motivation is to address deep-seated trauma, stating, "I'm tired of carrying around all this other stuff" and that their drinking is "just a byproduct of all the trauma."

2. What are your thoughts and feelings about making changes in your life related to substances

The client is highly motivated to make changes and is tired of their current state, stating, "I'm burnt out on even feeling like shit." They view their alcohol use as a coping mechanism for trauma and are focused on addressing the underlying issues rather than just the substance use itself.

3. What is your current level of hope for sobriety?

The client expresses a mix of hopelessness and burgeoning hope. While they have felt "stuck like this forever," they also state, "I have to keep believing that I can make things be okay." Being in treatment seems to be fostering this hope.

4. What are you looking forward to most about sobriety?

The client is looking forward to being happy and getting back to the person they were before their traumatic relationship. The client wants to regain a version of themselves that they can believe in.

5. What are your goals for your treatment at Reflections?

The client's stated goal for treatment is "to just be the whole person I can be." They aim to achieve this by addressing their significant trauma history, expressing a desire to "find a way to integrate it so it's not hurting me."

XVII. Clinical Impressions

A. ASSESSMENT OF MENTAL STATUS DURING INTERVIEW

Appearance

Affect	Appropriate , Congruent
---------------	-------------------------

Mood	Sad , Angry , Depressed , Anxious
-------------	-----------------------------------

Behavior	Cooperative
-----------------	-------------

Insight	Good
----------------	------

Judgment	Mature
-----------------	--------

2. Integrated Diagnostic Summary

The client presents with alcohol use, which she identifies as a coping mechanism for significant, unresolved trauma. This trauma includes childhood sexual abuse and a long-term history of domestic violence. The client's primary goal for treatment is to process this trauma to become a "whole person" again. A significant anticipated barrier to progress is the ongoing stress and housing instability related to her ex-partner.

3. Rationale for Current Level of Care

The client requires this level of care due to the severity of her emotional and behavioral conditions (ASAM D3), including extensive trauma that directly triggers substance use. Her high potential for continued use and relapse (ASAM D5) is exacerbated by an unstable recovery environment (ASAM D6), specifically the current housing insecurity caused by her ex-

partner. While the client is motivated for change (ASAM D4), the intensity of her trauma symptoms and environmental stressors make a less structured level of care inadequate to ensure safety and progress.

4. Problems Identified in Bio-Psychosocial

1. Unresolved trauma resulting from childhood sexual abuse and long-term domestic violence.
2. Alcohol Use as an unhealthy coping mechanism.
3. History of suicidal ideation and a past attempt.
4. Unstable and unsafe recovery environment due to housing insecurity.

5. Problems to be addressed in treatment

1. Achieve and maintain sobriety from alcohol.
2. Process unresolved trauma.
3. Develop healthy coping mechanisms and emotional regulation skills.
4. Establish a safe and stable living situation.

XVIII. Strengths, Abilities, Needs, and Preferences

Strengths	Abilities	Needs	Preferences
The client is determined and goal-oriented.	The client is resourceful and a hard worker in her career.	The client needs to process and heal from significant past trauma.	The client prefers a life that is happy and free of drama.
The client has leadership skills.	The client has the ability to maintain an active physical lifestyle.	The client needs stable housing and financial security.	The client prefers an active lifestyle.
The client is self-aware.	The client is able to form supportive friendships.	The client needs to rebuild her self-esteem and self-belief.	The client prefers to be the person she was before her traumatic relationship.
The client is resilient.	The client has the ability to be a caring parent and pet owner.	The client needs a safe and supportive setting to engage in trauma therapy.	The client prefers a personal and open form of spirituality.

DIAGNOSIS

Diagnoses

F10.20 Alcohol use disorder, Severe

Is there anything else you want the Reflections staff to know about you that I did not ask you? No

b. For any yes above, please elaborate None

Dimension I: Acute Intoxication/withdrawal Potential- Rating Level: 4-Severe (4)

Dimension II: Biomedical Conditions/Complications Rating Level: 1-Mild (1)

Dimension III: Emotional, Behavioral or Cognitive Conditions and Complications: Rating Level: 4-Severe (4)

Dimension IV: Readiness to Change Rating Level: 2-Moderate (2)

Dimension V: Relapse Risk, Continued Use or Continued Problem Potential Rating Level: 4-Severe (4)

Dimension VI: Recovery Environment Rating Level: 3-Substantial (3)

The above six dimensions have a rating scale as follows:

0-No Problem

1-Mild

2-Moderate

3-Substantial

4-Severe

Total Score: (18)

ASAM LOC Assignment

ASAM LOC Assignment

3.5

Stewart Bryant, LMFT (Staff), 12/10/2025 02:15 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Falls Assessment (Detox/Res) 12/08/2025

Evaluation Date: 12/08/2025

Modified Schmid Fall Risk Assessment Tool

Mobility	Ambulates or transfers with assertive devices or assistance/unsteady gait (1)
Mentation	Alert, oriented X 3 (0)
Medication	No Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (0)
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:

Acute Intoxication Yes (2)

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: (3)

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:

BAC=0.22 lights, night light on in room and bathroom for safety. Frequent safety checks to maintain safety.

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Scheria Smith, LVN (Staff), 12/08/2025 05:27 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 8, 2025

Res Closing Group 08:45 PM PST by Michael Del Carlo, Program Assistant

Patient Status: Absent

Start: 12/08/2025 08:45 PM PST - End: 12/08/2025 09:00 PM PST Duration: 00:15

Topic

Closing Group (Nightly Reflections)

Individual Assessment/Intervention

Megan arrived at the facility today, and she is currently detoxing.

Group Description

Clients gather in the foyer to do the closing group. They will check in about whether or not they attended a recovery support meeting, and will share their experiences. Afterwards, they will fill out their nightly reflection forms to meditation music playing in the background. If they are finished with their forms before the group ends, they are encouraged to meditate for the remainder of the group.



Michael Del Carlo, Program Assistant (Staff), 12/09/2025 12:12 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 9, 2025

Lockton Gratitude/Closing 08:45 PM PST by James A. Hayes,, Program Assistant

Patient Status: Attended

Start: 12/09/2025 08:45 PM PST - End: 12/09/2025 09:00 PM PST Duration: 00:15

Topic

Check In/Self Inventory/Meditation

Individual Assessment/Intervention

Excused / Detox

Group Description

All individual are invited into secure supportive environment to practice meditation and engage in a self-inventory.



James A. Hayes,, Program Assistant (Staff), 12/09/2025 10:09 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 10, 2025

Res Morning Meeting 08:15 AM PST by Sharon Johnson, LCSW

Patient Status: Absent

Start: 12/10/2025 08:15 AM PST - End: 12/10/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness

Individual Assessment/Intervention

Currently in detox

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), 12/10/2025 10:11 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 10, 2025

Res Process Group 11:00 AM PST by Sharon Johnson, LCSW

Patient Status: Absent

Start: 12/10/2025 11:00 AM PST - End: 12/10/2025 12:15 PM PST Duration: 01:15

Topic

Process Group

Individual Assessment/Intervention

Absent-In detox

Group Description

Clients were led in a process group to facilitate self-expression, thought processing, personal growth and peer connection. The purpose is to explore thoughts, feelings and behaviors in a safe and supportive environment, which can enhance their recovery journey and assist with learning positive communication tools.



Sharon Johnson, LCSW (Staff), 12/10/2025 03:06 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 10, 2025

Res Closing Group 08:45 PM PST by Michael Del Carlo, Program Assistant

Patient Status: Absent

Start: 12/10/2025 08:45 PM PST - End: 12/10/2025 09:00 PM PST Duration: 00:15

Topic

Closing Group (Nightly Reflections)

Individual Assessment/Intervention

Megan was excused from the closing group. She is currently detoxing, and is being observed by the nursing staff.

Group Description

Client gather in the foyer to do the closing group. They will check in about their experience at their recovery support meeting they went to that evening. Afterwards, all of the clients will then fill out their nightly reflection forms to meditation music playing in the background. If they are finished with their forms before the group ends, they are encouraged to meditate for the remainder of the group.



Michael Del Carlo, Program Assistant (Staff), 12/10/2025 09:25 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Thursday, Dec 11, 2025

Res Didactic Group 10:00 AM PST by Abler Teixeira

Patient Status: Attended

Start: 12/11/2025 10:00 AM PST - End: 12/11/2025 10:45 AM PST Duration: 00:45

Topic

Coin Ceremony

Individual Assessment/Intervention

Client was present for the coin ceremony.

Group Description

Clients participated in the group activity by sharing a gift, a hope or wish, and a challenge for the peer who has completed the treatment program and is transitioning into the next phase of recovery. Group members offered supportive reflections, acknowledging the client's progress and expressing encouragement for continued growth. They also shared meaningful insights and challenges intended to motivate the client to remain committed to their recovery plan and utilize the tools and support networks developed during treatment.



Abler Teixeira (Staff), 12/11/2025 01:09 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Thursday, Dec 11, 2025

Res Process Group 11:00 AM PST by Stewart Bryant, LMFT

Patient Status: Attended

Start: 12/11/2025 11:00 AM PST - End: 12/11/2025 12:15 PM PST Duration: 01:15

Topic

Process Group

Individual Assessment/Intervention

Megan shared vulnerably about abuse she endured years ago at the hands of her ex boyfriend. She cried, and apologized to the group. The group thanked her for her vulnerability.

Group Description

Group began with personal check ins followed by personal share topics for processing. Today's theme was trauma and its connection to SUD, and ways client's have navigated it in helpful ways.



Stewart Bryant, LMFT (Staff), 12/11/2025 01:54 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Thursday, Dec 11, 2025

Res Closing Group 08:00 PM PST by Michael Crowe

Patient Status: Attended

Start: 12/11/2025 08:00 PM PST - End: 12/11/2025 09:00 PM PST Duration: 01:00

Topic

Check In / Self Inventory / Meditation

Individual Assessment/Intervention

Did not attend an outside support meeting, but did attend the Closing Group. The client filled out their self inventory, then spent the remaining time period in a state of quiet meditation.

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), 12/11/2025 11:43 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 12, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/12/2025 09:00 PM PST - End: 12/12/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client stated she was productive in the fact that she made it to the McClay house today. She stated that the kindness throughout the household stood out to her, but could not think of anything specific she learned during the day. For coping skills, the client mentioned crying and practicing deep breathing. Her gratitude list consisted of Reflections, her experience at Simmons, and her neighbor who is watching her two beloved dogs.

Group Description

Closing time.



Michael Whitley (Staff), 12/12/2025 09:35 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 12, 2025

Res Morning Meeting 08:15 AM PST by Ablert Teixeira

Patient Status: Attended

Start: 12/12/2025 08:15 AM PST - End: 12/12/2025 08:45 AM PST Duration: 00:30

Topic

Morning Meditation and Check In

Individual Assessment/Intervention

Client reported feeling sad and missing her son. Client had intermittent sleep of waking up then going back to sleep. No cravings or using dreams. Intention for the day is to practice being present.

Group Description

Group begins with a 5 minute guided meditation followed by a check in: How the client is feeling, whether they are or have been experiencing cravings, if they experienced using dreams and set their intention for the day.



Ablert Teixeira (Staff), 12/13/2025 10:54 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 12, 2025

Res Didactic Group 10:00 AM PST by Ablert Teixeira

Patient Status: Attended

Start: 12/12/2025 10:00 AM PST - End: 12/12/2025 10:45 AM PST Duration: 00:45

Topic

PAWS - Post Acute Withdrawal Syndrom

Individual Assessment/Intervention

Client was present for the group and actively listened to peers while also contributing from her own experiences. She shared a breathing exercise that she has found helpful in managing moments when her emotions escalate.

Group Description

This group provided education and discussion on Post-Acute Withdrawal Syndrome (PAWS), focusing on the emotional, cognitive, and physical symptoms that may persist after the initial withdrawal phase. Clients explored how PAWS can impact mood, sleep, concentration, and stress tolerance, and how these symptoms can increase vulnerability to relapse if unrecognized or unmanaged. The group discussed strategies for coping with PAWS, including structure, self-care, grounding skills, support meetings, and communication with the treatment team. Clients were encouraged to normalize their experiences, share symptoms they relate to, and identify practical tools to support stability during early recovery.



Ablert Teixeira (Staff), 12/13/2025 11:12 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 12, 2025

Res Didactic Group 03:00 PM PST by Ablert Teixeira

Patient Status: Attended

Start: 12/12/2025 03:00 PM PST - End: 12/12/2025 03:45 PM PST Duration: 00:45

Topic

End of Week Reflection

Individual Assessment/Intervention

2 ideas/skilled learned

Learned it's ok to express one's feelings, sadness.

Her time here in treatment is to focus on herself.

Self-Care activities this weekend

Meditate, read and exercise / take walks.

Something positive from the week

Having more hope that things will get better. Getting excited about exploring business start-up ideas and having and receiving compassion.

Group Description

Reflection of the past week reviewing 2 skills learned this week, self-care activities for the weekend, some good news or something positive that happened and one validation of one of their peers.



Ablert Teixeira (Staff), 12/13/2025 02:24 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Saturday, Dec 13, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/13/2025 08:15 AM PST - End: 12/13/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client was an active participant in this Morning Mindfulness Group .Client reported,

Sleep Quality-2.5

Urges-no

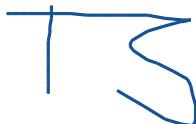
Feelings- extra emotional,anxious

Goal for the day-get centered.

Gratitude- to be here .

Group Description

Morning Mindfulness: 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



Tencia Sanchez (Staff), 12/13/2025 04:46 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Sunday, Dec 14, 2025

McClay Closing Group 09:00 PM PST by Noah Alric

Patient Status: Attended

Start: 12/14/2025 09:00 PM PST - End: 12/14/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated what she accomplished today was getting out and going to the beach. Client stated what stood out to her was how lucky she is to be here. Client stated what she learned was in a book that she was reading it explained the difference between Happy, joy and peace. Client stated the coping skills she used today were being in nature and journaling. Client stated that she is grateful for Gods beauty in her life and a phone call she had that went different then she expected.

Group Description

Clients are asked a series of questions about their day and asked to reflect on what they are grateful for.



Noah Alric (Staff), 12/14/2025 10:28 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay Morning Group 08:15 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/15/2025 08:15 AM PST - End: 12/15/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Client attended group with good participation. She spoke about having a phone call this weekend that "went better than I thought" and that she is realizing that she can isolate herself and also "expect the worst". Client is actively trying to take in support and get settled into the program. She was tearful and appeared anxious as evidenced by fidgeting.

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.



Ann Billington, LCSW (Staff), 12/15/2025 10:45 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/15/2025 10:00 AM PST - End: 12/15/2025 11:00 AM PST Duration: 01:00

Topic

Seeking Similarities

Individual Assessment/Intervention

Megan was on time and participated for the full duration of the didactic group. She initially presented as timid and soft-spoken, as this was her first clinical group at McClay. As the group progressed, she appeared increasingly comfortable and reflected at conclusion on identified similarities with peers, reporting greater ease within her new cohort.

Group Description

This didactic group addressed the importance of seeking similarities in early recovery. Psychoeducation normalized common brain-based and behavioral responses that predispose clients to focus on differences, while promoting a growth mindset and development of healthier neural pathways. Facilitated discussion and dyadic exercises supported practice in identifying shared experiences to enhance empathy, trust, and group cohesion.

John Foord, LMFT (Staff), 12/15/2025 11:51 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/15/2025 11:00 AM PST - End: 12/15/2025 12:30 PM PST Duration: 01:30

Topic

Process Group

Individual Assessment/Intervention

Client attended and appeared somewhat apprehensive but for her first process group, she did very well. Client presented as somewhat fragile and some of her behavior indicated disassociation as she was staring blankly at the ground at times. She spoke about coming out of an abusive relationship and noticing that being away from her situation in helping her "nervous system calm get a break".

Group Description

Clients were led in a process group to facilitate self-expression, thought processing, personal growth and peer connection. The purpose is to explore thoughts, feelings and behaviors in a safe and supportive environment, which can enhance their recovery journey and assist with learning positive communication tools.



Ann Billington, LCSW (Staff), 12/15/2025 04:23 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/15/2025 03:00 PM PST - End: 12/15/2025 04:00 PM PST Duration: 01:00

Topic

Mindfulness Skills Building- Walking Meditation

Individual Assessment/Intervention

Megan was present in a positive contributor throughout this group. Megan reported significant improvement as a result of her walk and shared about her love of nature and being outdoors.

Group Description

This didactic mindfulness skills group was held outdoors per client request and focused on building emotion regulation through experiential practice. Following an introduction to several mindfulness-based interventions, clients participated in a guided walking meditation that emphasized use of the senses to enhance grounding and present-moment awareness. The group concluded with facilitated sharing in which members reflected on their experience of the exercise.

John Foord, LMFT (Staff), 12/15/2025 03:45 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay Closing Group 09:00 PM PST by Noah Alric

Patient Status: Attended

Start: 12/15/2025 09:00 PM PST - End: 12/15/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated something she accomplished was having a meeting with John. Client stated what stood out to her was the goat walk. Client stated she learned more about her peers in group today. Client stated she used journaling, reading and running around outside as coping skills. Client stated she is grateful for the time today with her peers and talking to her mother on the phone.

Group Description

Clients are asked a series of questions and asked to reflect on what they are grateful for.



Noah Alric (Staff), 12/15/2025 10:00 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/16/2025 08:15 AM PST - End: 12/16/2025 08:45 AM PST Duration: 00:30

Topic

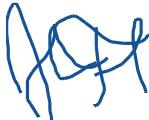
Morning Mindfulness

Individual Assessment/Intervention

Megan arrived on time and participated for the full duration of group. Reported sleeping well. Identified current affective state as hopeful, anxious, and curious. Endorsed mild cravings, describing thoughts of alcohol primarily in social contexts (e.g., dining out or spending time with friends). Identified daily intention to practice mindfulness and remain open to new ideas and perspectives. For self-care, plans to incorporate movement and meditation.

Group Description

Morning mindfulness group involving mindfulness exercise to encourage grounding, check in, and setting intention/goals for the day.



John Foord, LMFT (Staff), 12/16/2025 08:50 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/16/2025 11:00 AM PST - End: 12/16/2025 12:30 PM PST Duration: 01:30

Topic

Process Group- Family Roles/Habits

Individual Assessment/Intervention

Megan was on time and remained present for the duration of the process group. Client demonstrated engagement through active listening and limited verbal sharing. Megan reported feeling mildly overwhelmed as the discussion shifted toward family-of-origin themes. While she did not share this response with the group, she disclosed privately to the group leader that she has experienced significant trauma within her family of origin and does not yet feel comfortable discussing these experiences at the group level. Client's boundaries were respected, and she remained appropriately engaged throughout the session.

Group Description

Group time was utilized as a therapeutic process group focused on providing members with the opportunity to openly and honestly share current emotions and lived experiences. Participants practiced active listening skills and offered peer feedback grounded in their own personal experiences. The group also received psychoeducation regarding family roles and dysfunctional behavioral patterns, with an emphasis on increasing insight into unhealthy historical dynamics and beginning to identify and establish healthier boundaries moving forward.



John Foord, LMFT (Staff), 12/16/2025 12:34 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/16/2025 03:00 PM PST - End: 12/16/2025 04:00 PM PST Duration: 01:00

Topic

McClay 3:00 Didactic

Individual Assessment/Intervention

Client was an active participant of this group and shared insights that related to the material discussed in this group. Choose the trigger of Emotional stress and or Trauma being a big trigger .

Group Description

Relapse Prevention: Through a safe and supportive environment, members will explore strategies to identify triggers, develop coping skills and strengthen their commitment to lasting change. The group emphasizes education, accountability, and mutual encouragement to empower participants in their journey towards sustained sobriety and overall well-being.Clients engaged in a discussion about Triggers .Coping with Triggering Events : Setback and Relapse Prevention Planning.



Tencia Sanchez (Staff), 12/16/2025 04:42 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay Closing Group 09:00 PM PST by Noah Alric

Patient Status: Absent

Start: 12/16/2025 09:00 PM PST - End: 12/16/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client was at an outside meeting.

Group Description

Clients are asked a series of questions about their day and asked to reflect on what they are grateful for.



Noah Alric (Staff), 12/16/2025 10:46 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/16/2025 10:00 AM PST - End: 12/16/2025 11:00 AM PST Duration: 01:00

Topic

Self-Sabotage in Recovery

Individual Assessment/Intervention

Client attended group with good participation. She was active in reviewing and discussing the information as a group. Client appeared somewhat tense and made little eye contact with the group and her content was open and vulnerable. She spoke about feeling as thought she "does not deserve good things" and this mentality is self-sabotaging.

Group Description

This supportive group is dedicated to exploring the roots and patterns of self-sabotaging behaviors that can hinder recovery and personal growth. Through open discussion, self-awareness exercises, and coping strategies, participants will learn to identify triggers, challenge negative thought patterns, and develop healthier habits. Our goal is to empower individuals to break free from self-defeating cycles, build self-esteem, and foster lasting change on their journey toward sobriety and emotional well-being.



Ann Billington, LCSW (Staff), 12/17/2025 12:37 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 17, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/17/2025 11:00 AM PST - End: 12/17/2025 12:30 PM PST Duration: 01:30

Topic

Graduation/ Process Group

Individual Assessment/Intervention

Client attended with good participation. Client appeared somewhat nervous as evidenced by tense posture, pressured speech and poor eye contact. Her content was appropriate and honest.

Group Description

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 transitioning client has on them and practices healthy closure as modeled by group leader.



Ann Billington, LCSW (Staff), 12/17/2025 01:01 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 17, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/17/2025 08:15 AM PST - End: 12/17/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client was an active participant of this Morning Meditation Group.

Client reported

Sleep Quality-well

Urges-no

Feelings-hopeful

Goal- to stay present

Gratitude-more hope

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/18/2025 01:25 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 17, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/17/2025 03:00 PM PST - End: 12/17/2025 04:00 PM PST Duration: 01:00

Topic

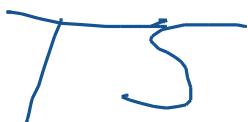
Relapse Prevention:

Individual Assessment/Intervention

...Client was excused from this group today. due to .outside issue that had to be dealt with at the time of this group.

Group Description

Relapse Prevention: Through a safe and supportive environment, members will explore strategies to identify triggers, develop coping skills and strengthen their commitment to lasting change. The group emphasizes education, accountability, and mutual encouragement to empower participants in their journey towards sustained sobriety and overall well-being. Clients participated in an interactive exercise on Holiday Survival Planning.



Tencia Sanchez (Staff), 12/18/2025 01:51 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 17, 2025

McClay Closing Group 09:00 PM PST by Brody Christenson

Patient Status: Attended

Start: 12/17/2025 09:00 PM PST - End: 12/17/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

Goal, mindfulness. Stood out, art group. Learned, relating to the in-house speaker. Coping skills, met with John, meditation, watching movie. Grateful for, being responsible, JB's coin out, Chef JP.

Group Description

Closing Group



Brody Christenson (Staff), 12/17/2025 09:20 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Thursday, Dec 18, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/18/2025 10:00 AM PST - End: 12/18/2025 02:00 PM PST Duration: 04:00

Topic

Experiential- Process Group in Nature

Individual Assessment/Intervention

Megan arrived on time and participated for the full duration of the experiential outing and process group. Her presentation continues to show observable improvement, as evidenced by increased joviality, spontaneous laughter, and greater congruence between affect and thought content. Megan identified ongoing difficulty coping with perceived life expectations and responsibilities, describing associated feelings of unmanageability and a desire to strengthen her coping skills. She reported feeling distracted and anxious after learning that a supportive neighbor had contacted clinical staff, expressing uncertainty and fear regarding the meaning of this outreach. Megan stated an intention to contact him later in the day to seek clarification and address her concerns directly. She expressed gratitude for her current level of care and demonstrated insight into her recovery needs by acknowledging that relapse would be likely without the structure and support of the treatment program.

Group Description

A modified process group was conducted for residential house members who were not participating in the Reflections Program Family Day and was specifically developed to address the individualized clinical needs of the participating clients, both of whom requested a process-oriented therapeutic experience. Group leader identified and facilitated the session in a safe, private, and confidential outdoor setting. The group focused on guided emotional processing, with clients encouraged to identify and articulate their predominant emotions, current internal experiences, and any substance-related cravings. A solution-focused and supportive therapeutic approach was utilized to promote insight, coping skill application, relapse prevention, and peer support, with clients engaging in reciprocal feedback and recovery-oriented dialogue.

John Foord, LMFT (Staff), 12/18/2025 02:52 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Thursday, Dec 18, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/18/2025 09:00 PM PST - End: 12/18/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client stated she was productive by getting outside for a walk during the day. She stated interacting with her housemates (especially IG) stood out to her, and mentioned learning more about animals. For coping skills she got outside and practiced yoga. Her gratitude list consisted of her peers, good movies, and her friends outside of Reflections.

Group Description

Closing time.



Michael Whitley (Staff), 12/18/2025 08:57 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/19/2025 08:15 AM PST - End: 12/19/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client reported-

Sleep quality -terrible

Urges-no

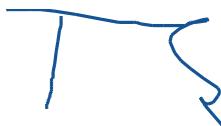
Feelings- tired,hopeful

Goal Today- try to stay mindful

Gratitude-to be here , for my friends.

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/19/2025 10:50 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/19/2025 03:00 PM PST - End: 12/19/2025 04:00 PM PST Duration: 01:00

Topic

McClay 3:00 Didactic Weekly Wrap /Reflections/Gratitude.

Individual Assessment/Intervention

Client shared 2 ideas/skills they learned this week.-

Emotional self Regulation / Self reflection.

Self Care Activities to do this weekend.- yoga/exercise/journal /read

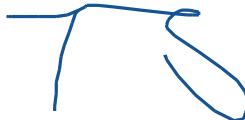
Some Good News? What was positive in your life this week?-

positive support from friends/Self care night seeing and hearing all the love for the people leaving.

Express one validation to someone in the group--Cori you are an amazing person dont forget it !

Group Description

The wrap-up didactic group was conducted to provide members an opportunity to reflect on key learning points from the week, identify salient insights, and articulate intentions for practicing self-care over the weekend. Members were encouraged to share any specific ways in which the group could continue to support them during this period. The session concluded with each participant offering a validation to at least one peer, fostering group cohesion, mutual support, and reinforcement of interpersonal skills. This structure promoted self-reflection, consolidation of therapeutic gains, and preparation for maintaining coping strategies outside of the treatment environment.



Tencia Sanchez (Staff), 12/19/2025 04:26 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/19/2025 11:00 AM PST - End: 12/19/2025 12:30 PM PST Duration: 01:30

Topic

Graduation/Coin Ceremony

Individual Assessment/Intervention

Megan was on time and an active, positive contributor throughout group. She reflected positively on her relationship with the graduating member and offered supportive well wishes for her continued success in sobriety.

Group Description

The group began as a process group focused on processing emotional reactions related to the prior day's Family Day. Clients shared unresolved feelings and received peer support and validation. The group then transitioned to a graduation coin-out ceremony recognizing a member's completion of over 30 days of sobriety at this level of care. Peers reflected on observed growth, strengths, and recovery goals moving forward.



John Foord, LMFT (Staff), 12/19/2025 12:58 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/19/2025 10:00 AM PST - End: 12/19/2025 11:00 AM PST Duration: 01:00

Topic

Healthy Relationships - in Recovery

Individual Assessment/Intervention

Client attended group with good participation. She actively completed the video and worksheet provided in a meaningful way.

Group Description

A supportive space dedicated to exploring the essential elements of building and maintaining healthy, respectful, and fulfilling relationships. Client watched a video outlining signs, symptoms of toxic behaviors in relationships along with step to rebuild, repair or sever relationships that were harmful. Tools were provided to assist with working on improving communication, establishing boundaries, rebuilding trust and understanding healthy dynamics in core relationships.



Ann Billington, LCSW (Staff), 12/19/2025 02:50 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Absent

Start: 12/19/2025 09:00 PM PST - End: 12/19/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client was offsite for the outside meeting and did not attend the closing group.

Group Description

Closing time.



Michael Whitley (Staff), 12/19/2025 09:05 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Saturday, Dec 20, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/20/2025 08:15 AM PST - End: 12/20/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client reported:

Sleep quality -ok weird dream feeling

Urges-none

Feelings-anxious

Goal Today- get some work accomplished

Gratitude-to be here in treatment.

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/20/2025 11:42 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Sunday, Dec 21, 2025

McClay Closing Group 09:00 PM PST by Sean Lenihan

Patient Status: Attended

Start: 12/21/2025 09:00 PM PST - End: 12/21/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated their goal for the day was to come up with a new morning routine for themselves. Client stated their standout was Michael G winning at everything. Client stated they learned they need to brush up on their bowling. Client stated their coping skills were getting out and turning off their brain. Client stated they are grateful for the outing, nice chill day and their mom/friends

Group Description

closing group



Sean Lenihan (Staff), 12/21/2025 09:53 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/22/2025 08:15 AM PST - End: 12/22/2025 08:45 AM PST Duration: 00:30

Topic

Monday Mindfulness Group

Individual Assessment/Intervention

Client arrived on time and remained engaged throughout the mindfulness group, presenting with an affect that was optimistic, curious, and relatively calm. She identified weekend highlights including support from friends, participation in outings, and sound baths, reflecting engagement in pro-recovery activities. Client processed homesickness as a challenge and reported coping by grounding herself in long-term sobriety goals. Her recovery goal is to maintain current efforts and remain fully engaged in treatment, with compassion identified as her intention for the day.

Group Description

This mindfulness group focused on reflective journaling and interpersonal awareness. Clients explored weekend successes and challenges, identified coping strategies, set a recovery goal for the week, and selected a one-word intention to guide their day. Participants then engaged in dyadic sharing to practice openness and connection. The group reconvened to reflect on insights gained from their partners, reinforcing active listening and mindful communication skills.

John Foord, LMFT (Staff), 12/22/2025 09:15 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/22/2025 10:00 AM PST - End: 12/22/2025 11:00 AM PST Duration: 01:00

Topic

Introduction to Mindfulness

Individual Assessment/Intervention

Megan remained present for the duration of the didactic group and was receptive to the material presented. She actively engaged in dialogue related to mindfulness and thoughtfully expressed frustration regarding the commercialization of mindfulness practices. Megan articulated a belief that mindfulness should be freely accessible and practiced without financial barriers, demonstrating reflective engagement with the topic.

Group Description

This group was designed as an introductory group to mindfulness, its benefits, and how it can be utilized in early recovery. Clients were able to share their current thoughts, understanding and mindfulness practice today and reflect on ways to more fully incorporate a mindfulness practice in their lives. Clients were presented psychoeducation on how mindfulness can be incorporated into one's life, emphasizing the goal of changing one's relationship to their thoughts and feelings in order to create space to breathe and respond wisely to their situations.

John Foord, LMFT (Staff), 12/22/2025 11:14 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/22/2025 11:00 AM PST - End: 12/22/2025 12:30 PM PST Duration: 01:30

Topic

Process Group - Graduation

Individual Assessment/Intervention

Client seemed anxious but willing to participate in group. Client thanked both of the graduates for making her feel included and welcome. Client was smiling but had a rigid posture and averted eye contact.

Group Description

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 transitioning client has on them and practices healthy closure as modeled by group leader.



Ann Billington, LCSW (Staff), 12/22/2025 01:50 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/22/2025 03:00 PM PST - End: 12/22/2025 04:00 PM PST Duration: 01:00

Topic

Intro to Mindfulness Pt. 2

Individual Assessment/Intervention

Megan arrived on time and participated for the duration of the didactic group. She reported feeling mildly bored while also expressing gratitude for the group and interest in the material. Megan followed the presentation and was observed to be a positive and constructive contributor to ongoing group dialogue and group dynamics.

Group Description

Didactic psychoeducation group presented as a continuation of Intro to Mindfulness, Part One given this morning. The group focused on increasing self-awareness and emotional regulation through structured self check-ins, introduction to DBT Wise Mind, and practical grounding techniques utilizing the five senses. Clients were provided education on thought diffusion strategies and mindful breathing practices to support distress tolerance and present-moment awareness. The group concluded with discussion of a "Managing My Emotions" tool, offering concrete coping skill recommendations to support ongoing emotional regulation and recovery.

John Foord, LMFT (Staff), 12/22/2025 04:10 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay Closing Group 09:00 PM PST by Sean Lenihan

Patient Status: Attended

Start: 12/22/2025 09:00 PM PST - End: 12/22/2025 09:30 PM PST Duration: 00:30

Topic

closing group

Individual Assessment/Intervention

The client stated they didn't meet her goals. See did journal and stretch.

They stated that it was a very nice day, no drama, and relaxing and they learned that the San Francisco 49ers made the playoffs and she received a mindfulness packet.

For coping skills, the client practiced letting out my emotions and not blocking them.

Their gratitude list consisted of evening together with her housemates, friends keep reaching out and these guys.

Group Description

closing group



Sean Lenihan (Staff), 12/22/2025 10:07 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay Morning Group 08:15 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/23/2025 08:15 AM PST - End: 12/23/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Client checked in with clinician and reported feelings sad about 2 clients leaving today. She appeared more grounded and alert than previous days.

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



Ann Billington, LCSW (Staff), 12/23/2025 09:08 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/23/2025 10:00 AM PST - End: 12/23/2025 11:00 AM PST Duration: 01:00

Topic

Self-Awareness in Recovery

Individual Assessment/Intervention

Client attended group with good participation. She was able to use the tool provided well and personalize. Client spoke about how she struggles with "self-judgement" frequently and she benefitted from learning how to identify negative thoughts and challenge them.

Group Description

A supportive group dedicated to navigating the journey of recovery from addiction through the power of self-acceptance. Group fosters a safe, compassionate place where members can share their experiences with losing their connection to self through addiction. Clients were provided a tool to check-in with mind, body, spirit, needs, intentions and thoughts in group and encouraged to use this tool in a daily practice to gain self-awareness as a part of their routine.



Ann Billington, LCSW (Staff), 12/23/2025 11:23 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/23/2025 11:00 AM PST - End: 12/23/2025 12:30 PM PST Duration: 01:30

Topic

Process Group

Individual Assessment/Intervention

Megan was on time and participated throughout the process group, presenting as a positive contributor. She was observed at times deferring to peers' emotional experiences and redirecting attention to others' feelings; with redirection from the group leader, Megan shared her own emotional experience, reporting sadness related to the departure of several peers from the McClay community. She further identified that these feelings of sadness elicited thoughts of missing her son and Pat's. Megan acknowledged the discomfort of these emotions and reiterated her desire to remain at Reflections and to learn skills necessary to achieve and maintain long-term sobriety.

Group Description

Today's group was process-oriented, focusing on emotional exploration, grounding, and interpersonal connection. Clients engaged in a grounding exercise to enhance present-moment awareness and emotional safety, followed by practice in active listening, empathy, and the use of "I statements" within peer feedback. Discussion emphasized emotional regulation, authentic communication, and maintaining a solution-focused perspective in recovery. Clients demonstrated varying levels of engagement and vulnerability.



John Foord, LMFT (Staff), 12/23/2025 12:31 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/23/2025 03:00 PM PST - End: 12/23/2025 04:00 PM PST Duration: 01:00

Topic

3PM Didactic Group.

Individual Assessment/Intervention

Client was an active participant of this group sharing and giving her insights to the material in this group to the questions for Four Agreements Worksheet.

Group Description

Relapse Prevention: Through a safe and supportive environment, members will explore strategies to identify triggers, develop coping skills and strengthen their commitment to lasting change. The group emphasizes education, accountability, and mutual encouragement to empower participants in their journey towards sustained sobriety and overall well-being. This group reviewed clients previous work from the exercises in Step two and the Four Agreements.



Tencia Sanchez (Staff), 12/23/2025 04:22 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay Closing Group 09:00 PM PST by Michael Galarneau, Program Assistant

Patient Status: Attended

Start: 12/23/2025 09:00 PM PST - End: 12/23/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated they didn't really have a goal but to have a good session with John and Tencia. Client stated their standout was being apart of the goodbyes and seeing the love and appreciation everyone had for each other. Client stated they learned they are going to have prime rib for dinner on Christmas. Client stated their coping skills were staying mindful and doing yoga/stretching. Client stated they are grateful for John and going for the walk, their family and everyone here.

Group Description

closing group



Michael Galarneau, Program Assistant (Staff), 12/23/2025 08:57 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 24, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/24/2025 08:15 AM PST - End: 12/24/2025 08:45 AM PST Duration: 00:30

Topic

Morning Meditation Group.

Individual Assessment/Intervention

Client reported :

Sleep Quality -ok

Urges-no

Feelings- funky ,uncertain

Goal- to stay present

Gratitude-my son was honest

Group Description

Morning Mindfulness: 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



Tencia Sanchez (Staff), 12/24/2025 02:45 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 24, 2025

McClay Closing Group 09:00 PM PST by Brody Christenson

Patient Status: Attended

Start: 12/24/2025 09:00 PM PST - End: 12/24/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

Goal, have a relaxing day, yes. Stood out, music group, Dr. Hanna. Learned, if she stays calm things can work out. Coping skills, positive affirmations, mindfulness. Grateful for, peer, laughs, relaxing day.

Group Description

Closing Group



Brody Christenson (Staff), 12/24/2025 08:53 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Thursday, Dec 25, 2025

McClay Morning Group 08:15 AM PST by Gisselle Arellano

Patient Status: Attended

Start: 12/25/2025 08:15 AM PST - End: 12/25/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning group

Individual Assessment/Intervention

Client reported not sleeping so well, she had a hard time falling asleep and woke up at 3am again having a hard time falling back asleep. Client is currently feeling anxious and missing her family. She reports no cravings at this time, just the urge to see her family and her pet. Her goal for the day is to have a pleasant day like yesterday.

Group Description

Started group with a grounding 5 minute meditation followed by routine questions for a check in. Clients then opened gifts and christmas cards and chatted about intentions for the day.



Gisselle Arellano (Staff), 12/25/2025 11:36 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Thursday, Dec 25, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/25/2025 09:00 PM PST - End: 12/25/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client stated she met her goal for the day by staying calm and present during the day. She stated the gifts from staff and visitation stood out to her today, and that she learned more about the actors that were in the movie from the Christmas outing. For coping skills, the client practiced mindfulness and staying present. Her gratitude list consisted of her friend that came for visitation, her neighbors back home, and a calm peaceful day with staff and JH.

Group Description

Closing time.



Michael Whitley (Staff), 12/25/2025 09:13 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/26/2025 10:00 AM PST - End: 12/26/2025 04:00 PM PST Duration: 06:00

Topic

Self Compassion and Warm Connections

Individual Assessment/Intervention

The client presented with a willing and warm demeanor throughout Christmas Day. The self-disclosed throughout the day with insights and appreciation for time to "slow down" and accept her positive changes.

Group Description

Group is designed to support individuals as they navigate the challenges of recovery from substance use disorders and related mental health symptoms. The group emphasized the importance of self-compassion and mindfulness as tools to learn to treat themselves with compassion as they would a loved one, child or good friend. Participants practice tools and connect with others to cope with difficult emotions, reduce self-criticism and enhance resilience through the recovery process.

Sharon Johnson, LCSW (Staff), 12/26/2025 10:52 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay 11am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/26/2025 10:00 AM PST - End: 12/26/2025 12:30 PM PST Duration: 02:30

Topic

Mindfulness Skills Building- Contemplative Photography

Individual Assessment/Intervention

Megan arrived on time and participated for the full duration of the mindfulness skills building group. She was observed actively practicing mindfulness skills related to sight, sound, and touch, and shared with peers her excitement about using nature as a grounding tool. Megan demonstrated how physical contact with a tree is grounding for her and identified this practice as a strategy she uses regularly for emotion regulation. She contributed to group discussion in a supportive, appropriate, and productive manner throughout the session.

Group Description

This group integrated psychoeducation on mindfulness with experiential practice. Clients were guided to use their sensory awareness to anchor in the present moment and to apply these skills through contemplative photography. The group completed a mindfulness walk at Roy's Redwoods, where participants practiced noticing, slowing down, and intentionally capturing 3–5 "mindful moments" on camera. Clients were instructed to email their selected photos to the group facilitator for use in a follow-up session focused on reflection and skill reinforcement.

John Foord, LMFT (Staff), 12/26/2025 01:50 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/26/2025 08:15 AM PST - End: 12/26/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Megan was on time and a positive contributor to this morning mindfulness group. Megan shared feeling residual sadness stemming from not being able to see her son in person on Christmas and also expressed hopefulness to see him this weekend. Megan expressed feelings of gratitude and happiness for having a positive experience over Christmas and is looking forward to today's Mindfulness Skills Building group.

Group Description

Morning mindfulness group facilitated to check in with members feelings, quality of presence in the here and now, and set intention and goals for the day.

John Foord, LMFT (Staff), 12/26/2025 01:54 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/26/2025 03:00 PM PST - End: 12/26/2025 04:00 PM PST Duration: 01:00

Topic

Contemplative Photography Wrap Up

Individual Assessment/Intervention

Megan was present for and attended for the duration of this group. Megan shared her contemplative photographs as well as expressed her feelings associated with them. Megan shares she is feeling hopeful her son will be able to visit tomorrow and is looking forward to more quality time at the McClay House.

Group Description

Group time was allocated for members to share their mindfulness photographs taken earlier in the day. Expressing their present time feelings in conjunction with the photographs presented. Group members were also given space to express any residual feelings from the holiday week and talking about self-care needs for the upcoming weekend.

John Foord, LMFT (Staff), 12/26/2025 01:58 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay Closing Group 09:00 PM PST by Michael Galarneau, Program Assistant

Patient Status: Attended

Start: 12/26/2025 09:00 PM PST - End: 12/26/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated their goal for the day was to stay present. Client stated their standout was their visit to the Redwoods. Client stated they learned that their camera is really nice and captured the light well when taking pictures. Client stated their coping skills were meditation and stretching. Client stated they are grateful for everyone here, the amazing food and were able to get out today.

Group Description

Closing group



Michael Galarneau, Program Assistant (Staff), 12/26/2025 09:32 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Saturday, Dec 27, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/27/2025 08:15 AM PST - End: 12/27/2025 08:45 AM PST Duration: 00:30

Topic

Morning Meditation Group.

Individual Assessment/Intervention

Clint was an active participant of this group and reported her :

Sleep Quality-ok

Urges-no .

Feels- anxious ,hopeful

Goal-get some exercise ,yoga

Gratitude-experiences here ,Jessica

Group Description

Morning Mindfulness: 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. Clients read from Courage to Heal ,Just for Today ,The Path of Awakening, followed by discussion and check ins.



Tencia Sanchez (Staff), 12/27/2025 11:54 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Sunday, Dec 28, 2025

McClay Morning Group 08:15 AM PST by Michael Whitley

Patient Status: Attended

Start: 12/28/2025 08:15 AM PST - End: 12/28/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Check-in

Individual Assessment/Intervention

The client reported sleeping good, but stated she woke up in the early morning due to her shoulder aching. She stated that when she woke up, she was feeling content after her visitation with her son yesterday. The client reported experiencing zero thoughts, urges, or cravings regarding drugs/ alcohol. Her goal for the day was to relax, and practice self care throughout the day.

Group Description

McClay morning reflection.



Michael Whitley (Staff), 12/28/2025 12:24 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Sunday, Dec 28, 2025

McClay Closing Group 09:00 PM PST by Gisselle Arellano

Patient Status: Attended

Start: 12/28/2025 09:00 PM PST - End: 12/28/2025 09:30 PM PST Duration: 00:30

Topic

McClay Closing group

Individual Assessment/Intervention

Clients goal was too stay as mindful and present and she felt she achieved that. Her standout was her arcade gaming skills, she feels she needs to get better. She learned new menu ideas for a restaurant she wants to open in the future. She did not mention any positive coping tools she practiced today. Client is grateful for sunday outing, new menu brainstorms, and another peaceful day.

Group Description

Started group with routine questions and ended with gratitude.



Gisselle Arellano (Staff), 12/28/2025 08:59 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 29, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/29/2025 10:00 AM PST - End: 12/29/2025 11:00 AM PST Duration: 01:00

Topic

Emotional Sobriety

Individual Assessment/Intervention

Megan arrived on time and was a positive and engaged contributor throughout the emotional sobriety didactic group. She demonstrated openness to the presented material by thoughtfully applying concepts to her own experiences and remained solution focused in her sharing. Megan identified a tendency toward hypoarousal within her window of tolerance, noting patterns of emotional disconnection, isolation, and cognitive rumination that contribute to feeling "stuck in her head." She was receptive to the material and coping strategies presented and expressed motivation to implement them in her daily life and recovery.

Group Description

This group was a didactic presentation of Emotional Sobriety, members explored concepts such as the Window of Tolerance and DBT skills including Wise Mind, STOP, and the HALT acronym to support emotional regulation. Group discussion centered on identifying and tolerating emotions in healthy, constructive ways, with members encouraged to reflect on personal patterns and offer supportive feedback to peers. Members will be assigned to create a distress tolerance self soothing toolkit for their next group in conjunction with this didactic group.

John Foord, LMFT (Staff), 12/29/2025 11:21 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 29, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/29/2025 08:15 AM PST - End: 12/29/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Megan arrived on time and was a positive, engaged contributor during the morning mindfulness group. She reported good sleep and low urges to drink alcohol. Megan identified a positive highlight from her weekend as a visit with her son and also acknowledged experiencing anticipatory anxiety and nervousness prior to the visit, which she expressed interest in exploring further. She identified her intention for the day as clarity.

Group Description

Morning mindfulness group facilitated to check in with members feelings, quality of presence in the here and now, and set intention and goals for the day.



John Foord, LMFT (Staff), 12/29/2025 11:27 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Monday, Dec 29, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/29/2025 03:00 PM PST - End: 12/29/2025 04:00 PM PST Duration: 01:00

Topic

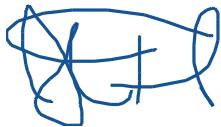
Self Compassion

Individual Assessment/Intervention

Megan arrived on time and participated fully for the duration of the self-compassion didactic group. She remained open and reflective throughout the session and demonstrated active engagement with the material. Similar to her peer, Megan reported finding it easier to describe how she shows up compassionately for a friend in need and experienced greater difficulty examining her internal dialogue when she herself is struggling or suffering. She identified a pattern of self-critical thinking accompanied by persistent feelings of shame, sadness, and diminished self-worth. Megan demonstrated insight into the emotional impact of this inner critic and expressed cautious hopefulness and motivation to incorporate self-compassion practices, including loving-kindness meditation, into her daily routine.

Group Description

This didactic group was utilized as the introduction of self compassion and encouraging members to foster internal attention to create a more solid foundation for their recovery. Members were taught about the role of shame in recovery and encouraged to explore their own Inner Critics voice including learning about shame as a barrier to self compassion. Group members were taught about the three pillars of self compassion as being mindfulness, self kindness and coming humanity. Group was then by Kristin Neff on self compassion. Group concluded with each member sharing one thing they are looking forward to doing tonight.



John Foord, LMFT (Staff), 12/29/2025 04:16 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/30/2025 10:00 AM PST - End: 12/30/2025 11:00 AM PST Duration: 01:00

Topic

The Masks We Wear

Individual Assessment/Intervention

Megan arrived on time and was an active, positive contributor throughout the didactic group. She engaged thoughtfully in the mask-based art assignment and created a mask divided into two halves. One half represented a "silent victim," characterized by tearfulness and grief, while the other half depicted a "happy" people-pleasing persona, which she also identified as tearful beneath the surface. Megan further acknowledged that beneath both presentations lies unresolved trauma and ongoing emotional suffering. Her participation reflected insight into maladaptive coping roles, emotional suppression, and the impact of trauma on self-presentation and relational functioning.

Group Description

Group members were provided psychoeducation on the concept of "masks," including the function and development of masks across the lifespan and their particular relevance in addiction and recovery. Clients engaged in reflective discussion regarding the masks they have worn to cope, belong, or protect themselves, and those they are ready to set down. Clients then participated in an expressive art exercise using papier-mâché masks to visually represent these themes and shared their creations with the group, processing associated emotions and insights.



John Foord, LMFT (Staff), 12/30/2025 03:39 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/30/2025 03:00 PM PST - End: 12/30/2025 04:00 PM PST Duration: 01:00

Topic

3PM Didactic Group.

Individual Assessment/Intervention

Clint was an active participant in this Didactic Group.

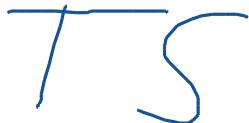
Client focused on identifying healthy Coping Skills & Strategies. Client identified that her choice of words can strongly support her sobriety for example preferring to say " I choose not" to rather than I can't , feels more empowering. Also Not isolating . and client identified another verbal coping tool is to that frames it in the words of " ignoring future harm "is another coping tool .

Client identified Preventions to avoid triggers and risky situations/identified, Healthy lifestyle habits.

Client was asked to identify social supports, and is taking a look at crisis support support network. Client will be working on a coping skills log sheet for thought diffusion technique. Client was strongly encouraged to continue to build female supports.

Group Description

Coping Tools: Group is designed to provide a safe and supportive environment for individuals in recovery to explore and manage stress, cravings, emotional challenges and triggers. Through shared experiences, education, and skill-building exercises, this group aims to enhance resilience and promote sustained progress through the practice and continued use of evidenced based coping tools. Clients are taught to recognize healthy vs. non-healthy coping tools and create a tool box to use moving forward to maintain healthy choices and continued sobriety.



Tencia Sanchez (Staff), 12/30/2025 04:52 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/30/2025 08:15 AM PST - End: 12/30/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Megan was on time and a positive contributor throughout this morning mindfulness group. Megan was receptive to the material presented and expressed a willingness to implement kind attention mindfulness strategies into her recovery.

Group Description

The mindfulness group consisted of the group leader presenting a TED Talk titled "Mindfulness: What We Practice Grows Stronger." Psychoeducation was provided on the importance of bringing kind, nonjudgmental attention to moment-by-moment experience and how repeated mindful awareness contributes to positive changes through neuroplasticity. Group content emphasized the role of consistent mindfulness practice in strengthening emotional regulation, increasing awareness of internal states, and supporting recovery through intentional attention and self-compassion.

John Foord, LMFT (Staff), 12/30/2025 03:44 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay Closing Group 09:00 PM PST by Michael Galarneau, Program Assistant

Patient Status: Attended

Start: 12/30/2025 09:00 PM PST - End: 12/30/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated their goal for the day was to get through the mask making. Client stated their standout was making progress here. Client stated they learned they aren't playing Catan anymore. Client stated their coping skills were laughing. Client stated they are grateful for everyone here, the guidance and support and clean clothes.

Group Description

Closing group



Michael Galarneau, Program Assistant (Staff), 12/30/2025 10:10 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Group Sessions

Wednesday, Dec 31, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/31/2025 11:00 AM PST - End: 12/31/2025 12:30 PM PST Duration: 01:30

Topic

Introductions and Process Group

Individual Assessment/Intervention

Megan was engaged for the full duration of the process group and participated appropriately. She shared openly and honestly about the experiences that led her to admission at Reflections, identifying unresolved trauma and addiction as primary treatment focuses. Megan articulated a recovery goal of shifting from a victim-based identity toward empowerment and increased confidence. She was also observed providing validation and supportive feedback to the new group member, demonstrating pro-social engagement and empathy.

Group Description

This process-oriented psychotherapy group that began with a brief grounding exercise using auditory awareness of outdoor rain to support present-moment focus and emotional regulation. Group time then focused on welcoming a new member, with participants sharing substances of choice, patterns of use, reasons for admission, and current recovery goals to promote cohesion, insight, and engagement in treatment. Members demonstrated appropriate participation, active listening, and respectful peer support. Group concluded with the newest member sharing his history and goals, supporting integration into the therapeutic community.

John Foord, LMFT (Staff), 12/31/2025 12:53 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note 12/29/2025 02:00 PM

Session Start/End Time	Start time	End time	Duration
	12/29/2025 02:00 PM	12/29/2025 03:00 PM	60 Minutes

Type of Session

MSE

Appearance:

Oriented To:

Speech:

Thought process:

Mood:

Affect:

Judgement:

Dangerousness:

Information/Behavior:

Interventions:

Response:

Plan:

scanned document

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/31/2025 01:00 PM

Session Start/End Time	Start time	End time	Duration
	12/31/2025 01:00 PM	12/31/2025 02:00 PM	60 Minutes
Type of Session	Individual		

MSE

Appearance:

Oriented To:

Speech:

Thought process:

Mood:

Affect:

Judgement:

Dangerousness:

Information/Behavior:

Interventions:

Response:

Plan:

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Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/26/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/26/2025 09:00 AM	12/26/2025 10:00 AM	60	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: tangential , Soft

Thought process: Intact/Organized , Ruminations

Mood: Euthymic , Sad , Angry , Anxious

Affect: Appropriate

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Megan arrived on time for her individual psychotherapy session and presented as a willing and engaged participant. She was casually and appropriately dressed in tennis shoes, yoga pants, layered shirts, and a Reflections jacket, with her hair pulled back from her face. Throughout the session, Megan demonstrated intermittent avoidance of eye contact with the therapist, a pattern that has been consistent across her treatment course and appears congruent with trauma-related shame, hypervigilance, and affective avoidance rather than oppositionality or disengagement.

Affectively, Megan presented with sincerity and emotional accessibility, demonstrating the capacity to move in and out of deeper emotional states as they emerged during the session. She initially exhibited sadness, which was reflected by the therapist; however, Megan showed a tendency to redirect away from this affect toward more positively framed experiences, particularly discussing her enjoyable holiday at Reflections. While she reported feeling safe, relaxed, and genuinely joyful during the holiday—experiences she identified as novel and reparative—this initial avoidance of sadness suggests ongoing difficulty tolerating vulnerable affect linked to her trauma history.

Megan insightfully articulated that she has never previously allowed herself the “peace and calm” she now recognizes as necessary for healing from her complex PTSD. She described consistent engagement in a structured morning routine, including trauma-focused yoga aimed at releasing somatic trauma. Megan provided a detailed account of her chronic somatic symptoms related to childhood sexual abuse perpetrated by her grandfather, describing a persistent sensation of throat constriction, impaired vocal expression, and difficulty asserting herself. These symptoms are consistent with trauma-related somatic memory, dissociation, and autonomic dysregulation. Megan noted emerging progress in developing deeper breathing and an increasing desire to vocalize as part of her healing process, reflecting growing interoceptive awareness and readiness for deeper trauma processing.

Megan further explored affective layers related to anger toward her ex-partner. She identified her anger as “earned” and acknowledged how rapidly it surfaces when she reflects on the trauma experienced within that relationship. Through guided exploration, Megan recognized that fear underlies this anger, describing chronic hyperarousal and ongoing fear due to her perception of her ex-partner as capable of acting without empathy and engaging in retaliatory harm when angry. She

expressed significant distress related to co-parenting dynamics, particularly fears about her ex-partner's influence on their son and the emotional burden of knowing he remains present in her life. This reflects persistent trauma activation, unresolved relational trauma, and limited perceived safety.

Megan also discussed recent contact with her son, noting increased confidence and cautious optimism about a potential visit. She expressed motivation to continue trauma-focused work and explicitly requested guidance regarding session focus to ensure sustained engagement in deeper therapeutic material rather than avoidance.

Megan continues to present with clinically significant symptoms of complex PTSD, including trauma-related avoidance, chronic somatic distress, affective dysregulation, hypervigilance, and persistent fear related to interpersonal trauma. While she is demonstrating increased insight, motivation, and early gains in emotional and somatic awareness, these gains remain fragile and require the containment, structure, and clinical intensity of a residential level of care. Ongoing exposure to trauma-related affect, unresolved fear related to her ex-partner, and emerging trauma processing place Megan at elevated risk for emotional destabilization without consistent multidisciplinary support. Continued residential treatment is medically necessary to safely deepen trauma work, strengthen emotional regulation, build distress tolerance, and prevent regression or decompensation prior to step-down to a lower level of care.

Interventions:

The therapist utilized reflective listening, trauma-informed validation, and psychoeducation regarding complex PTSD, somatic trauma responses, and affective layering (anger as a protective response to fear). The therapist supported Megan in identifying connections between bodily sensations and traumatic memory and reinforced progress in breathwork and somatic awareness. Collaborative treatment planning was emphasized, including normalization of avoidance patterns and gradual pacing of trauma processing. The therapist introduced structured trauma work using a complex PTSD workbook and obtained consent to integrate this material into sessions.

Response:

Megan remained engaged and emotionally present throughout the session. Although she demonstrated initial avoidance of sadness, she was ultimately able to tolerate deeper emotional material and articulate nuanced internal experiences. She responded positively to validation of her somatic healing progress and expressed relief at having a structured framework to guide trauma exploration. Megan demonstrated motivation, insight, and willingness to continue challenging avoidance while acknowledging the emotional difficulty of this work.

Plan:

Therapist will continue individual trauma-focused psychotherapy with emphasis on somatic processing, affect regulation, and gradual exposure to avoided emotional material. Megan will begin assigned readings from her complex PTSD workbook, including Renée's Story: Healing Avoidance Symptoms, with plans to discuss in the next session. Therapist and client will initiate work on Chapter 2 (Treating Complex PTSD), identify trauma triggers, and begin integrating DBT skills focused on Emotion Regulation and Distress Tolerance. Ongoing monitoring of emotional stability and readiness for deeper trauma processing will remain a priority.

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John Foord, LMFT (Staff), 12/26/2025 01:44 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/23/2025 02:00 PM

Session Start/End Time	Start time	End time	Duration
12/23/2025 02:00 PM	12/23/2025 03:00 PM	60	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: Soft

Thought process: Intact/Organized , Ruminations

Mood: Sad , Angry , Depressed , Anxious

Affect: Appropriate , Other:: tearful

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Megan arrived on time for her individual psychotherapy session and entered the office casually dressed in tennis shoes, yoga pants, and a Reflections jacket, with hair pulled back and appropriate hygiene observed. She initially presented with a superficially content affect and reported that "things are going well"; however, upon gentle clinical inquiry, she demonstrated notable openness and willingness to engage in deeper emotional exploration related to the core issues precipitating admission to residential treatment. Affect became more constricted and congruent as the session progressed, with visible emotional activation when discussing trauma-related material.

Megan reported actively engaging in relapse prevention work with her AOD counselor and described conceptualizing her former intimate partner as an "addiction" she is seeking to free herself from. She articulated a persistent sense of psychological entrapment, stating she feels unable to free herself "from his control," and identified reclaiming personal autonomy as a primary recovery goal. Her narrative reflected entrenched patterns of powerlessness, impaired boundaries, and trauma-bonded attachment dynamics.

Megan provided extensive disclosure of complex trauma history, including repeated incidents of severe intimate partner violence. She recounted being punched in the face resulting in a black eye, being kicked while pregnant, and experiencing recurrent physical assaults, emphasizing that such abuse was chronic rather than episodic. She described her ex-partner's intense jealousy and emotional dysregulation as leading to pervasive control over multiple domains of her life. Megan reported that these experiences were highly triggering and reactivating, particularly in the context of her extensive childhood trauma.

She disclosed significant early developmental trauma, including sexual abuse by her grandfather at approximately age six or seven, which occurred in the presence of her grandmother, who did not intervene. Megan further disclosed an incident in early adulthood in which her father made sexual advances toward her when she was approximately 21 years old. She reported partial memory impairment surrounding this event, consistent with trauma-related dissociation, but recalled instituting emotional and relational distance as a means of self-protection. Megan described ongoing distress related to her ex-partner's insistence on including her father in family dynamics despite being informed of the prior sexual boundary

violation, which she identified as further eroding her sense of safety and agency.

Throughout her disclosures, Megan demonstrated insight into how cumulative trauma has reinforced a victimized self-concept and normalized expectations of having little to no control within relationships. She explicitly identified complex PTSD as a central clinical concern and articulated a strong, internally motivated desire to prioritize trauma-focused work during her residential stay. She concurrently acknowledged the significant role alcohol has played in exacerbating emotional dysregulation, avoidance, and life unmanageability, and affirmed commitment to addressing her substance use disorder alongside trauma treatment.

Megan reported actively utilizing the Complex PTSD Workbook: A Mind-Body Approach to Regaining Emotional Control and Becoming Whole by Arielle Schwartz, PhD, provided by this clinician, and stated she is resonating with the material and engaging in daily practice. She expressed interest in progressing toward parts-based interventions, including inner child work and re-parenting strategies, noting that becoming a parent herself has strengthened her motivation to provide internal safety, stability, and emotional containment. Megan also shared anticipatory emotions related to a potential visit from her son during the holiday period, acknowledging both hope and uncertainty due to external factors.

Megan continues to present with clinically significant symptoms consistent with complex PTSD, including trauma reactivation, entrenched powerlessness schemas, impaired relational boundaries, and affective dysregulation, all of which are intricately linked to her substance use disorder. Given the severity, chronicity, and developmental nature of her trauma history—combined with ongoing vulnerability to trauma-bonded relational patterns and relapse risk—continued treatment at the residential level of care remains medically necessary. This level of care provides the structured, trauma-informed, and multidisciplinary environment required to safely process traumatic material, integrate substance use recovery, and prevent destabilization that would likely occur at a lower level of care at this time.

Interventions:

The therapist utilized trauma-informed, client-centered interventions, including reflective listening, affect validation, and guided emotional exploration. Psychoeducation was provided regarding complex PTSD, trauma bonding, and the relationship between trauma, control dynamics, and substance use. The therapist introduced and assigned the Complex PTSD Workbook to support somatic awareness, emotional regulation, and narrative integration. Collaborative treatment planning included discussion of future parts-based therapy interventions, including inner child and re-parenting work, to address developmental trauma and internalized fear responses.

Response:

Megan was receptive to interventions and demonstrated high engagement throughout the session. She exhibited insight into trauma patterns and their impact on her autonomy, relationships, and substance use. While emotionally activated at times, she remained regulated, oriented, and able to verbalize needs. She expressed motivation to continue trauma-focused work and reported finding the assigned materials meaningful and helpful. No acute safety concerns were endorsed during session.

Plan:

Megan will continue individual psychotherapy at the residential level of care with an integrated focus on complex PTSD and substance use disorder. She will continue daily work with the CPTSD workbook and coordinate relapse prevention efforts with her AOD counselor. Next session will introduce parts-based interventions, including inner child and re-parenting work, as clinically appropriate. Therapist will continue monitoring trauma activation, emotional regulation capacity, and relapse risk, while supporting healthy attachment, autonomy, and stabilization.

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John Foord, LMFT (Staff), 12/23/2025 03:18 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/23/2025 01:00 PM

Session Start/End Time	Start time 12/23/2025 01:00 PM	End time 12/23/2025 02:00 PM	Duration 60 Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal , Soft

Thought process: Ruminations , Flight of ideas

Mood: Sad , Angry , Anxious

Affect: Labile

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Client was on time for this individual session . Client reported no stressors at this time. Client continues to attend all programing and is participating in programing. Client was asked to bring her completed relapse prevention work with her today so we could review and discuss her responses. Client shared that she is still working on it and said she would get it caught up over the next few days. Client was asked to share what work she has completed thus far, client shared about her Responses to questions on page 7 about how she related her feelings of drinking being a means of escape from her ex at the time. Client continued to explain that she doesn't want the alcohol to control her and that it became a big part of how she could escape her Ex's abusive behavior.

When asked if her drinking were ever a problem from before she was married she shared she did not think it was a problem that she drank normal. Client admittedly questions if she is addicted or was drinking in reaction to her situation and then became trapped. Client ruminated about her abuse and shared her story about the time when her ex hit /kicked her while she was pregnant.

Client began to express how angry this had made her and was noticeable becoming upset in real time. Counselor guided client to take a deep breath and to pause and get grounded ,client was gently redirected to revisit this with her PT .

Counselor moved client into redirecting her thoughts to what she can do differently this time, especially if or when she were to become distressed in the future. Counselor continued to help client consider committing to remaining abstinent free of alcohol for at least a year while she is restructuring and rebuilding her life. Client was in agreement with this suggestion . Counselor encouraged client to continue working on her packet and ,use her tools ,journaling, meditation ,walking, and talking with her peers /staff /attending 12 step support meetings.

Interventions:

- Utilized motivational interviewing to explore and resolve ambivalence regarding recovery.
- Supported client in building insight into the relationship between emotions and addictive behavior.
- Used reflective listening and validation to enhance therapeutic rapport and emotional safety.
- Encouraged use of sober support systems and 12-step or alternative recovery community participation.

Response:

Plan:

continue to support client completing her workbook and additional RP assignments.

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A handwritten signature in blue ink, appearing to read "Tencia Sanchez".

Tencia Sanchez (Staff), 12/24/2025 02:38 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/22/2025 09:15 AM

Session Start/End Time	Start time	End time	Duration
12/22/2025 09:15 AM	12/22/2025 10:15 AM	60	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate , Intact/Organized

Mood:

Euthymic , Angry , Anxious , Other: The client's mood shifted appropriately with the topics of conversation, ranging from happy and amused when discussing bowling to intensely angry when discussing her ex-partner.

Affect: Appropriate

Judgement:

Good , Other: The client demonstrates insight into her personal challenges, stating, "my biggest problem is asking for help." She shows strength in her ability to plan and take action regarding her housing situation.

Dangerousness:

No SI Risk , Mild HI or Aggression Risk , Other: The client denies any risk of harm to self. She expressed homicidal ideation towards her ex-partner, stating, "I will kill you," while recounting past traumatic events. This statement appears to be an expression of intense anger rather than a formulated plan or intent. The overall risk is assessed as mild, but this requires continued monitoring.

Information/Behavior:

The client discusses her recent social activities, including a bowling outing she initiated to manage stress within her living environment. She reports on her evolving relationship with her son, noting his maturation since leaving for college and their positive communication. The client is actively navigating significant financial stress related to securing a mortgage and expresses frustration with her ex-partner's lack of financial support. She identifies a personal pattern of struggling to ask for help but is utilizing her professional network for assistance. The client also disclosed a history of severe emotional and physical abuse by her ex-partner, providing specific examples of his behavior toward both her and their son.

Interventions:

The client was actively engaged, forthcoming, and emotionally expressive throughout the session. She openly discussed a range of topics including social activities, family relationships, financial stressors, and past trauma. The client's response was congruent with the topics discussed, showing both humor and intense anger when appropriate.

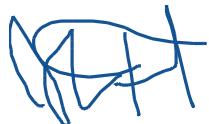
Response:

The client was actively engaged, forthcoming, and emotionally expressive throughout the session. She openly discussed a range of topics including social activities, family relationships, financial stressors, and past trauma. The client's response was congruent with the topics discussed, showing both humor and intense anger when appropriate.

Plan:

The client's articulated plan is to proceed with the necessary steps to get her condo's mortgage approved in her name. She states this is the immediate next step before deciding on whether she will need to sell the property. The client also mentioned she will check in with Peter again via text message.

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John Foord, LMFT (Staff), 12/22/2025 11:06 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/19/2025 02:00 PM

Session Start/End Time	Start time	End time	Duration
12/19/2025 02:00 PM	12/19/2025 03:00 PM	60	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: pressured , circumstantial , Soft

Thought process: Circumstantial

Mood: Sad , Depressed , Anxious

Affect: Labile

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Client was on time for this individual session. Client continues to attend and participating in all programing.

Client is working on her assignments and finishing up her first chapter in her relapse prevention book.

Client reports no stressors in the house and has expressed her gratitude multiple times for the opportunity to be here at Reflections McClay house. Client has expressed her fondness of her peers and acknowledges the support she has received from them.

Client continues to complete her assignments and says she should be able to be caught up by Monday/Tuesday. Client was emotional when sharing about her son and missing him. Client expressed wanting to wait until she is less emotional before she has him visit.

Interventions:

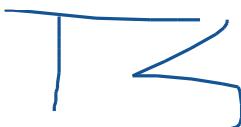
- Supported client in building insight into the relationship between emotions and addictive behavior. •
- Used reflective listening and validation to enhance therapeutic rapport and emotional safety.

Response:**Plan:**

Continue to support client and help her build coping skills, work on her guilt shame @ her drinking.

Support proactive and positive recovery attitude .

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Tencia Sanchez (Staff), 12/23/2025 11:52 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/19/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/19/2025 09:00 AM	12/19/2025 10:00 AM	60	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To:

Speech: rapid , Soft

Thought process: Intact/Organized , Ruminations

Mood: Sad , Depressed , Anxious

Affect: Blunted , Other:: Tearful

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Megan presented to the psychotherapy session on time and remained open, cooperative, and engaged for the full duration. She arrived wearing casual, appropriate attire including tennis shoes, sweatpants, and a sweatshirt, with hair pulled back, and carried coffee along with binders and treatment-related materials, indicating organization, investment in care, and active participation in the therapeutic process. Her demeanor was attentive and earnest, with consistent eye contact and willingness to explore emotionally salient material.

Affect was congruent with content and notably labile, with prominent sadness and underlying anxiety. Megan demonstrated the capacity to move in and out of affective states as session material shifted, suggesting growing emotional awareness and tolerance. Significant sadness was observed when discussing ongoing estrangement and lack of communication with her son, particularly in response to learning he would be unable to visit her as anticipated. Additional emotional distress emerged when processing relational trauma related to her marriage and interactions with her ex-husband, whom she described as punitive and vindictive, contributing to feelings of anger, grief, helplessness, and shame.

Megan continues to exhibit trauma-related symptomatology consistent with complex PTSD, including hypervigilance, persistent scanning of the environment, heightened startle response to ambient noises, shallow and rapid breathing, psychomotor agitation, and frequent fidgeting throughout the session. These physiological responses appeared to intensify when discussing relational loss, housing instability, and perceived threats to safety or attachment. Her presentation reflects ongoing dysregulation of the autonomic nervous system and difficulty sustaining emotional equilibrium without structured support.

Megan reported significant shame and fear related to initiating direct communication with her son, expressing concern that her emotional state or perceived failures could be harmful to him. This fear has resulted in avoidance behaviors, including indirect communication through third parties, reinforcing isolation and maintaining distress. Despite cognitive evidence that her son desires contact, Megan continues to struggle with self-blame and anticipatory rejection.

Megan identified a major psychosocial stressor involving the potential sale of the condominium she currently resides in,

which she acknowledged has been a primary trigger for alcohol use, serving as a means of emotional numbing and avoidance. She articulated strong emotional attachment to the residence and surrounding community, viewing it as a source of stability, belonging, and identity. While still emotionally activated by this threat, Megan demonstrated increased insight into the relationship between stress, trauma activation, and substance use, and reported improved clarity and self-efficacy as a result of abstinence and treatment engagement.

She expressed urgency around addressing this housing issue during treatment rather than postponing it, and reported active engagement with a lending agency to pursue refinancing and full ownership of the condominium. This represents both a significant stressor and a motivating factor for continued sobriety, autonomy, and psychological separation from her ex-husband, whom she identified as a source of ongoing emotional harm. Megan described a strong desire to "remove the toxicity" from her life and transition into a healthier, more autonomous future.

Megan continues to present with clinically significant trauma-related dysregulation, unresolved grief, active psychosocial stressors, and a documented pattern of using alcohol to cope with overwhelming affect and perceived threats to safety and attachment. Her symptoms, including hypervigilance, affective instability, avoidance behaviors, and relapse vulnerability in the context of acute housing and relational stress, indicate that she requires the structure, containment, and multidisciplinary support of a residential level of care. Step-down at this time would pose a high risk for emotional destabilization and substance use recurrence, as Megan has not yet demonstrated sustained independent coping capacity outside of a controlled therapeutic environment.

Interventions:

The therapist provided trauma-informed, supportive psychotherapy with an emphasis on emotional regulation, distress tolerance, and increasing Megan's window of tolerance. Psychoeducation was introduced regarding somatic trauma responses and the mind-body connection, with collaborative agreement to begin integrating somatic awareness into ongoing treatment.

Guided role-play was utilized to explore and rehearse potential communication with Megan's son, focusing on clarity, emotional honesty, and reducing avoidance-driven behaviors. The therapist assisted Megan in identifying and challenging shame-based cognitions while reinforcing developmentally appropriate responsibility versus self-blame.

The therapist assessed external supports and addressed Megan's neighbor's request for collateral communication, clarifying boundaries, consent, and timing. Motivational interviewing techniques were applied to explore Megan's ambivalence around initiating direct contact and addressing housing-related stressors while maintaining sobriety.

Response:

Megan responded positively to interventions, demonstrating insight, emotional engagement, and increased willingness to tolerate discomfort without disengaging or dissociating. She was receptive to psychoeducation regarding trauma physiology and expressed interest in further somatic work. During role-play, Megan showed increased clarity and emotional congruence, and identified avoidance patterns more readily.

She reported relief and improved affect when discussing supportive interactions with her neighbor and acknowledged feeling more grounded and confident in her communication abilities. Megan demonstrated improved motivation and agency by identifying concrete, achievable goals related to both relational repair and housing stability. No acute safety concerns were endorsed during the session.

Plan:

Continue individual psychotherapy at the residential level of care with a trauma-informed and somatic-based treatment approach. Focus will remain on emotional regulation, shame reduction, distress tolerance, and reducing avoidance behaviors. Support Megan in initiating direct, developmentally appropriate communication with her son and processing resultant emotional responses.

Continue monitoring relapse risk related to housing instability and relational stressors, and support adaptive coping and problem-solving strategies while maintaining abstinence. Revisit the possibility of therapist collateral communication with external supports as clinically indicated and with client consent. Reassess readiness for step-down only after Megan demonstrates sustained emotional regulation, reduced trauma reactivity, and effective independent coping in the context of ongoing stressors.

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John Foord, LMFT (Staff), 12/19/2025 11:16 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/17/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/17/2025 09:00 AM	12/17/2025 10:00 AM	60	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: person , place , time , situation , All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate , Intact/Organized

Mood:

Sad , Anxious , Other: The client's mood appears congruent with the topics discussed, shifting to sadness and anxiety when discussing her son and past trauma.

Affect: Appropriate

Judgement:

Poor , Other: The client shows strong insight into her need for treatment and the impact of past trauma on her life. She is actively engaging in therapeutic work and reading to better understand herself.

Dangerousness:

No SI Risk , No HI or Aggression Risk , Other: The client presents with no risk of harm to self or others. There is no report of suicidal or homicidal ideation, intent, or plan.

Information/Behavior:

The client is focused on an upcoming visit with her son, expressing hope to establish a "new, newish relationship" where she can be her whole self. She is processing feelings of shame and embarrassment related to past trauma, stating she feels "less than" around others. The client is actively engaging in self-help and spiritual exploration, reading books on trauma and referencing teachers like Eckhart Tolle and Thich Nhat Hanh. She finds solace in nature and is receptive to new resources suggested by the clinician.

Interventions:

The client was an active and engaged participant in the session. She was forthcoming with her feelings, including anxiety and sadness, and was reflective about her past trauma and its impact on her current relationships and self-perception. The client was receptive to the clinician's feedback and recommendations for therapeutic reading.

Response:

The client was an active and engaged participant in the session. She was forthcoming with her feelings, including anxiety and sadness, and was reflective about her past trauma and its impact on her current relationships and self-perception. The client was receptive to the clinician's feedback and recommendations for therapeutic reading.

Plan:

The client plans to visit with her son on Saturday with the goal of re-establishing their connection. She also states she will

work on trying to understand her emotions when they are happening. The client is agreeable to the clinician's suggestion of meeting on Friday to prepare for the visit.

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John Foord, LMFT (Staff), 12/17/2025 12:16 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/16/2025 02:00 PM

Session Start/End Time	Start time	End time	Duration
12/16/2025 02:00 PM	12/16/2025 03:00 PM	60	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal , Soft

Thought process: Appropriate , Circumstantial

Mood: Sad , Anxious

Affect: Labile

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Client was on time for this individual session. Client has been attending programming and participating in groups.

This was clients first session with counselor. In This session client shared about her past experiences and drinking history thus far and how her drinking started to get out of hand.

Client disclosed her history of childhood sexual abuse from her grandfather that her grandmother witnessed.

Client reported she that her mom wasn't abusive but emotionally unavailable.

Dad was a Vietnam vet and was ok until at some point his drinking started . Client left home when she was 18 and moved in with a girlfriend in San Luis Obispo client started working at Copeland Sports as an accounting assistant then moved to SF and worked in sales. Client reported when she was 21 her dad propositioned her for sex.

Client has a younger sister by 5 yrs who lives in Oregon ,they are not close.

Client shared that her ex partner is a narcissist and has been very abusive over the years . They are currently separated.

While trying to put into words the effect her ex has had on her Client described it in these words -

It's like I feel like I have a fishing hook in me and I just want to pull it out ."

Client has a son named Jake.

Client was asked what goals she would like to accomplish while here in treatment.

Client listed - gaining insights to her CPTSD and work on overcoming her shame and guilt.

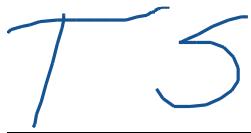
Client expressed deep appreciation for staff and peers here and the calm atmosphere and environment here Reflections. Client shared she is currently finding out about having her son Jake come visit this weekend but she hasn't talked to him yet and been waiting until she feels stronger and not as emotional.

Interventions:**Response:****Plan:**

Gave client her workbook and she will start working on chapter one.

meet client on Friday .

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A handwritten signature consisting of the letters 'T' and 'S' connected together.

Tencia Sanchez (Staff), 12/16/2025 09:06 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/16/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/16/2025 09:00 AM	12/16/2025 10:00 AM	60	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate , Intact/Organized

Mood:

Sad , Depressed , Anxious , Other:: The client's mood shifts from tearfulness when discussing her son and past trauma to playfulness when recalling kicking a ball, indicating some lability.

Affect: Appropriate , Labile

Judgement:

Good , Other: The client shows good insight into how her past trauma and relationship with her ex-husband have impacted her. She is motivated to change for herself and her son, which is a strength.

Dangerousness:

No SI Risk , No HI or Aggression Risk , Other: The client does not present with any risk of harm to self or others. She is future-oriented and focused on her recovery and relationship with her son.

Information/Behavior:

The client is navigating complex family dynamics, including a difficult relationship with her ex-husband and concern for her 18-year-old son who is away at college. She reports having a strong support system of friends and neighbors who are assisting her. The client expresses a desire to heal from past and intergenerational trauma for her own well-being and to improve her relationship with her son. She has initiated a new morning routine of meditation and journaling to support her recovery.

Interventions:

The client was actively engaged, reflective, and emotionally expressive throughout the session. She was receptive to the clinician's feedback and interventions, including the suggestion of a PTSD workbook, which elicited an emotional response. The client actively participates in discussions about her son, her past trauma, and her goals for recovery, demonstrating a willingness to explore difficult topics.

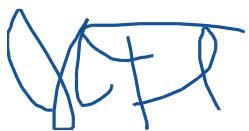
Response:

The client was actively engaged, reflective, and emotionally expressive throughout the session. She was receptive to the clinician's feedback and interventions, including the suggestion of a PTSD workbook, which elicited an emotional response. The client actively participates in discussions about her son, her past trauma, and her goals for recovery, demonstrating a willingness to explore difficult topics.

Plan:

The client plans to establish and maintain a consistent morning routine of meditation and journaling. She intends to coordinate with her neighbor to arrange a visit with her son for the upcoming Saturday and will complete the necessary visitor request form.

scanned document



John Foord, LMFT (Staff), 12/16/2025 10:11 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/15/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/15/2025 09:00 AM	12/15/2025 10:00 AM	60	Minutes
Type of Session	Individual		

MSE**Appearance:****Oriented To:** All Spheres-personal, place, time, and situation**Speech:** normal**Thought process:** Appropriate , Intact/Organized , Ruminations**Mood:**

Sad , Depressed , Anxious , Other:: Client's emotions are described as being just below the surface, as stated by the clinician, "I can already feel your emotions just waiting to come out," and the client, "My emotions are right this far below the [surface]."

Affect: Appropriate**Judgement:**

Fair , Other: The client shows insight into her triggers and the negative impact of her alcohol use. A strength is her willingness to seek help. An impairment is her history of using alcohol to cope with distress, leading to dangerous situations.

Dangerousness:

Mild SI Risk , No HI or Aggression Risk , Other: Client presents with mild risk of harm to self, evidenced by a recent episode of excessive drinking that she acknowledges could have been fatal. This behavior is a maladaptive coping mechanism for trauma-related triggers. She is not currently expressing active suicidal ideation, intent, or plan. The client is in a supportive treatment environment, which is a key protective factor. There is no evidence of risk of harm to others.

Information/Behavior:

The client reports a history of complex trauma, including childhood sexual abuse and a long-term abusive relationship with an ex-partner. She identifies a pattern of using alcohol to cope with emotional triggers, particularly threats from her ex. The client describes experiencing symptoms consistent with PTSD, including intense emotional flashbacks. She reports persistent hypervigilance, stating she is "always, like, waiting for the other shoe to drop." The client is also adjusting to her son leaving for college, which represents a significant life transition.

Interventions:

The client was highly engaged and forthcoming, sharing a detailed personal history of trauma and substance use. She was receptive to the clinician's validation and expressed a strong motivation to address the underlying trauma that triggers her drinking, stating she needs help with the "trigger that stays inside of me." The client presented as cooperative and ready to engage in the therapeutic process.

Response:

The client was highly engaged and forthcoming, sharing a detailed personal history of trauma and substance use. She was receptive to the clinician's validation and expressed a strong motivation to address the underlying trauma that triggers her

drinking, stating she needs help with the "trigger that stays inside of me." The client presented as cooperative and ready to engage in the therapeutic process.

Plan:

The client agrees to complete and return assigned paperwork, including Beck's assessments and a form on her goals for treatment (SNAP), by Wednesday. She also expresses willingness to engage with a PTSD workbook and participate in therapeutic activities, such as a group walk.

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John Foord, LMFT (Staff), 12/15/2025 11:23 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/11/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/11/2025 09:00 AM	12/11/2025 10:00 AM	60	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: circumstantial , tangential

Thought process: Circumstantial , Tangential

Mood: Sad , Angry , Depressed , Anxious

Affect: Labile

Judgement: Poor

Dangerousness: Moderate SI Risk , No HI or Aggression Risk

Information/Behavior:

The client is experiencing physical symptoms, such as feeling shaky, which they wish to resolve. They articulate a goal of achieving an 'internal transition' to become 'the whole human that I want to be.' The client acknowledges that drinking is the primary obstacle to this goal but also suggests that past periods of sobriety did not resolve all underlying issues. They report that their experience in the current environment is good and that staff are kind.

Client presents with marked emotional lability, alternating between intense anger and revenge-oriented ideation toward her ex-partner and episodes of profound sadness, crying, and depressive affect. She is highly ruminative, particularly about the history of physical abuse perpetrated by her ex-boyfriend and father of her child. Additional ruminations center on fears of imminent homelessness due to her ex placing their shared residence on the market. Client expresses significant distress about her limited income, uncertainty about future employment, and overall lack of stability post-treatment. She disclosed two previously unknown miscarriages and a past hospitalization for a suicide attempt. Client verbalizes denial regarding her alcohol use disorder, attributing her difficulties solely to trauma.

Interventions:

Provided trauma-informed supportive counseling, validated emotional distress, and encouraged affect regulation skills to address emotional lability. Utilized grounding techniques to reduce intensity of rumination. Explored cognitive distortions related to safety, stability, and self-blame. Offered psychoeducation about the interaction of trauma and substance use, including the role of alcohol in emotional dysregulation and relapse risk. Reinforced safety planning and assessed for current suicidal ideation (none reported during session). Supported client in identifying immediate resources and coping strategies to manage fears about housing and financial instability. Coordinated with medical staff regarding ongoing detox and encouraged continued engagement in structured programming.

Response:

The client is cooperative and engaged in the session, responding thoughtfully to inquiries. They are reflective about their internal state and personal goals, as shown when discussing the need for an 'internal transition. Client was tearful, reactive, and intermittently guarded but remained engaged. She demonstrated partial insight into trauma-related symptoms but continued to deny the role of alcohol in her current functioning. Client was receptive to grounding interventions and

reported feeling "a little calmer" by session's end, though ruminations persisted. She acknowledged fears about losing housing and employment but struggled to consider alternatives due to hopelessness. No active suicidal ideation reported, though past history remains clinically significant.

Plan:

Client will continue individual therapy and group participation to build emotional regulation, trauma processing skills, and motivation for substance use treatment. Encourage continued adherence to detox protocols and collaboration with medical staff. Monitor mood, safety, and intensity of ruminations; reassess suicidal risk as needed. Support client in exploring housing options, financial resources, and discharge planning. Continue motivational interviewing to address denial of alcoholism and increase readiness for ongoing recovery work.

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Stewart Bryant, LMFT (Staff), 12/11/2025 01:21 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Clinical Progress Note Individual 12/10/2025 01:00 PM

Session Start/End Time	Start time	End time	Duration
	12/10/2025 01:00 PM	12/10/2025 02:00 PM	60 Minutes
Type of Session	Individual		

MSE**Appearance:**

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate , Intact/Organized , Ruminations

Mood:

Sad , Depressed , Anxious , Other: The client's mood is consistently depressed and anxious, related to ongoing stressors and past trauma.

Affect: Appropriate

Judgement:

Fair , Other: The client shows insight into the connection between their trauma and substance use. However, judgment has been impaired by overwhelming stress, leading to them disappearing from work.

Dangerousness:

No SI Risk , No HI or Aggression Risk , Other: The client reports no current suicidal or homicidal ideation. The client has a history of a self-harm attempt approximately six years ago during a period of intense distress but currently expresses a strong desire to live. Risk of harm to self or others is low at this time.

Information/Behavior:

The client presents with a history of significant and complex trauma, which they identify as the primary driver of their alcohol use. This includes childhood sexual abuse, paternal incestuous propositions, and a long-term relationship characterized by severe domestic, verbal, and psychological abuse from a partner diagnosed with narcissism. The client feels an ongoing sense of powerlessness and financial instability due to the ex-partner's continued control and threats to sell their home. They express a profound loss of self-identity and capability, contrasting their current state with a past self who was competent and in control. The client's motivation for treatment is a deeply felt need to process this trauma, stating a desire to have it removed "like an exorcism" to regain a sense of self and stability.

Interventions:

The client was cooperative and highly engaged, responding to all questions with candor and emotional vulnerability. They were reflective about the connections between their past trauma and current substance use, expressing a strong desire to heal and reclaim their sense of self. The client appears motivated for treatment and receptive to the therapeutic process.

Response:

The client was cooperative and highly engaged, responding to all questions with candor and emotional vulnerability. They were reflective about the connections between their past trauma and current substance use, expressing a strong desire to heal and reclaim their sense of self. The client appears motivated for treatment and receptive to the therapeutic process.

Plan:

The client plans to engage in the treatment program to address their trauma and substance use. They intend to contact their HR department to arrange for a medical leave from work. The client also expresses commitment to reading the books recommended in the session to aid in their recovery.

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Stewart Bryant, LMFT (Staff), 12/10/2025 02:17 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Continuing Care Consultation 12/29/2025

12/29/2025

Subject

CCP #2 & 3

Summary of Discussion

Megan shut medown for ANY Honeycomb or Avery Lane calls or even to consider!

I told her I would still have them in her chart as a resource but it is strongly recommended and suggested that she at least understand what they can offer.

She seems to think that she will be staying in mill valley with no challenges.

Resources are in the Discharge Summary



Darren Davis (Staff), 12/29/2025 02:32 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Continuing Care Consultation 12/10/2025

12/10/2025

Subject

CCP #1 - intro

Summary of Discussion

Early intro...

This writer introduced himself to the client and explained my role and resources and goals of continuing care planning.

This writer shared a bit about his history and experience and how we will work together as a team with Clinical and outside support.

Shared about gratitude they were here and that we will help.

Client presented as weepy, scared but thankful.



Darren Davis (Staff), 12/10/2025 01:38 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment MV Christmas Visitation Form 12/22/2025

Title MV Christmas Visitation Form

Date 12/22/2025

Description None

Scanned Document

75793_MV-Christmas-Visitation-Form-2025-12-22-06-09-34-PM.pdf, 84.7 KB

Michael Whitley (Staff), 12/22/2025 06:14 PM

REFLECTIONS

Visitor Request Form

I Megan Vinson am requesting a visit from the following people on this date:

Saturday: Month 12 Day: 25 Time: 25

Name: Jake Holmes Relationship: Son

Name: _____ Relationship: _____

Name: _____ Relationship: _____

In order to assure that visiting is a safe and treatment enhancing experience for all involved Reflections will evaluate potential visitors for clinical appropriateness for each resident's treatment. Any potential visitors that pose threat to the recovery process will not be approved and the visit will be denied.

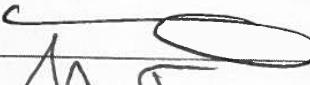
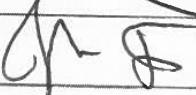
Visit Approved: YES X NO _____

Staff Comments:

VISITING RULES

(Resident must initial each to indicate understanding and agreement to all visiting rules)

- Visiting hours are every Saturday from 10am - 2pm
- If you are sick, have a fever, or have had contact with a sick person please do not enter and help keep our facility covid free (covid test and masks available upon request)
- Residents must be in treatment for 3 days and have completed detox to be eligible for visitors
- Residents are limited to three visitors at any given time
- All visitors must check in with the staff before visiting
- All visitors must sign a confidentiality agreement before visiting
- Visitors are not to bring any food/drink items for residents
- All packages must be cleared by staff before being given to residents
- Residents are responsible for the behavior of visitors
- Visitors may be asked to leave if behavior is inappropriate
- Visiting is allowed only in the following areas:
 - The dining-room, group room, and living-Room
 - Outdoor areas on property in backyard
(visitors may not enter resident bedrooms)
- Any violation of visiting rules can result in a revocation of visiting privileges
- Do not introduce visitors to other residents unless other residents initiate contact
- Dogs have to stay on leash and outside at all times
 - Please ask for the animal visitation form if any pets will be on the property

Resident Name	<u>Megan Vinson</u>	Signature		Date	<u>12/22/25</u>
Primary Therapist	<u>John Foll</u>	Signature		Date	<u>12/22/25</u>

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment order request form 12/16/2025

Title order request form

Date 12/16/2025

Description

Scanned Document

75638_Xerox-Scan-2025-12-16-09-01-32-AM.pdf, 68.1 KB

Gisselle Arellano (Staff), 12/16/2025 05:06 PM

REFLECTIONS

Order Request Form

Please complete this form if you are requesting to order item(s) to McClay. Please note that only items vital to your care will be considered. The approval is individualized and is based on each resident's treatment. Any potential order that is determined to interrupt the recovery process will be denied.

I Megan Vinson am requesting ordering:

Item:

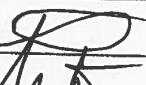
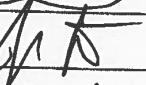
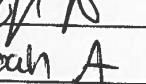
Socks / Long Sleeve Shirt

From (website/vendor): Amazon **Date:** 12/15/25

Drop Off Approved: YES: X NO: _____

ORDER GUIDELINES AND CONSIDERATIONS

- Items to be ordered are considered needed/vital for the resident's care (e.g., clothing, toiletries, etc).
- Food/Drinks are not permitted items.
- Residents will be limited in the number of orders each week.
- All packages must be cleared by staff before being given to residents.
- An order that was not previously approved will be kept in the vault until proper procedure is exercised for approval.
- Any request to order house items (ie games, instruments, etc.) should be submitted to the suggestion box, which is checked weekly

Resident:	<u>Megan Vinson</u>	Signature:		Date:	<u>12/15/25</u>
Therapist:	<u>Yolanda Foster</u>	Signature:		Date:	<u>12/16/25</u>
PA on Shift:	<u>Noah A</u>	Signature:		Date:	<u>12/15/25</u>

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment order request form 12/16/2025

Title order request form

Date 12/16/2025

Description

Scanned Document

75637_Xerox-Scan-2025-12-16-09-01-59-AM.pdf, 94.2 KB

Gisselle Arellano (Staff), 12/16/2025 05:05 PM



Order Request Form

Please complete this form if you are requesting to order item(s) to McClay. Please note that only items vital to your care will be considered. The approval is individualized and is based on each resident's treatment. Any potential order that is determined to interrupt the recovery process will be denied.

I Megan Vinson am requesting ordering:

Item:

Argan Oil

Squalene Oil

From (website/vendor): Amazon Date: 12/13

Drop Off Approved: YES: X NO: _____

ORDER GUIDELINES AND CONSIDERATIONS

- Items to be ordered are considered needed/vital for the resident's care (e.g., clothing, toiletries, etc.).
- Food/Drinks are not permitted items.
- Residents will be limited in the number of orders each week.
- All packages must be cleared by staff before being given to residents.
- An order that was not previously approved will be kept in the vault until proper procedure is exercised for approval.
- Any request to order house items (ie games, instruments, etc.) should be submitted to the suggestion box, which is checked weekly

Resident:	<u>Megan Vinson</u>	Signature:	<u>[Signature]</u>	Date:	<u>12/13/25</u>
Therapist:	<u>John Foster</u>	Signature:	<u>[Signature]</u>	Date:	<u>12/13/25</u>
PA on Shift:	<u>Noah Afric</u>	Signature:	<u>[Signature]</u>	Date:	<u>12/13/25</u>

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Order Request Form 11/22 12/22/2025

Title Order Request Form 11/22

Date 12/22/2025

Description

Scanned Document

75791_Xerox-Scan-2025-12-22-01-53-35-PM.pdf, 76.6 KB

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

Michael Galarneau, Program Assistant (Staff), 12/22/2025 02:07 PM



Order Request Form

Please complete this form if you are requesting to order item(s) to McClay. Please note that only items vital to your care will be considered. The approval is individualized and is based on each resident's treatment. Any potential order that is determined to interrupt the recovery process will be denied.

I Megan Vinson am requesting ordering:

Item:

1 leggings 1 t-shirt (long sleeve)
1 sweatshirt

From (website/vendor): Amazon Date: 12/21

Drop Off Approved: YES: X NO: _____

ORDER GUIDELINES AND CONSIDERATIONS

- Items to be ordered are considered needed/vital for the resident's care (e.g., clothing, toiletries, etc.).
- Food/Drinks are not permitted items.
- Residents will be limited in the number of orders each week.
- All packages must be cleared by staff before being given to residents.
- An order that was not previously approved will be kept in the vault until proper procedure is exercised for approval.
- Any request to order house items (ie games, instruments, etc.) should be submitted to the suggestion box, which is checked weekly

Resident:	<u>Megan Vinson</u>	Signature:		Date:	<u>12/21</u>
Therapist:	<u>John Foss</u>	Signature:		Date:	<u>12/22/25</u>
PA on Shift:	<u>Sean Lenihan</u>	Signature:		Date:	<u>12/21</u>

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment visitor agreement 12/27/2025

Title visitor agreement

Date 12/27/2025

Description

Scanned Document

75838_Xerox-Scan-2025-12-27-03-39-34-PM.pdf, 71.1 KB

Gisselle Arellano (Staff), 12/27/2025 03:44 PM

REFLECTIONS Visitor's Agreement

MV

This form must be read and signed by all visitors to Reflections

Reflections adheres to strict policies designed to protect our residents' privacy, safety, and confidentiality. As a visitor to Reflections, it is required that you agree to all of the following statements:

- You will not bring any drugs, alcohol, or paraphernalia to this facility.
- You will not be under the influence of any drugs or alcohol.
- You will not show any signs of recent alcohol or other drug use (e.g., an odor of drugs or alcohol).
- You will not wear any clothing that advertises drugs or alcohol.
- You will not disclose the identity of any resident you see here at Reflections. Nor will you share the contents of any discussions, groups or other therapeutic sessions.
- You will not approach any resident of Reflections; any contact must be initiated by the resident.
- You will remain in the designated visiting areas as described by Reflections staff. Socializing in the residents' bedrooms is specifically prohibited.
- You will not engage in any inappropriate behavior with residents, including arguing, fighting, or sexual behavior.
- You are not currently experiencing any flu-like symptoms.
- You have not had contact with anyone that has tested positive or is being evaluated for COVID 19.
- You will give all packages to staff for inspection.
- You will leave the premises without incident if requested to do so by Reflections staff.
- To protect confidentiality photography and videography is prohibited on facility premises.

Your signature indicates that you agree to abide with the above conditions in their entirety. Failure to sign this document will result in visiting privileges being denied.

Jarie Holmes



12/27/25

Visitor Printed Name

Visitor Signature

Date


Giselle A.



12/27/25

Staff Printed Name

Staff Signature

Date

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Visitor Request Form 12/26/2025

Title Visitor Request Form

Date 12/26/2025

Description

Scanned Document

75836_Xerox-Scan-2025-12-26-03-06-44-PM.pdf, 80.6 KB

Michael Galarneau, Program Assistant (Staff), 12/26/2025 09:35 PM

REFLECTIONS

Visitor Request Form

Megan Vinson am requesting a visit from the following people on this date:

Saturday: Month 12 Day: 27 Time: 10am - 2pm

Name: Jake Hoynes Relationship: Son

Name: _____ Relationship: _____

Name: _____ Relationship: _____

In order to assure that visiting is a safe and treatment enhancing experience for all involved Reflections will evaluate potential visitors for clinical appropriateness for each resident's treatment. Any potential visitors that pose threat to the recovery process will not be approved and the visit will be denied.

Visit Approved: YES X NO _____

Staff Comments:

VISITING RULES

(Resident must initial each to indicate understanding and agreement to all visiting rules)

- Visiting hours are every Saturday from 10am - 2pm
- If you are sick, have a fever, or have had contact with a sick person please do not enter and help keep our facility covid free (covid test and masks available upon request)
- Residents must be in treatment for 3 days and have completed detox to be eligible for visitors
- Residents are limited to three visitors at any given time
- All visitors must check in with the staff before visiting
- All visitors must sign a confidentiality agreement before visiting
- Visitors are not to bring any food/drink items for residents
- All packages must be cleared by staff before being given to residents
- Residents are responsible for the behavior of visitors
- Visitors may be asked to leave if behavior is inappropriate
- Visiting is allowed only in the following areas:**
 - The dining-room, group room, and living-Room
 - Outdoor areas on property in backyard
(visitors may not enter resident bedrooms)
- Any violation of visiting rules can result in a revocation of visiting privileges
- Do not introduce visitors to other residents unless other residents initiate contact
- Dogs have to stay on leash and outside at all times
 - Please ask for the animal visitation form if any pets will be on the property

Resident Name	<u>Megan Vinson</u>	Signature	<u>Y</u>	Date	<u>12/26/25</u>
Primary Therapist	<u>John Fosco</u>	Signature	<u>JMF</u>	Date	<u>12/26/25</u>

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team



Attachment Visitor's Agreement Form 12/25/2025

Title Visitor's Agreement Form

Date 12/25/2025

Description None

Scanned Document

75842_Visitor-Agreement-MV-2025-12-28-07-34-13-AM.pdf, 58.4 KB

Brody Christenson (Staff), 12/28/2025 07:35 AM

REFLECTIONS

Visitor's Agreement

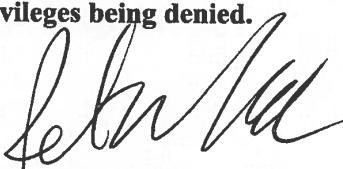
This form must be read and signed by all visitors to Reflections

Reflections adheres to strict policies designed to protect our residents' privacy, safety, and confidentiality. As a visitor to Reflections, it is required that you agree to all of the following statements:

- You will not bring any drugs, alcohol, or paraphernalia to this facility.
- You will not be under the influence of any drugs or alcohol.
- You will not show any signs of recent alcohol or other drug use (e.g., an odor of drugs or alcohol).
- You will not wear any clothing that advertises drugs or alcohol.
- You will not disclose the identity of any resident you see here at Reflections. Nor will you share the contents of any discussions, groups or other therapeutic sessions.
- You will not approach any resident of Reflections; any contact must be initiated by the resident.
- You will remain in the designated visiting areas as described by Reflections staff. Socializing in the residents' bedrooms is specifically prohibited.
- You will not engage in any inappropriate behavior with residents, including arguing, fighting, or sexual behavior.
- You are not currently experiencing any flu-like symptoms.
- You have not had contact with anyone that has tested positive or is being evaluated for COVID 19.
- You will give all packages to staff for inspection.
- You will leave the premises without incident if requested to do so by Reflections staff.
- To protect confidentiality photography and videography is prohibited on facility premises.

Your signature indicates that you agree to abide with the above conditions in their entirety. Failure to sign this document will result in visiting privileges being denied.

Peter McGaugh

Peter McGaugh

12-25-25

Date

Brody Christensen

Brody Christensen

12-25-25

Date

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Aftercare Plan/Discharge Instruction Form 12/24/2025

Today's Date 12/24/2025

Date of Admission 12/08/2025 05:00 PM

Date of Discharge

Discharge Position

	Place	Address	With Whom	Phone
--	-------	---------	-----------	-------

Discharge Status

Transportation

Aftercare Appointments & Recommendations:

	Discipline	Name	Address	Phone #	Appointment Date/Time
Psychiatrist					
Physician					
Therapist	Current Therapist Somatic Therapist	Erik Erickson Dr. Heather Noemi	San Diego Kentfield	415.888.9410	Virtual Only https://marinintegrative.com/
Living Arrangement	SLE	Avery Lane - SLE Honeycomb - SLE		Houses are located in the Novato Area	
PHP	Step-Down Program	Avery Lane Honeycomb	Jennifer - Admissions Christina W. - Clinical Dir.	707.364.6002 415.424.9342	https://averylanewomensrehab.com/ https://honeycombrecovery.com/
IOP	Step-Down Program	Avery Lane Honeycomb	Jennifer - Admissions Christina W. - Clinical Dir.	707.364.6002 415.424.9342	https://averylanewomensrehab.com/ https://honeycombrecovery.com/
Community Support	Recovery Community/ Sponsor.	Alcoholics Anonymous.	AASFMarin.Org		2x Women's meetings per week
Alumni Group	Alumni Zoom Meeting	7p = 2nd Tues each Month	Zoom.Com	ID: 840 8850 5720 Passcode: 322896	Hosted by Reflections Staff
Sober Coach					
Other					

Additional Notes

Inform your treating professionals and/or your personal support system if you experience

In case of emergency dial 911 or proceed to your nearest highest emergency room.**Special Instructions: Client is to call and confirm all above appointments upon returning home. Bring ID,**

Insurance information, and a list if current medications to initial meetings. It is recommended that you share this form with your treatment providers.

The above Aftercare Plan and Discharge Instructions have been discussed with me. I understand them and have been given a copy.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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	Every 5 Days
Start Date 12/08/2025	Duration Until Discharge
On Discharge <input checked="" type="checkbox"/> Yes	End Date N/A
	On Admission <input checked="" type="checkbox"/> Yes
Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone
	Discontinued By: N/A
Status <input checked="" type="checkbox"/> Active <input type="checkbox"/> Pending Order Review	Executed At 12/28/2025 04:22 PM
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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Tramadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status	Executed At 12/28/2025 04:22 PM		
Active	Pending Order Review		

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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Methylenedioxyamphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylenedioxymethamphetamine Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Methadone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status	Executed At 12/28/2025 04:22 PM		
Active	Pending Order Review		

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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Ketamine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Heroin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date	Duration	End Date	On Admission
12/08/2025	Until Discharge	N/A	Yes
On Discharge	Created By:	Ordered By:	Discontinued By:
Yes	LVN Scheria Smith at 12/08/2025 07:00 PM	NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	N/A
Status	Executed At		
Active	Pending Order Review		
12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 PM		
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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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	Every 5 Days
Start Date 12/08/2025	Duration Until Discharge
On Discharge <input checked="" type="checkbox"/> Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM
End Date N/A	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone
On Admission <input checked="" type="checkbox"/> Yes	Discontinued By: N/A
Status <input checked="" type="checkbox"/> Active <input type="checkbox"/> Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 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	Every 5 Days
Start Date 12/08/2025	Duration Until Discharge
On Discharge <input checked="" type="checkbox"/> Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM
	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone
Status <input checked="" type="checkbox"/> Active <input type="checkbox"/> Pending Order Review	Executed At 12/28/2025 04:22 PM
Location LAR - Simmons	On Admission <input checked="" type="checkbox"/> Yes
	Discontinued By: N/A

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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date	Duration	End Date	On Admission
12/08/2025	Until Discharge	N/A	Yes
On Discharge	Created By:	Ordered By:	Discontinued By:
Yes	LVN Scheria Smith at 12/08/2025 07:00 PM	NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	N/A
Status	Executed At		
Active	Pending Order Review		
12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Opiates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Cocaine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Medical Test Order

Description Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/08/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Scheria Smith at 12/08/2025 07:00 PM	Ordered By: NP Ellen Barbieri at 12/08/2025 07:00 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:22 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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Lab Test Requisition

Specimen	Specimen Source
K67KRPBMF	Urine
Collected By:	Created By:
LPT Irma Martinez at 12/28/2025 04:22 PM	LPT Irma Martinez at 12/28/2025 04:22 PM
Requested By:	Status
LPT Irma Martinez at 12/28/2025 04:22 PM	Sent

**Insurance Information**

Insurance Payer Cigna Health Plans	Subscriber ID U84190656	Insurance Priority N/A	Deductible
Group Number N/A	Plan Type	Insurance Phone Number N/A	Substance Abuse Benefits: Deduction = 2750, Deduction Met = 348.21, Oop = 8750, Oop Met = 348.21.
Subscriber Megan Vinson	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 10/21/1975
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LARC741	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical Necessity

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Order Description**Ordered At**Medical Test: Buprenorphine Presumptive - (Gnosis) -
(Urine)12/08/2025 07:00
PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340108	Anti-hypertensive Presumptive	toxicology	5
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340109	Antipsychotics Presumptive	toxicology	5
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340121	Methylphenidate Presumptive	toxicology	5
Medical Test: Opiates Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340124	Oxycodone Presumptive	toxicology	5
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340125	Phencyclidine Presumptive	toxicology	5
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340126	Pregabalin Presumptive	toxicology	5
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
<hr/>				
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340128	Sedative Hypnotics Presumptive	toxicology	5	
<hr/>				
Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340129	Skeletal Muscle Relaxants Presumptive	toxicology	5	
<hr/>				
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340130	Stimulants, synthetic Presumptive	toxicology	5	
<hr/>				
Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340136	Psychedelic Substances Presumptive	toxicology	5	
<hr/>				
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)				12/08/2025 07:00 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	
<hr/>				
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)				12/08/2025 07:00 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	

Order Description			Ordered At
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340101	Alcohol Biomarkers Presumptive	toxicology	5
Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340117	Heroin Presumptive	toxicology	5	
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340118	Ketamine Presumptive	toxicology	5	
Medical Test: Methadone Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 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)				12/08/2025 07:00 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)				12/08/2025 07:00 PM

Order Description			Ordered At	
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)

Clinical Data

Diagnosis

F10.20 Alcohol use disorder, Severe

Medication

Acetaminophen,Tums,Ibuprofen,Loperamide,Melatonin,Multivitamin,Senokot,Ondansetron H Cl,Trazodone,Acamprosate,Hydroxyzine H Cl,Gabapentin

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.



Megan Vinson, 12/28/2025 04:22 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Lab Test RequisitionSpecimen
K67KRPG7Specimen
Source
Urine

Collected By:

LPT Irma Martinez at 12/22/2025 11:34 AM

Created By:

LPT Irma Martinez at 12/22/2025 11:34 AM

Requested By:

LPT Irma Martinez at 12/22/2025 11:34 AM

Status

Sent

Insurance Information

Insurance Payer Cigna Health Plans	Subscriber ID U84190656	Insurance Priority N/A	Deductible Substance Abuse Benefits: Deduction = 2750, Deduction Met = 348.21, Oop = 8750, Oop Met = 348.21.
Group Number N/A	Plan Type	Insurance Phone Number N/A	
Subscriber Megan Vinson	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 10/21/1975
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LARC741	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical
Necessity

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

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Order Description**Ordered At**Medical Test: Anti-hypertensive Presumptive - (Gnosis) -
(Urine)12/08/2025 07:00
PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340108	Anti-hypertensive Presumptive	toxicology	5
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340109	Antipsychotics Presumptive	toxicology	5
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340121	Methylphenidate Presumptive	toxicology	5
Medical Test: Opiates Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340124	Oxycodone Presumptive	toxicology	5
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340125	Phencyclidine Presumptive	toxicology	5
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340126	Pregabalin Presumptive	toxicology	5
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
<hr/>				
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340128	Sedative Hypnotics Presumptive	toxicology	5	
<hr/>				
Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340129	Skeletal Muscle Relaxants Presumptive	toxicology	5	
<hr/>				
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340130	Stimulants, synthetic Presumptive	toxicology	5	
<hr/>				
Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340136	Psychedelic Substances Presumptive	toxicology	5	
<hr/>				
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)				12/08/2025 07:00 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	
<hr/>				
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)				12/08/2025 07:00 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	

Order Description			Ordered At
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340101	Alcohol Biomarkers Presumptive	toxicology	5
Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340118	Ketamine Presumptive	toxicology	5
Medical Test: Methadone Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340119	Methadone Presumptive	toxicology	5
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340120	Methylendioxyamphetamines Presumptive	toxicology	5
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340131	Tapentadol Presumptive	toxicology	5
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM

Order Description			Ordered At	
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)

Clinical Data

Diagnosis

F10.20 Alcohol use disorder, Severe

Medication

Acetaminophen,Tums,Ibuprofen,Loperamide,Melatonin,Multivitamin,Senokot,Ondansetron H Cl,Trazodone,Acamprosate,Hydroxyzine H Cl,Gabapentin

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.



Megan Vinson, 12/22/2025 11:34 AM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Lab Test Requisition

Specimen	Specimen Source
K67KRPAR	Urine
Collected By:	Created By:
LPT Irma Martinez at 12/14/2025 05:24 PM	LPT Irma Martinez at 12/14/2025 05:25 PM
Requested By:	Status
LPT Irma Martinez at 12/14/2025 05:25 PM	Sent

**Insurance Information**

Insurance Payer Cigna Health Plans	Subscriber ID U84190656	Insurance Priority N/A	Deductible Substance Abuse Benefits: Deduction = 2750, Deduction Met = 348.21, Oop = 8750, Oop Met = 348.21.
Group Number N/A	Plan Type	Insurance Phone Number N/A	
Subscriber Megan Vinson	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 10/21/1975
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LARC741	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical Necessity

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Order Description**Ordered At**

Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine)

12/08/2025 07:00 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340108	Anti-hypertensive Presumptive	toxicology	5
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340109	Antipsychotics Presumptive	toxicology	5
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340121	Methylphenidate Presumptive	toxicology	5
Medical Test: Opiates Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340124	Oxycodone Presumptive	toxicology	5
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340125	Phencyclidine Presumptive	toxicology	5
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340126	Pregabalin Presumptive	toxicology	5
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
<hr/>				
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340128	Sedative Hypnotics Presumptive	toxicology	5	
<hr/>				
Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340129	Skeletal Muscle Relaxants Presumptive	toxicology	5	
<hr/>				
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340130	Stimulants, synthetic Presumptive	toxicology	5	
<hr/>				
Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340136	Psychedelic Substances Presumptive	toxicology	5	
<hr/>				
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)				12/08/2025 07:00 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	
<hr/>				
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)				12/08/2025 07:00 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	

Order Description			Ordered At
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340101	Alcohol Biomarkers Presumptive	toxicology	5
Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340118	Ketamine Presumptive	toxicology	5
Medical Test: Methadone Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340119	Methadone Presumptive	toxicology	5
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340120	Methylendioxyamphetamines Presumptive	toxicology	5
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340131	Tapentadol Presumptive	toxicology	5
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM

Order Description			Ordered At	
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)

Clinical Data

Diagnosis

F10.20 Alcohol use disorder, Severe

Medication

Acetaminophen,Tums,Ibuprofen,Loperamide,Melatonin,Multivitamin,Senokot,Ondansetron H Cl,Trazodone,Hydroxyzine H Cl,Acamprosate,Clonidine H Cl,Gabapentin

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.



Megan Vinson, 12/14/2025 05:25 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Lab Test Requisition

Specimen	Specimen Source
KKFF3M3FC	Urine
Collected By:	Created By:
LPT Alma Arenas at 12/08/2025 08:00 PM	LPT Alma Arenas at 12/08/2025 08:47 PM
Requested By:	Status
LPT Alma Arenas at 12/08/2025 08:47 PM	Sent

**Insurance Information**

Insurance Payer Cigna Health Plans	Subscriber ID U84190656	Insurance Priority N/A	Deductible Substance Abuse Benefits: Deduction = 2750, Deduction Met = 348.21, Oop = 8750, Oop Met = 348.21.
Group Number N/A	Plan Type	Insurance Phone Number N/A	
Subscriber Megan Vinson	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 10/21/1975
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

50 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, and Thiamine.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Urine drug testing is medically necessary for diagnostic, clinical, and therapeutic purposes, to detect the use of prescription medications and illegal substances of concern for the purpose of assessment and treatment and to monitor compliance with the medication protocol of the Program.

Client will be tested as per the selected frequency as part routine monitoring, or for attendance to group, return from pass, randomly, or under suspicion of relapse, according to this facility's policies and procedures.

Order Description**Ordered At**

Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine)

12/08/2025 07:00 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340108	Anti-hypertensive Presumptive	toxicology	5
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340109	Antipsychotics Presumptive	toxicology	5
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340121	Methylphenidate Presumptive	toxicology	5
Medical Test: Opiates Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340124	Oxycodone Presumptive	toxicology	5
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340125	Phencyclidine Presumptive	toxicology	5
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340126	Pregabalin Presumptive	toxicology	5
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
 Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
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)				12/08/2025 07:00 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)				12/08/2025 07:00 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)				12/08/2025 07:00 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)				12/08/2025 07:00 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)				12/08/2025 07:00 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	

Order Description			Ordered At
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340101	Alcohol Biomarkers Presumptive	toxicology	5
Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 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)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/08/2025 07:00 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340117	Heroin Presumptive	toxicology	5	
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340118	Ketamine Presumptive	toxicology	5	
Medical Test: Methadone Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/08/2025 07:00 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)				12/08/2025 07:00 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)				12/08/2025 07:00 PM

Order Description			Ordered At	
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)

Clinical Data

Diagnosis

F10.20 Alcohol use disorder, Severe

Medication

Ondansetron H Cl,Clonidine H Cl,Diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,Melatonin,Miralax,Multivitamin,Tuberculin Purified Protein Derivative,Senokot,Thiamine

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.

Megan Vinson, 12/08/2025 08:47 PM

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Lab Report

Specimen	Accession No
K67KRPmf	T2512300136
Reported At	
12/31/2025 12:32 AM	
Collected At	Results For Review:
12/28/2025 04:22 PM	1
Results Summary:	
Normal: 34	Abnormal: 1



Patient

First Name	Middle Name	Last Name	MR Number
Megan	N/A	Vinson	2025-128
Date Of Birth	Phone	Address	Birth Sex
10/21/1975	415-412-6518	25 Ashford ave Mill Valley CA , 94941 US	Female
Payment Method	Location	Current Diagnoses	
N/A	LAR - McClay	F10.20 Alcohol use disorder, Severe ↗	
Notes			
N/A			

Lab

Name	CLIA Code
Gnosis - Orange	05D2198282
Address	Phone
1594 N Main St Orange CA , 92867 US	888-539-0525
	Director
	Director: Safedin Sajo Beqaj, PhD, HCLD, CC (ABB)

Highlighted Results

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Gabapentin	Positive	12/28/2025 04:22 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							

Reported Medical Tests

Test Description	Status	Specimen Source
Screening	Final Result	UR: Urine
Received At	Completed At	Ordering Physician
12/30/2025 10:40 AM	12/31/2025 12:32 AM	Ellen Barbieri
Results		
Result Description	Observed Result	Cutoff / Reference Range
Result Description	Result	Range
Alcohol Biomarkers	Negative	N/A
	Observed At	Unit
	12/28/2025 04:22 PM	N/A
		Normal
		Final
		Gnosis - Orange
Notes:		
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin		

Result Description	Observed Result	Cutoff / Reference Range		Unit	Outcome	Status	Lab
		Observed At	Range				
Alkaloids, NOS (Excluding Cotinine)	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Amphetamines	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antidepressants, not otherwise specified	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antidepressants, serotonergic	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antidepressants, tricyclic	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antiepileptic	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Anti-hypertensive	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antipsychotics	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Barbiturates	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Benzodiazepines	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							

Result Description	Observed Result	Cutoff / Reference Range		Unit	Outcome	Status	Lab
		Observed At	Range				
Buprenorphine	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Cannabinoids, Natural	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Cocaine	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Fentanyl	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Gabapentin	Positive	12/28/2025 04:22 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Heroin	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Ketamine	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Methadone	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Methylenedioxymphetamines	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Methylphenidate	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							

Result Description	Observed Result	Cutoff / Reference Range		Unit	Outcome	Status	Lab
		Observed At	Range				
Opiates	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Opioids & Opiate Analogs	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Oxycodone	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Phencyclidine	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Pregabalin	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Propoxyphene	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Psychedelic substances	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Sedative Hypnotics	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Skeletal Muscle Relaxants	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Stimulants, synthetic	Negative	12/28/2025 04:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							

Result Description	Observed Result	Observed At	Cutoff / Reference Range		Unit	Outcome	Status	Lab
			N/A					
Tapentadol	Negative	12/28/2025 04:22 PM		N/A	N/A	Normal	Final	Gnosis - Orange
Notes:								
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin								
Tramadol	Negative	12/28/2025 04:22 PM		N/A	N/A	Normal	Final	Gnosis - Orange
Notes:								
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin								

Test Description Gabapentin Definitive	Status Final Result	Specimen Source UR: Urine						
Received At 12/30/2025 10:40 AM	Completed At 12/31/2025 12:32 AM	Ordering Physician Ellen Barbieri						
Results								
Result Description	Observed Result	Observed At	Range	Unit	Outcome	Status	Lab	
B-phenyl-Y-aminobutyric acid (Phenibut)	Negative	12/28/2025 04:22 PM	200	ng/mL	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin								
Interpretation:								
Gabapentin	6954.71776764821	12/28/2025 04:22 PM	200	ng/mL	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin								
Interpretation: CONSISTENT								
Remarks: Gabapentin is an antiepileptic drug used for the treatment of seizures and neuropathies. The elimination half-life is 5 to 7 hours in patients with normal renal function.								
Detection Window: Up to 5 days								

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Lab Report

Specimen K67KRPG7	Accession No T2512230062	
Reported At 12/24/2025 11:39 AM		
Collected At 12/22/2025 11:34 AM	Results For Review: 4	
Results Summary: Normal: 42 Abnormal: 4		

Patient

First Name Megan	Middle Name N/A	Last Name Vinson	MR Number 2025-128
Date Of Birth 10/21/1975	Phone 415-412-6518	Address 25 Ashford ave Mill Valley CA , 94941 US	Birth Sex Female
Payment Method N/A	Location LAR - McClay	Current Diagnoses F10.20 Alcohol use disorder, Severe ↗	
Notes N/A			

Lab

Name Gnosis - Orange	CLIA Code 05D2198282
Address 1594 N Main St Orange CA , 92867 US	Phone 888-539-0525

Highlighted Results

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Oxazepam	342.894306162288	12/22/2025 11:34 AM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Seresta, Serax, Metabolite of Diazepam, Temazepam, and Nordiazepam							
Remarks: Oxazepam is an intermediate-acting benzodiazepine with slow onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawals, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Benzodiazepines	Positive	12/22/2025 11:34 AM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Temazepam	76.8110799531293	12/22/2025 11:34 AM	50	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Restoril, Normison, Metabolite of Diazepam							
Remarks: Temazepam is a short-acting benzodiazepine commonly used to treat panic disorders, severe anxiety, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Gabapentin	Positive	12/22/2025 11:34 AM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							

Reported Medical Tests

Test Description	Status	Specimen Source					
Screening	Final Result	UR: Urine					
Received At 12/23/2025 11:04 AM	Completed At 12/24/2025 11:39 AM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Alcohol Biomarkers	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Alkaloids, NOS (Excluding Cotinine)	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Amphetamines	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antidepressants, not otherwise specified	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antidepressants, serotonergic	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antidepressants, tricyclic	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antiepileptic	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Anti-hypertensive							
Anti-hypertensive	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Antipsychotics							
Antipsychotics	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Barbiturates							
Barbiturates	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Benzodiazepines							
Benzodiazepines	Positive	12/22/2025 11:34 AM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Buprenorphine							
Buprenorphine	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Cannabinoids, Natural							
Cannabinoids, Natural	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Cocaine							
Cocaine	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Fentanyl							
Fentanyl	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Gabapentin							
Gabapentin	Positive	12/22/2025 11:34 AM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Heroin							
Heroin	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Ketamine	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Methadone	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Methylenedioxymphetamines	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Methylphenidate	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Opiates	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Opioids & Opiate Analogs	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Oxycodone	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Phencyclidine	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Pregabalin	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin						
Propoxyphene	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Psychedelic substances							
	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Sedative Hypnotics							
	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Skeletal Muscle Relaxants							
	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Stimulants, synthetic							
	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Tapentadol							
	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Tramadol							
	Negative	12/22/2025 11:34 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							

Test Description Benzodiazepines Definitive	Status Final Result	Specimen Source UR: Urine
Received At 12/23/2025 11:04 AM	Completed At 12/24/2025 11:39 AM	Ordering Physician Ellen Barbieri
Results		
Result Description		
7-Aminoclonazepam	Negative	12/22/2025 11:34 AM
		50
		ng/mL
		Normal
		Final
		Gnosis - Orange
Notes:		
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin		
Interpretation:		
a-Hydroxymidazolam	Negative	12/22/2025 11:34 AM
		10
		ng/mL
		Normal
		Final
		Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation:							
Alprazolam	Negative	12/22/2025 11:34 AM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation:							
Bromazepam	Negative	12/22/2025 11:34 AM	3	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation:							
Diazepam	Negative	12/22/2025 11:34 AM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation:							
Hydroxyalprazolam	Negative	12/22/2025 11:34 AM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation:							
Lorazepam	Negative	12/22/2025 11:34 AM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation:							
Methylclonazepam	Negative	12/22/2025 11:34 AM	5	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation:							
Nordiazepam	Negative	12/22/2025 11:34 AM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation:							
Oxazepam	342.894306162288	12/22/2025 11:34 AM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Seresta, Serax, Metabolite of Diazepam, Temazepam, and Nordiazepam							
Remarks: Oxazepam is an intermediate-acting benzodiazepine with slow onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawals, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Temazepam	76.8110799531293	12/22/2025 11:34 AM	50	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Restoril, Normison, Metabolite of Diazepam							
Remarks: Temazepam is a short-acting benzodiazepine commonly used to treat panic disorders, severe anxiety, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							

Test Description Gabapentin Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/23/2025 11:04 AM	Completed At 12/24/2025 11:39 AM	Ordering Physician Ellen Barbieri		Lab	N/A		
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
B-phenyl-Y-aminobutyric acid (Phenibut)	Negative	12/22/2025 11:34 AM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation:							
Gabapentin	> 10000	12/22/2025 11:34 AM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, acamprosate, hydroxyzine HCl, gabapentin							
Interpretation: CONSISTENT							
Remarks: Gabapentin is an antiepileptic drug used for the treatment of seizures and neuropathies. The elimination half-life is 5 to 7 hours in patients with normal renal function.							
Detection Window: Up to 5 days							

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Lab Report

Specimen K67KRPAR	Accession No T2512160132
Reported At 12/17/2025 01:53 AM	
Collected At 12/14/2025 05:24 PM	Results For Review: 6
Results Summary:	
Normal: 41	Abnormal: 6

**Patient**

First Name Megan	Middle Name N/A	Last Name Vinson	MR Number 2025-128
Date Of Birth 10/21/1975	Phone 415-412-6518	Address 25 Ashford ave Mill Valley CA , 94941 US	Birth Sex Female
Payment Method N/A	Location LAR - McClay	Current Diagnoses F10.20 Alcohol use disorder, Severe ↗	
Notes N/A			

Lab

Name Gnosis - Orange	CLIA Code 05D2198282
Address 1594 N Main St Orange CA , 92867 US	Phone 888-539-0525

Highlighted Results

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	Negative	12/14/2025 05:24 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation: INCONSISTENT							
Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction.							
Detection Window: Up to 3 days							
Nordiazepam	331.135250139835	12/14/2025 05:24 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Madar, Stilny, Metabolite of Diazepam							
Remarks: Nordiazepam is a benzodiazepine indicated in the treatment of insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Oxazepam	594.018410825318	12/14/2025 05:24 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Seresta, Serax, Metabolite of Diazepam, Temazepam, and Nordiazepam							
Remarks: Oxazepam is an intermediate-acting benzodiazepine with slow onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawals, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Benzodiazepines	Positive	12/14/2025 05:24 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Temazepam	506.727523874262	12/14/2025 05:24 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Restoril, Normison, Metabolite of Diazepam							
Remarks: Temazepam is a short-acting benzodiazepine commonly used to treat panic disorders, severe anxiety, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Gabapentin	Positive	12/14/2025 05:24 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							

Reported Medical Tests

Test Description	Status	Specimen Source					
Screening	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician	Lab				
12/16/2025 11:14 AM	12/17/2025 01:53 AM	Ellen Barbieri	N/A				
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Alcohol Biomarkers	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Alkaloids, NOS (Excluding Cotinine)	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Ammphetamines	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Antidepressants, not otherwise specified	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Antidepressants, serotonergic	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Antidepressants, tricyclic	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Antiepileptic	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Anti-hypertensive	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Antipsychotics	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Barbiturates	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Benzodiazepines	Positive	12/14/2025 05:24 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Buprenorphine	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Cannabinoids, Natural	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Cocaine	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
Notes:							
Fentanyl	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Gabapentin	Positive	12/14/2025 05:24 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Heroin	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Ketamine	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Methadone	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Methylenedioxymphetamines	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Methylphenidate	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Opiates	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Opioids & Opiate Analogs	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Oxycodone	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Phencyclidine							
	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Pregabalin							
	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Propoxyphene							
	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Psychedelic substances							
	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Sedative Hypnotics							
	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Skeletal Muscle Relaxants							
	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Stimulants, synthetic							
	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Tapentadol							
	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Tramadol							
	Negative	12/14/2025 05:24 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							

Anti-hypertensive Definitive		Final Result	UR: Urine				
Received At	Completed At		Ordering Physician	Lab			
12/16/2025 11:14 AM	12/17/2025 01:53 AM		Ellen Barbieri	N/A			
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	Negative	12/14/2025 05:24 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin Interpretation: INCONSISTENT Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction. Detection Window: Up tp 3 days							

Test Description	Status	Specimen Source					
Benzodiazepines Definitive		Final Result					
Received At	Completed At	Ordering Physician	Lab				
12/16/2025 11:14 AM	12/17/2025 01:53 AM	Ellen Barbieri	N/A				
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
7-Aminoclonazepam	Negative	12/14/2025 05:24 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin Interpretation:							
a-Hydroxymidazolam	Negative	12/14/2025 05:24 PM	10	ng/mL	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin Interpretation:							
Alprazolam	Negative	12/14/2025 05:24 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin Interpretation:							
Bromazepam	Negative	12/14/2025 05:24 PM	3	ng/mL	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin Interpretation:							
Diazepam	Negative	12/14/2025 05:24 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin Interpretation:							
Hydroxyalprazolam	Negative	12/14/2025 05:24 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin Interpretation:							
Lorazepam	Negative	12/14/2025 05:24 PM	50	ng/mL	Normal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation:							
Methylclonazepam	Negative	12/14/2025 05:24 PM	5	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation:							
Nordiazepam	331.135250139835	12/14/2025 05:24 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Madar, Stilny, Metabolite of Diazepam							
Remarks: Nordiazepam is a benzodiazepine indicated in the treatment of insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Oxazepam	594.018410825318	12/14/2025 05:24 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Seresta, Serax, Metabolite of Diazepam, Temazepam, and Nordiazepam							
Remarks: Oxazepam is an intermediate-acting benzodiazepine with slow onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawals, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Temazepam	506.727523874262	12/14/2025 05:24 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Restoril, Normison, Metabolite of Diazepam							
Remarks: Temazepam is a short-acting benzodiazepine commonly used to treat panic disorders, severe anxiety, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							

Test Description Gabapentin Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/16/2025 11:14 AM	Completed At 12/17/2025 01:53 AM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
B-phenyl-Y-aminobutyric acid (Phenibut)	Negative	12/14/2025 05:24 PM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin							
Interpretation:							
Gabapentin	> 10000	12/14/2025 05:24 PM	200	ng/mL	Normal	Final	Gnosis - Orange

Result Description	Observed		Cutoff / Reference		Unit	Outcome	Status	Lab				
	Result	Observed At	Range									
Notes:												
Prescribed Medications: Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Multivitamin, Senokot, ondansetron HCl, trazodone, hydroxyzine HCl, acamprosate, clonidine HCl, gabapentin												
Interpretation: CONSISTENT												
Remarks: Gabapentin is an antiepileptic drug used for the treatment of seizures and neuropathies. The elimination half-life is 5 to 7 hours in patients with normal renal function.												
Detection Window: Up to 5 days												

Megan Vinson ♀ 2025-128

Birthdate: 10/21/1975 Bed: 2

Allergies: No Known Allergies/NKA

Admission: 12/08/2025 Care Team

Lab Report

Specimen	Accession No
KKFF3M3FC	T2512100090
Reported At	
12/11/2025 10:01 AM	
Collected At	Results For Review:
12/08/2025 08:00 PM	8
Results Summary:	
Abnormal: 8	Normal: 39

**Patient**

First Name Megan	Middle Name N/A	Last Name Vinson	MR Number 2025-128
Date Of Birth 10/21/1975	Phone 415-412-6518	Address 25 Ashford ave Mill Valley CA , 94941 US	Birth Sex Female
Payment Method N/A	Location LAR - Simmons	Current Diagnoses F10.20 Alcohol use disorder, Severe ↗	
Notes N/A			

Lab

Name Gnosis - Orange	CLIA Code 05D2198282
Address 1594 N Main St Orange CA , 92867 US	Phone 888-539-0525

Highlighted Results

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Alcohol Biomarkers	Positive	12/08/2025 08:00 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Ethyl glucuronide (EtG)	> 37500	12/08/2025 08:00 PM	500	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Interpretation: INCONSISTENT							
Common Source: Ethanol							
Remarks: EtG is a minor metabolite of ethanol. Therefore, its detection in urine is a biomarker of ethanol consumption.							
Detection Window: Up to 3 days							
Clonidine	Negative	12/08/2025 08:00 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation: INCONSISTENT							
Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction.							
Detection Window: Up to 3 days							
Ethyl Sulfate (EtS)	> 7500	12/08/2025 08:00 PM	100	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation: INCONSISTENT							
Common Source: Ethanol							
Remarks: EtS is a minor metabolite of ethanol. Therefore, its detection in urine is a biomarker of ethanol consumption.							
Detection Window: Up to 3 days							
Diazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation: INCONSISTENT							
Remarks: Diazepam is a long-acting benzodiazepine with rapid onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawal, and seizures. Diazepam is metabolized to nordiazepam, oxazepam, and temazepam.							
Detection Window: Up to 10 days							
Nordiazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation: INCONSISTENT							
Remarks: Nordiazepam is a benzodiazepine indicated in the treatment of insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Oxazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation: INCONSISTENT							
Remarks: Oxazepam is an intermediate-acting benzodiazepine with slow onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawals, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Temazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation: INCONSISTENT							
Remarks: Temazepam is a short-acting benzodiazepine commonly used to treat panic disorders, severe anxiety, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							

Reported Medical Tests

Test Description Screening	Status Final Result	Specimen Source UR: Urine	
Received At 12/10/2025 10:33 AM	Completed At 12/11/2025 10:01 AM	Ordering Physician Ellen Barbieri	Lab N/A
Results Powered by Kipu Systems	Created on: 12/31/2025 19:29 PM EST - 19:29 PM EST		494 of 501 pages

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Alcohol Biomarkers	Positive	12/08/2025 08:00 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Alkaloids, NOS (Excluding Cotinine)	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Amphetamines	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Antidepressants, not otherwise specified	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Antidepressants, serotonergic	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Antidepressants, tricyclic	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Antiepileptic	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Anti-hypertensive	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Antipsychotics	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
Barbiturates	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Benzodiazepines	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Buprenorphine	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Cannabinoids, Natural	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Cocaine	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Fentanyl	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Gabapentin	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Heroin	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Ketamine	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range		Unit	Outcome	Status	Lab
			N/A	Normal	Final	Gnosis - Orange		
Notes:								
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Methadone	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Methylenedioxymphetamines	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Methylphenidate	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Opiates	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Opioids & Opiate Analogs	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Oxycodone	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Phencyclidine	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Pregabalin	Negative	12/08/2025 08:00 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								

Result Description	Observed Result	Observed At	Cutoff / Reference Range		Unit	Outcome	Status	Lab
			N/A					
Propoxyphene	Negative	12/08/2025 08:00 PM		N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Psychedelic substances	Negative	12/08/2025 08:00 PM		N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Sedative Hypnotics	Negative	12/08/2025 08:00 PM		N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Skeletal Muscle Relaxants	Negative	12/08/2025 08:00 PM		N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Stimulants, synthetic	Negative	12/08/2025 08:00 PM		N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Tapentadol	Negative	12/08/2025 08:00 PM		N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								
Tramadol	Negative	12/08/2025 08:00 PM		N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine								

Test Description Alcohol Biomarkers Definitive	Status Final Result	Specimen Source UR: Urine	
Received At 12/10/2025 10:33 AM	Completed At 12/11/2025 10:01 AM	Ordering Physician Ellen Barbieri	Lab N/A
Results			

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Ethyl glucuronide (EtG)	> 37500	12/08/2025 08:00 PM	500	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Interpretation: INCONSISTENT							
Common Source: Ethanol							
Remarks: EtG is a minor metabolite of ethanol. Therefore, its detection in urine is a biomarker of ethanol consumption.							
Detection Window: Up to 3 days							
Ethyl Sulfate (EtS)	> 7500	12/08/2025 08:00 PM	100	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Interpretation: INCONSISTENT							
Common Source: Ethanol							
Remarks: EtS is a minor metabolite of ethanol. Therefore, its detection in urine is a biomarker of ethanol consumption.							
Detection Window: Up to 3 days							

Test Description	Status	Specimen Source					
Anti-hypertensive Definitive	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician					
12/10/2025 10:33 AM	12/11/2025 10:01 AM	Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	Negative	12/08/2025 08:00 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Interpretation: INCONSISTENT							
Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction.							
Detection Window: Up to 3 days							

Test Description	Status	Specimen Source					
Benzodiazepines Definitive	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician					
12/10/2025 10:33 AM	12/11/2025 10:01 AM	Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
7-Aminoclonazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Interpretation:							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
a-Hydroxymidazolam	Negative	12/08/2025 08:00 PM	10	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine							
Interpretation:							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Alprazolam	Negative	12/08/2025 08:00 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation:							
Bromazolam	Negative	12/08/2025 08:00 PM	3	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation:							
Diazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation: INCONSISTENT							
Remarks: Diazepam is a long-acting benzodiazepine with rapid onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawal, and seizures. Diazepam is metabolized to nordiazepam, oxazepam, and temazepam.							
Detection Window: Up to 10 days							
Hydroxyalprazolam	Negative	12/08/2025 08:00 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation:							
Lorazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation:							
Methylclonazepam	Negative	12/08/2025 08:00 PM	5	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation:							
Nordiazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation: INCONSISTENT							
Remarks: Nordiazepam is a benzodiazepine indicated in the treatment of insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Oxazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: ondansetron HCl,clonidine HCl,diazepam,Acetaminophen,Tums,Ibuprofen,Loperamide,melatonin,Miralax,Multivitamin,Tuberculin purified protein derivative,Senokot,Thiamine							
Interpretation: INCONSISTENT							
Remarks: Oxazepam is an intermediate-acting benzodiazepine with slow onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawals, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Temazepam	Negative	12/08/2025 08:00 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange

Notes:

Prescribed Medications: ondansetron HCl, clonidine HCl, diazepam, Acetaminophen, Tums, Ibuprofen, Loperamide, melatonin, Miralax, Multivitamin, Tuberculin purified protein derivative, Senokot, Thiamine

Interpretation: INCONSISTENT

Remarks: Temazepam is a short-acting benzodiazepine commonly used to treat panic disorders, severe anxiety, and insomnia. It is also a metabolite of diazepam.

Detection Window: Up to 10 days