

Banner Health

FAX COVER SHEET

Date: 9/6/2024 10:34:00 AM

Total # of Pages (including this sheet): **21**

TO

Name:

Company:

Fax: 4806120177

Phone:

FROM

Department:

Phone:

Address:

Fax:

Comments: **Banner Records (SR) MRO # 88940913 Sims, Michael**

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Re-disclosure Statement For Communicable Disease/HIV Cases: This information is provided to you from confidential records which are protected by State Law that prohibits further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

89/86/24 11:35:88 5209993887

+1.480.612.8177 Banner Health System **Page 882**

Banner **Health** Release of Information Center

1400 South Dotson Road, Mesa, AZ 85202

Phone number 480-412-5600

Providers and/or staff with **Clinical Connectivity** access

Please use **the link** below for future continuing care requests. If your office does not have access or if you need to **update** your

access, this link will walk you through the process. ints

Mistress babe dealtenclinical connectivity

Banner Baywood Medical Center

Fax: 480-321-4179

Banner Cardon Children's Medical Center

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Fax: 480-412-8777

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480-733-3470

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Medical Center)

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Medical Center

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Banner Heart

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Fax: 520-223-8439

Banner Wyoming **Medical**
Center Fax: 307-233-8133

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Banner Del E. Webb Medical Center Fax:
623-524-4112

Banner Gateway **Medical** Center Fax:
480-543-2252

Banner **Ironwood Medical** Center Fax:
480-394-6715

Banner Page
Hospital Fax:
602-865-5764

Banner Churchill Community
Hospital
Fax: 775-423-8716

East Morgan County Hospital Fax:
970-842-4827

Ogallala Coommunity Hospital
Fax: 308-284-7239

Torrington Community Hospital
Fax: 307-532-5381

Banner University Medical Center
Tucson-South
Fax: 520-223-8391

For Substance abuse Cases: 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 is otherwise permitted by 42 CFR Part 2. The general authorization for the release of medical and other information is not sufficient for this purpose. The federal rules restrict the use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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89/86/24 11:35:38 5289993887

Banner Health

BANNER ESTRELLA MEDICAL CENTER

9201 W Thomas Rd
Phoenix, AZ 85037-3332

Patient Location: OPS- Outpatient Surgery

Attending Physician: CHEHVAL DO,VINCENT
ANDREW

Substance: **No known MEDICATION allergies**

Recorded Date/Time

12/27/2023 08:25 MST

+1.488.612.8177 Banner Health System Page 003

Patient: SIMS, MICHAEL JON

DOB: 8/3/1952 **Sex:** Male

MR#:

FIN:

892813

45256864

Admit Date: 12/28/2023

Arrival **Time:** 09:34 MST **Discharge**

Date: 12/28/2023 **Patient**

Type: Outpatient

ALLERGY LIST

Age: 72 years

09:34 MST

Allergy Type: Allergy; **Reaction Status:** Active; **Information Source:** Family; **Reviewed**
Date/Time: 12/28/2023 12:11 MST; **Reviewed By:** DeLeon RN,Girlyn L; **Category** Drug:

PROBLEM LIST

Problem Name: **AA (aortic aneurysm)**

Life Cycle Status: Active

Last Updated: 12/27/2023 08:34 MST

Code: 111949011; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:**

Problem Name: **Heart murmur**

Life Cycle Status: Active

Last Updated: 12/27/2023 08:35 MST

Code: 146919019; **Confirmation:** Confirmed; **Course:** ; **Persistence:**; **Prognosis:**; **Onset Date:**

Problem Name: **Hematuria**

Life Cycle Status: Active

Last Updated: 12/27/2023 08:26 MST

Code: 485846015; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:**

Problem Name: **Hypertension**

Life Cycle Status:

Active

Last Updated: 12/27/2023 08:34 MST

Code: 1215744012; **Confirmation:** Confirmed; **Course:** ; **Persistence:** : **Prognosis:** ; **Onset Date:**

Problem Name: **Prostate cancer**

Life Cycle Status: Active

Last Updated: 12/27/2023 08:26 MST

Code: 1774579013; **Confirmation:** Confirmed; **Course:**; **Persistence:** ; **Prognosis:** ; **Onset Date:**

L = LOW H = High **Printed:** 9/6/2024

10:22 MST

C = Critical

⁷ = Abnormal

A = Interpretive Data Page 1 of 14

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f = Footnote

Report Request ID:
1074258831

89/86/24 11:35:56 5289993887

Banner Health

BANNER ESTRELLA MEDICAL CENTER
9201 W Thomas Rd
Phoenix, AZ 85037-3332

+1.480.612.8177 Banner Health System Page 004

Patient: SIMS, MICHAEL JON

DOB: 8/3/1952 **Sex:** Male

MR#: 892813

Patient Location: 55 OPS

Age: 72 years

Attending Physician: CHEHVAL DO,VINCENT ANDREW

Admin Date/Time: 12/28/2023 10:22 MST

MAR

Medications

Medication Name: **chlorhexidine topical**

(Peridex) Charted Date/Time: **12/28/2023 10:22 MST**

Ingredients: CHLOUDQ15 0.018 Gm 15 mL

Admin Details: (Auth) Swish and Spit

Action Details: Order: CHEHVAL DO,VINCENT ANDREW 12/28/2023 10:21 MST; Perform: lth RN,Gina 12/28/2023 10:22 MST; VERIFY: lth RN,Gina 12/28/2023 10:22 MST

Admin Date/Time: 12/28/2023 10:49 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 10:58 MST**

Ingredients: FENTI2 100 mcg 2 mL

Admin Details: (Auth) IV Push

Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:49 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:57 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:57 MST

Admin Date/Time: 12/28/2023 10:55 MST

Medication Name: propofol
Charted Date/Time: 12/28/2023 11:08 MST

Ingredients: PROPI20SDV 150 mg 15 mL

Admin Details: (Auth) IV Push

Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:55 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST

Admin Date/Time: 12/28/2023 10:55 MST

Medication Name: lidocaine
Charted Date/Time: 12/28/2023 11:08 MST

Ingredients: LI20SYS 50 mg 2.5 mL

Admin Details: (Auth) IV Push

Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:55 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST

Admin Date/Time: 12/28/2023 11:00 MST

Medication Name: ondansetron
Charted Date/Time: 12/28/2023 11:08 MST

Ingredients: ONDA212PFSDV 4 mg 2 mL

Admin Details: (Auth) IV Push

Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:00 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST

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9/6/2024 10:22 MST

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f = Footnote

Report Request ID:
1074258831

89/86/24 11:36:28 5209993887

Banner Health
BANNER ESTRELLA MEDICAL CENTER
9201 W Thomas Rd
Phoenix, AZ 85037-3332

Patient: SIMS, MICHAEL JON

DOB: 8/3/1952 **Sex:** Male

Age: 72
years

MR#: 892813

Patient Location: 55 OPS

Attending Physician: CHEHVAL DO,VINCENT ANDREW

MAR

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Medications

Admin Date/Time: 12/28/2023 11:00 MST

Medication Name: **dexAMETHasone**

Charted Date/Time: **12/28/2023 11:08 MST**

Ingredients: DEXA415MDV 4 mg 1
mL

Admin Details: (Auth) IV Push

Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:00 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:08 MST

Admin Date/Time: 12/28/2023 11:01 MST

Medication Name: **cefTRIAxone (Rocephin)** Charted

Date/Time: **12/28/2023 11:01 MST** **Ingredients:**

NS50MBP 50 mL; ceftri1000 1 Gm

Admin Details: (Auth) IV Piggyback, Arm, Right

Action Details: Order: CHEHVAL DO,VINCENT ANDREW 12/28/2023 09:32 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:01 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:01 MST

Admin Date/Time: 12/28/2023 11:16 MST

Medication Name: **morphine**

Charted Date/Time: **12/28/2023 11:23 MST**

Ingredients: MS4SY 4 mg 1 mL

Admin Details: (Auth) IV Push

Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:16 MST; Perform: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:23 MST; VERIFY: SCHLOSSER MD, RANDAL RAY 12/28/2023 11:23 MST

Admin Date/Time: 12/28/2023 11:45 MST
Medication Name: **Lactated Ringers Injection intravenous solution**

Charted Date/Time: **12/28/2023 11:46 MST**
Ingredients: LR1000 900 mL 900 mL

Admin Details: (Auth) IV Cont Infusion
Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:39 MST; Perform: SCHLOSSER MD, RANDAL RAY 12/28/2023 11:45 MST; VERIFY: SCHLOSSER MD,RANDAL RAY 12/28/2023 11:45 MST

Admin Date/Time: 12/28/2023 11:54 MST
Medication Name: fentaNYL
Charted Date/Time: **12/28/2023 11:54 MST**
Ingredients: FENTI2 25 mcg 0.5 mL
Admin Details: (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 3 = Mild pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert
Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: Nelson RN,Adrienne 12/28/2023 11:54 MST; VERIFY: Nelson RN. Adrienne 12/28/2023 11:54 MST

Reason for Medication: Nelson RN,Adrienne 12/28/2023 11:54 MST Pain - Mild

C = Critical
L = Low H = High Printed:
9/6/2024 10:22 MST
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Corrected **Report Request ID:**

f= Footnote
1074258831

89/86/24 11:37:82 5289993087

Banner Health
BANNER ESTRELLA MEDICAL CENTER
9201 W Thomas Rd
Phoenix, AZ 85037-3332

+1.488.612.8177 Banner Health System Page 886

Patient: SIMS, MICHAEL JON
DOB: 8/3/1952 **Sex:** Male
MR#:

Age: 72 years

892813
Patient Location: 55 OPS

Attending Physician: CHEHVAL DO,VINCENT ANDREW

MAR

Medications

Admin Date/Time: 12/28/2023 11:57 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 12:02 MST**

Ingredients: FENTI2 25 mcg 0.5 mL

Admin Details: (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 6 = Moderate pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert **Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: Nelson RN,Adrienne 12/28/2023 12:02 MST; VERIFY: Nelson RN,Adrienne 12/28/2023 12:02 MST

Reason for Medication: Nelson RN,Adrienne 12/28/2023 12:02 MST

Pain - Mild

Result Comment: Nelson RN,Adrienne 12/28/2023 12:02 MST

Breakthrough pain

Admin Date/Time: 12/28/2023 12:01 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 12:02 MST**

Ingredients: FENTI2 25 mcg 0.5 mL

Admin Details: (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 6 = Moderate pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert **Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: Nelson RN,Adrienne 12/28/2023 12:02 MST; VERIFY: Nelson RN,Adrienne 12/28/2023 12:02 MST

Reason for Medication: Nelson RN,Adrienne 12/28/2023 12:02 MST

Pain - Mild

Result Comment: Nelson RN,Adrienne 12/28/2023 12:02 MST

break through pain

Admin Date/Time: 12/28/2023 12:12 MST

Medication Name: **HYDRomorphone**

Charted Date/Time: **12/28/2023 12:13 MST**

Ingredients: HYDR1SY 0.5 mg 0.5 mL

Admin Details: (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 10 = Severe pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert **Action Details:** Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: DeLeon RN,Girlyn L 12/28/2023 12:13 MST; VERIFY: DeLeon RN,Girlyn L 12/28/2023 12:13 MST

Reason for Medication: DeLeon RN,Girlyn L 12/28/2023 12:13 MST Pain - Severe

L = Low H = High Printed:

9/6/2024 10:22 MST

C = Critical

= Abnormal

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c = Corrected

f = Footnote

Report Request ID: 1074258831

89/86/24 11:37:26 5209993887

Banner Health

BANNER ESTRELLA MEDICAL CENTER

9201 W Thomas Rd

Phoenix, AZ 85037-3332

C

Admin Date/Time: 12/28/2023 12:15 MST

Medication Name: fentaNYL

+1.480.612.8177 Bammer Health System Page 887

Patient: SIMS, MICHAEL JON

DOB: 8/3/1952 Sex: Male

MR#:

892813

Patient Location: 55 OPS

Age: 72 years

Attending Physician: CHEHVAL DO,VINCENT ANDREW

MAR

Medications

Charted Date/Time: **12/28/2023 12:15 MST**

Ingredients: FENTI2 25 mcg 0.5 mL

Admin Details: (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 10 = Severe pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: DeLeon RN,Girlyn L 12/28/2023 12:15 MST; VERIFY: DeLeon RN,Girlyn L 12/28/2023 12:15 MST

Result Comment: DeLeon RN,Girlyn L 12/28/2023 12:15 MST
breakthrough pain

Reason for Medication: DeLeon RN,Girlyn L 12/28/2023 12:15 MST

Pain - Mild

Admin Date/Time: 12/28/2023 12:17 MST

Medication Name: **phenazopyridine**

(Pyridium) Charted Date/Time: **12/28/2023 12:17 MST**

Ingredients: PHENAZO100T 100 mg 1 tab

Admin Details: (Auth) Oral

Action Details: Order: CHEHVAL DO,VINCENT ANDREW 12/28/2023 11:50 MST; Perform: DeLeon RN,Girlyn L 12/28/2023 12:17 MST; VERIFY: DeLeon RN,Girlyn L 12/28/2023 12:17 MST

Admin Date/Time: 12/28/2023 12:21 MST

Medication Name: **meperidine (Demerol HCl)**

Charted Date/Time: **12/28/2023 12:22 MST**

Ingredients: MEPE25SY 12.5 mg 0.5 mL

Admin Details: (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 10 = Severe pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: DeLeon RN, Girlyn L 12/28/2023 12:22 MST; VERIFY: DeLeon RN,Girlyn L 12/28/2023 12:22 MST

Result Comment: DeLeon RN,Girlyn L 12/28/2023 12:22 MST

mild shivering

Reason for Medication: DeLeon RN,Girlyn L 12/28/2023
12:22 MST Shivering

C = Critical
L = Low H = High Printed:
9/6/2024 10:22 MST
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Abnormal
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Corrected
f = Footnote

Report Request ID:
1074258831

89/86/24 11:37:49 5289993887

Banner Health
BANNER ESTRELLA MEDICAL CENTER
9201 W Thomas Rd
Phoenix, AZ 85037-3332

+1.480.612.8177 Banner Health System Page 888

Patient: SIMS, MICHAEL JON
8/3/1952 Sex: Male
DOB:
MR#: 892813
Patient Location: 55 OPS
Age: 72 years

Attending Physician: CHEHVAL DO, VINCENT ANDREW

MAR

Medications

Admin Date/Time: 12/28/2023 12:28 MST
Medication Name: meperidine (Demerol HCl)
Charted Date/Time: 12/28/2023 12:29 MST

Ingredients: MEPE25SY 12.5 mg 0.5 mL

Admin Details: (Auth) IV Push, Hand, Left

Numeric Rating Pain Scale: 8 = Severe pain; Pasero Opioid Induced Sedation Scale: 1 = Awake and alert

Action Details: Order: SCHLOSSER MD,RANDAL RAY 12/28/2023 10:38 MST; Perform: DeLeon RN,Girlyn L 12/28/2023 12:29 MST; VERIFY: DeLeon RN,Girlyn L 12/28/2023 12:29 MST

Result Comment: DeLeon RN,Girlyn L 12/28/2023 12:29 MST

shivering

Reason for Medication: DeLeon RN, Girlyn L 12/28/2023 12:29 MST

Shivering

Admin Date/Time: 12/28/2023 13:16 MST Medication

Name: **meperidine** (Demerol **HCl**) Charted

Date/Time: **12/28/2023 13:19 MST Admin Details:**

(Not Done) Task Duplication Pain/Sedation

Reassessment PF

Action Details: Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

Admin Date/Time: 12/28/2023 13:16 MST

Medication Name: **meperidine**

(Demerol HCl) Charted Date/Time: **12/28/2023 13:19**

MST Admin Details: (Not Done) Task

Duplication

Pain/Sedation Reassessment PF

Action Details: Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

Admin Date/Time: 12/28/2023 13:16 MST

Medication Name: **HYDROmorphine**

Charted Date/Time: **12/28/2023 13:19 MST**

Admin Details: (Not Done) Task Duplication

Pain/Sedation Reassessment PF

Action Details: Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

Admin Date/Time: 12/28/2023 13:16 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 13:19 MST**

Admin Details: (Not Done) Task Duplication

Pain/Sedation Reassessment PF

Action Details: Perform: DeLeon RN,Girlyn L 12/28/2023 13:16
MST

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H = High C = Critical

9/6/2024 10:22 MST

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c = Corrected

f = Footnote **Report Request ID: 1074258831**

89/86/24 11:38:16 5289993087

Banner Health

BANNER ESTRELLA MEDICAL CENTER
9201 W Thomas Rd
Phoenix, AZ 85037-3332

+1.488.612.8177 Banner Health System **Page 009**

MAR

Patient: SIMS, MICHAEL JON

DOB: 8/3/1952 **Sex:** Male

MR#: 892813

Patient Location: 55 OPS

Age: 72 years

Attending Physician: CHEHVAL DO,VINCENT ANDREW

Admin Date/Time: 12/28/2023 13:16 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 13:19** MST

Medications

Admin Details: (Not Done) Task Duplication
Pain/Sedation Reassessment PF

Action Details: Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

Admin Date/Time: 12/28/2023 13:16 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 13:19 MST**

Admin Details: (Not Done) Task Duplication

Pain/Sedation Reassessment PF

Action Details: Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

Admin Date/Time: 12/28/2023 13:16 MST

Medication Name: **fentaNYL**

Charted Date/Time: **12/28/2023 13:19 MST**

Admin Details: (Not Done) Task Duplication

Pain/Sedation Reassessment PF

Action Details: Perform: DeLeon RN,Girlyn L 12/28/2023 13:16 MST

Continuous Infusions

KALASGAGTRAKANELLAKNARKELKINEMALASGAGTRAKALEYABINGAREDSAPKALASGAGTRAKALEETTRAKALEUCANDPALLASGAGTRAKALELLAKALEUSKAPVA

Admin Date/Time: 12/28/2023 10:21 MST

Medication Name: **Sodium Chloride 0.9% Intravenous solution** 1,000 mL

Charted Date/Time: **12/28/2023 10:21 MST**

Ingredients: NS1000LVP 1000 mL

Admin Details: (Begin Bag) (Auth) 1000 mL, 100 mL/hr, Arm, Left

Action Details: Order: CHEHVAL DO,VINCENT ANDREW 12/28/2023 09:32 MST; Perform: Ith RN, Gina 12/28/2023 10:21 MST:

VERIFY: Ith RN,Gina 12/28/2023 10:21 MST

HISTORY AND PHYSICAL PERTINENT REPORT

L = Low H = High C = Critical

Printed: 9/6/2024 10:22 MST

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+1.480.612.8177 Banner Health System Page 818

89/86/24 11:38:38 5289993887

* Auth (**Verified**)

*

12/27/2023 NED 14:07 FAX

Patient: 113960 - Michael Sims
DOB: 08/03/1952
SSN:
Date:
Provider: 345-44-6230
12/26/2023 14:00
Chehval, Vincent A. DO
Encounter: New Patient

ACTIVE PROBLEMS & CONDITIONS
• Gross Hematuria
• History of Prostate Gland Neoplasm
Malignant

Malignant neoplasm of prostate - Gleason 3+3 in 1/12 cores at the
right apex

CHIEF COMPLAINT
• Hematuria

REFERRED HERE
referred here.

HISTORY OF PRESENT ILLNESS
Michael Sims is a 71 year old male.
Medication list reviewed.

SIMS,
MICHAEL JON
MR 08-92-813 08/03/52
SVC
Accl] 00045256864 12/28/23
M 071Y

BANNER
LABEL

CMC

12/26/23: Here to discuss gross hematuria. Reports began to have difficulty urinating and grossly bloody urine about 8 days ago . He eventually went to the emergency room

and a catheter was placed **which** revealed significant hematuria. **He** was started on light irrigation and his urine reportedly cleared so he was discharged however the hematuria has persisted. Of note, he also reports a **history of prostate cancer. He reports** this **was** diagnosed about 7 **years ago** however records indicate **that** it was actually a **little less** than 6 years ago in 2/2018. **Reports** he underwent external radiation therapy with brachy therapy simultaneously shortly **after** his diagnosis.

CURRENT MEDICATION

* AmlODIPine **Besylate** 10MG Oral **Tablet** 10 MG 0 days, 0 refills

Losartan Potassium 100 MG Oval **Tablet** 0 **days, 0** refills

Tamsulosin HCl 0.4MG Oral Capsule 0,4 MG **twice a day** sig i tab PO BID, **90 days, 3** refills

PAST MEDICAL/SURGICAL HISTORY

Diagnoses:

Prostate cancer

SOCIAL HISTORY

Tobacco use: Not a current smoker.

Alcohol: No consumption of alcohol.

Drug Use: **Not** using drugs.

Work: Occupation

Pastor. Marital:

Currently married.

89/86/24 11:38:51 5289993087

Patient:

DOB:

SSN:

Date:

Provider:

Encounter:

113960 - Michael Sims

08/03/1952

345-44-6230

12/26/2023 14:00

Chehval, Vincent A. **DO**

New Patient

ALLERGIES

- No Known Allergies

FAMILY HISTORY

3 children

No diagnosis of

nephrolithiasis

No diagnosis of bladder

cancer No diagnosis of

kidney cancer

Paternal:

+1.480.612.8177 Banner Health System Page **811**

Auth (**Verified**)

*

SIMS, MICHAEL
JON

MR
SVC

No diagnosis of prostate
cancer

08-92-813 08/03/52 071Y M Acct
00045256864 12/28/23
BANNER LABEL EMC

REVIEW OF SYSTEMS

Systemic: No fever, no chills, and no night
sweats.

Head: No headache.

Neck: No lump or swelling in the
neck.

Eyes: No blurry vision and no eye
pain.

Otolaryngeal: No hearing loss and no chronic discharge from ears. No
sore throat.

Cardiovascular: No chest pain or
discomfort.

Pulmonary: No dyspnea, no cough, and no
wheezing.

Gastrointestinal: No dysphagia and no heartburn. No jaundice, no diarrhea, and no constipation.

Genitourinary: Hematuria throughout urination. No increase in urinary
frequency and no

sudden urinary urgency. No incomplete emptying of bladder and no
urinary incontinence. Dysuria. No flank pain.

Endocrine: No polydipsia, no temperature intolerance, and no generalized
muscle weakness. Hematologic: No easy bleeding.

Musculoskeletal: No lower back pain and no lower leg pain in blue

swollen veins. **No**

arthralgia

s.

Neurological: No dizziness and no limb weakness.

Skin: No **pruritus**. No akin lesions.

PHYSICAL FINDINGS

General Appearance:

*Not ill-appearing. In no acute distress.

Head:

Injuries: ° No evidence of a head

injury,

Appearance: * No skull deformity.

Neck:

悲 **No carotid** bruits.

Thyroid: * Not diffusely enlarged.

Pharynx:

* Auth (Verified)
*

Parient: 113960 - Michael Sims
DOB: 08/03/1952
SSN: 345-44-6230

SIMS, MICHAEL
JON
MR 08-92-813 08/03/52

Date: 12/26/2023 14:00
Provider: Cheval, Vincent A. DO
Encounter: New Patient

SVC
M 071Y
"Acct | 00045256864 12/28/23
EMC
BANNER LABEL

Oropharynx: * Not
inflamed.

Obstructions:
Obstructions: * Airway **was not completely**
obstructed.

Lungs:
* No shallow respiration was **observed**. * No wheezing
was heard.

Back:
"No swelling. "No costovertebral angle
tenderness.

Abdomen:
Visual Inspection: * Abdomen was not
distended.
Palpation: * No abdominal guarding. * **Abdominal**
non-tender.

Urinary System:
Bladder: * Not distended.

Musculoskeletal System:

Lower Leg:
General/bilateral; * **No** localized swelling **of** lower leg
Musculoskeletal **Scales:**
General/bilateral: * Gait normal,

Neurological
:
Cranial Nerves: * Reviewed Cranial Nerves **II-XII** normal.
Motor: * No paresis was

seen.

Psychiatric:

"

Mood was not labile.

Thought Processes: * Evaluation of connectedness showed no deficiency.

Skin:

Turgor was not decreased. *No ecchymosis **on** the flank. **"No** cyanosis. * No jaundice.

Skin/Hair Changes
absent.

"

ASSESSMENT

71-year-old male with a history **of** prostate cancer treated with XRT and **brachy in 2018** **here** today **due to gross** hematuria. **We** discussed performing a cystoscopy **but** he **reports** he will need **to be** asleep **for this**. **If he is** going to be asleep we discussed performing any indicated procedures during the cystoscopy including but not limited to: Possible TURBT, possible TURP, **possible** fulguration of bleeding, and possible catheter reinsertion. **The** risks **and** benefits **of all** these procedures were discussed including but not limited **to**: Bleeding, pain, infection, damage **to** surrounding structures, possible **need** for additional procedures, possible need for a catheter placement postoperatively, and other anesthetic **risks**. **We** did also discuss starting finasteride 5 **mg** daily and he would like to try **this**. **He** is currently taking aspirin **81 mg** **which** I asked him to stop.

-Available records reviewed.

THERAPY

- Education and instructions.

89/06/24 11:39:28 **5289993887**

12/27/2023 WBD 14:08 FAX

+1.480.612.8177 Banner Health System Page **813**

*** Auth (Verified) ***

Q005/005

Patient: 113960 - Michael Sims
DOB: 08/03/1952
SSN: 345-44-6230
Date: 12/26/2023 14:00
Provider: Chehval, Vincent A. DO

MA
SIMS, MICHAEL
JON
08-92-813 08/03/52

Encounter: New Patient

SVC
M 071Y
Acct 00045256864 12/28/23
EMC

- Clinical summary provided to patient.

BANNER LABEL

PLAN

- Gross hematuria
Surgery/Adult Urology: Cysto, bladder biopsy, bilateral RPG
Other
Water For Irrigation, **Sterile** mL 4 times pm, **30** days, **3** refills
Finasteride **5** MG tablet 1 tab daily, 30 **days**, 0 **refills**

- Continue indwelling catheter
- Stop aspirin
- start finasteride **5** mg daily
- Plan for cystoscopy with possible fulguration **of** bleeding, possible transurethral resection of bladder tumor, possible transurethral resection of the prostate

Vincent A. Chehval DO
Electronically signed by: Vincent Cheval, DO Date:

12/26/2023 16:26

History Physical Patien, Seef and Ex

Signature
Date

| No Chanes
See Aptes
HD Progress
Note

Page 4

Time-

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Signed By: CNRIVAL BO, VINCENT
ANDREW

Banner Health

BANNER ESTRELLA MEDICAL CENTER
9201 W Thomas Rd
Phoenix, AZ 85037-3332

+1.480.612.8177 Bammer Health System Page 014

Patient: SIMS, MICHAEL JON

DOB: 8/3/1952 **Sex:** Male

MR#:

892813

Patient Location: 55 OPS

Age: 72 years

Document Name:

Result Status:

Signed By:

Service Date/Time :

Attending Physician: CHEHVAL DO,VINCENT ANDREW

OPERATIVE/PROCEDURE REPORTS - PERTINENT REPORT

.Operative Note

Auth (Verified)

CHEHVAL DO,VINCENT ANDREW (1/3/2024 11:45 MST)

12/28/2023 09:34 MST

Operative Report

DATE OF BIRTH: 08/03/1952

Operative Report

DATE OF SERVICE:

12/28/2023

PREOPERATIVE DIAGNOSIS:

Clot retention of urine with gross hematuria and a personal history of prostate cancer.

POSTOPERATIVE DIAGNOSIS:

Clot retention of urine with gross hematuria and a personal history of prostate cancer.

PROCEDURE PERFORMED:

Cystoscopy with clot evacuation and fulguration of bleeding.

SURGEON:

Vincent Chehval, DO.

ASSIS

TANT: **None.**

FINDINGS:

Large amount of blood clot within the bladder, which was all irrigated out. Bleeding was noted from the anterior and right bladder neck, and fulguration was performed. Notable irritation of the membranous urethra was noted upon insertion of the cystoscope.

SPECIMENS REMOVED:

None.

ESTIMATED BLOOD LOSS:

Fifty mL of clot,

ANESTHESIA:

General.

COMPLICATIONS:

None.

INDICATIONS FOR PROCEDURE:

This patient is a 71-year-old male with a history of prostate cancer treated with radiation in 2018.

He reports receiving both external radiation and brachytherapy. A little over a week ago he began to have gross hematuria and went to an outside emergency room where a catheter was placed.

L = Low

Printed:

H = High C = Critical

9/6/2024 10:22 MST

Abnormal

^ = Interpretive Data Page 12 of 14

c = Corrected

f = Footnote **Report Request ID: 1074258831**

89/86/24 11:39:43 **5289993887**

Banner Health

BANNER ESTRELLA MEDICAL CENTER

9201 W Thomas Rd
Phoenix, AZ 85037-3332

+1.480.612.8177 Banner Health System Page 815

Patient: SIMS, MICHAEL JON

DOB: 8/3/1952 **Sex:** Male

MR#:

892813

Patient Location : 55 OPS

Age: 72 years

Attending Physician: CHEHVAL DO,VINCENT ANDREW

OPERATIVE/PROCEDURE REPORTS - PERTINENT REPORT

He reports his urine did eventually clear and he was sent home. However, he has had persistent gross hematuria into his catheter bag with clots since then. We discussed management options in the office including cystoscopy. He reports he will need to be asleep for this. We discussed performing a cystoscopy with clot evacuation, fulguration of bleeding, possible TURBT, and possible TURP

The risks and benefits were discussed including, but not limited to, bleeding, pain, infection, damage to surrounding structures, possible need for additional procedures, recurrence of the bleeding and other anesthetic risks. He expressed understanding and agreed to proceed.

DESCRIPTION OF PROCEDURE:

After written and verbal informed consent was obtained, the patient was brought to the operative suite and placed supine on the OR table. General anesthesia was induced, and he was then positioned in modified dorsal lithotomy position with all pressure points padded. The patient's groin was prepped and draped in a standard sterile fashion and a formal timeout was performed to confirm proper patient, procedure, and administration of preoperative antibiotics.

I began by inserting a lubricated rigid cystoscope through the patient's urethra into the bladder. Immediately upon entering the membranous urethra a significant amount of friable, inflamed tissue was noted. Once within the bladder a large amount of clot was identified.

Next, using a Toomey syringe, the clot was systematically irrigated out of the bladder. A very large amount of clot was irrigated out.

After this had been completed, I turned my attention to cystoscopy. However, there was still some bleeding occurring which made visualization difficult. Therefore, the decision was made to remove the cystoscope and insert a resectoscope with continuous flow.

The cystoscope was removed, and with the aid of the visual obturator a resectoscope sheath was

advanced through the patient's urethra into the bladder. With continuous irrigation I was able to identify significant bleeding from the anterior bladder neck and right bladder neck. The remainder of the bladder was surveyed and no tumors or other abnormalities were seen aside from bladder trabeculation.

Next, the button cautery was affixed to the resectoscope, and I began with systematic fulguration of bleeding along the bladder neck. Essentially the entire bladder neck was fulgurated as it was noted to be friable and bleeding, particularly along the anterior and right side. The ureters were noted to be well clear of the fulguration sites.

After this had been completed, the bladder was then again meticulously surveyed with both the 30- and 70-degree lenses once visualization had improved. No tumors or other abnormalities were seen. There was mild catheter-associated cystitis along the posterior wall, but no other abnormalities.

After this had been completed, I carefully observed the area of fulguration with irrigation on and off and with the bladder filled and emptied, and excellent hemostasis was ensured. After this had been completed, the bladder was left partially inflated and the resectoscope was removed.

L = Low H = High C = Critical Printed:
9/6/2024 10:22 MST

Abnormal
^ = Interpretive Data Page 13 of 14

c - Corrected
Report Request ID:
f = Footnote
1074258831

89/86/24 11:48:04 5289993887

Banner Health
BANNER ESTRELLA MEDICAL CENTER
9201 W Thomas Rd
Phoenix, AZ 85037-3332

+1.480.612.8177 Banner Health System Page 816

Patient: SIMS, MICHAEL JON
DOB: 8/3/1952 **Sex:** Male
MR#: 892813
Patient Location: 55 OPS

Age: 72 years

Attending Physician: CHEHVAL DO, VINCENT ANDREW

Uro-Jet was injected through the urethra and a 24-French 3-way catheter was inserted through the urethra into the bladder. The balloon was inflated with 25 mL of sterile water and the catheter was hooked to gravity drainage. The third port was capped and excellent drainage of clear efflux was observed.

At this point the procedure was complete. The patient was taken out of dorsal lithotomy position, awoken from general anesthesia and brought to recovery room in stable condition having tolerated the procedure well with no complications.

Vincent A Chehval, DO

VAC:gw

D: 12/28/2023 11:56

T: 12/28/2023 13:07

36268167/306427222

Electronically Signed on 01/03/2024 11:45 MST

CHEHVAL DO, VINCENT ANDREW

GLUCOSE POINT OF CARE

Glucose Point of Care

Glucose Point of Care

Collected Date	12/28/2023	12/28/2023	
Collected Time	11:44 MST	10:01 MST	
Procedure			
Glucose POC			Units
Glucose Comments POC			
Specimen Type			
POC	108 Bedside Glucose	100 Bedside	
	Capillary	Glucose	
			mg/dL
Reference Range [70-115]		Capillary	

L = Low H = High **Printed:** 9/6/2024
10:22 MST

C = Critical

Abnormal

^

^ = Interpretive Data Page 14 of 14

c = Corrected

f = Footnote

Report Request ID: 1074258831

89/86/24 11:48:18 5209993887

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+1.480.612.8177 Banner Health **System** Page 817

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

You can access most *of* your health information directly through *our* patient portal (Banner Health App on *Android* or Apple device) or <https://account.bannerhealth.com/>

NOTE : *An individual has a right to direct a healthcare provider to transmit their protected health information (PHI), maintained electronically, directly to another person or entity designated by the individual. This is considered a "third-party directive". According to federal regulations, third-party directives are only applicable to records maintained in an EHR (electronic health record) and the release must be electronic (not paper). If an individual is directing the disclosure of records that are not maintained in an EHR to a third-party. Banner Health requires a HIPAA authorization to make that disclosure.*

Patient

Information :

Patient Name: Michael John Sims

Address: 12176 W. Mountian view dr

City/State: Avondale AZ

Date of Birth: 8/3/1952 **Phone Number:** 6232951010

Zip Code: 85323

Release Information From:

Please specify facility/location, organization or individual below

Hospital: Banner Estrella Medical Center

Clinic/Health Center/Urgent Care:

Home Care/Hospice:

Imaging Center:

Other:

Address: 1360 N. Bullard Ave

City/State: Goodyear AZ Zip Code
85323

Fax 4806120177

Phone

Release/**Send** Information To: Please select one of the boxes below

OR

Self (same info as above) Sean Strimback

QEntity/Individual (please specify):

Moritrac

Address: 1360 N. Bullard Ave

City/State: Goodyear
AZ

Zip Code 85323

Phone

Fax 4806120177

For the
Dates of
Service

FROM: Most Recent Visit

MM

DO

TO:

MM

DO

YYYY

YYYY Must be for *prior* or current date(s) of service. Future dates cannot be accepted.

Information All Pertinent Records: (includes Allergies, Laboratory, Consultation, Medication list, Discharge Summary, to be
Operative Report, ER Report, Pathology Report, EKG Report, Problem List, History & Physical, Radiology Report)

Entire Medical Record: (includes full "designated record set" defined in 45 CFR 164.501)

Released:

*Please

Note- There may

be a FEE

associated

with your

Request for

Records

Images/Photos: (Specify type of images/photos Le.

X-Ray, CT, wound photo, etc.)

Radiology Images (CD):

Other images/photos:

Billing Records

Other: (please specify)

Specific Documents/Notes:

Urgent Care Visit Notes

Clinic Visit/Progress Notes Lab Reports

Pathology Reports

Radiology Reports

Genetic Testing

Immunization Record

Substance Abuse Notes

Behavioral Health/Psychiatric Care Notes

Please exclude the following information from being released as part of the release of information request:

Sexually Transmitted Disease

Other Communicable Diseases

Treatment of Substance Abuse

Behavioral Health/Psychiatric Care

HIV/AIDS Genetic

Testing

Child Abuse/Neglect Information

1200 Use/Disclose Protected Health Info

Page 1 of 2

1200-0004
(01/2024)

89/86/24 11:48:58 5289993087

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AUTHORIZATION FOR RELEASE OF MEDICAL
INFORMATION

Deliv

ery of
Information:

Paper Request Mail Pick Up

+1.480.612.8177 Banner Health System Page **818**

Electronic Requests Encrypted E-mail

OD

Fax

Purpose:

NOTE: There is a level of risk that a third party could access your Protected Health Information (PHI) without your consent when faxed or when electronic media is unencrypted. We are not responsible for unauthorized access to faxes, unencrypted media or for any risks (e.g., virus) potentially introduced to your computer/device when receiving PHI in any electronic format.

sean@moristat.com

Email Address for record delivery (Complete ONLY if requesting records via encrypted email)

Self Continuing Care Other:

I understand that information in my health record may include information relating to Sexually Transmitted Disease, Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), and other communicable diseases, Behavioral Health Care/Psychiatric Care, treatment of alcohol and/or drug abuse and genetic testing. My signature authorizes release of any such information.

I understand that I may refuse to sign this authorization form. I understand that Banner will not condition or deny treatment on my signing this authorization.

I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. Banner Health's Notice of Privacy Practices explains the process for revocation, which includes a request in writing.

I understand that I have a right to receive a copy of this authorization.

This Authorization pertains only to the information and dates specified on this Authorization. Unless I revoke this authorization earlier, it will expire 12 months from the date signed. I understand that if this information is disclosed to a third party, the information may no longer be protected by State or Federal regulations and may be re-disclosed by the person or organization that receives the information.

I release Banner Health, its employees and agents, medical staff members and business associates from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient

Signature of Legal Representative

Relationship to
Patient:

Healthcare Representative

For Healthcare Use Only

Date Received:

MD/License Verified D

Additional Comments:

Records picked up by:

Date

09-05-2024

Date

Processing Facility:

Processing Lawson #:

PALENA, ALI JAWHARIN ERIKSENIE KUKARASAPAKINAKINATA KINAMENIE KUKUNABIGIRAU

KARLAMUJONALJAKKAN EN EINANENEMAMMANNAALMAJOK

Verbal Release D

POA Verified D

Page 2 of 2

Date

1200-0004
(01/2024)

09/86/24 11:41:21 5209993887

+1.480.612.0177 Bammer Health System Page 819

Danner

REQUEST CONFIRMATION

PATIENT INFORMATION

FIRST NAME:

LAST NAME:

Michael

DATE OF BIRTH:

EMAIL ADDRESS:

PHONE NUMBER:

Sims

08/03/1952

sean@moristat.com

Health

Less
er

*#ex

6232951010

MAILING ADDRESS:

12176 W. Mountian view dr Avondale AZ 85323

REQUEST INFORMATION

DATE REQUESTED:

09/05/2024

REASON FOR REQUEST:

Continuing
Care

TERMS AND CONDITIONS:

Accepte
d

CONSENT TO AN

UNENCRYPTED EMAIL COPY:

X Not
Accepted

IDENTITY VERIFICATION DOCUMENTS:

Michael Jon Sims- Auth to transfer medical
records.pdf

DRIVING LICENSE OR GOVERNMENT ISSUED PHOTO ID:

Verified

Verified

Powered
By

O

For assistance, please call (610)994-7500 Option 1 M-F from 8:30 AM to 8:00 PM EST

89/86/24 11:41:41 **5209993887**

September 5th, 2024

To Whom It May Concern:

I am writing to request a **copy** of Michael Jon Sims's medical records. I am Michael Jon Sims's Medical Record Service.

Michael Jon Sims is currently a patient of

MORITRAC LLC 1360 N. Bullard Ave. Suite 200

Goodyear, Arizona 85395

Fax: 480-612-0177

Email: intake@moristat.com

Attached as a second page is a signed Authorization to Release Medical Records.

Please contact Moritrac LLC if you have any questions or **need** additional information.

Moritrac LLC

1360 N. **Bullard** Ave. Suite 200 Goodyear, Arizona 85395

Fax: 480-612-0177 Email: intake@moristai.com Phone: 623-295-1010

Thank you for your

attention to this matter.

Sincerely,

Moritrac LLC

89/86/24 11:41:49 5209993807

AUTHORIZATION TO RELEASE MEDICAL RECORDS

1. PATIENT INFORMATION.

Name: Michael Jon Sims

Date of Birth: August 03, 1952

Address: 12176 W Mountain View Dr Avondale, Arizona 85323

2. AUTHORIZATION FOR RELEASE. I hereby authorize

to release, disclose, and deliver the medical information described below to:

Authorized Recipient: Moritrac LLC

1755 N. Pebblecreek Parkway #1218 Goodyear, Arizona 85395

Fax: 480-612-0177 Email: intake@@moristal.com Phone: 623-295-1010

3. SPECIFIC AUTHORIZATION. I specifically authorize the release of all medical information relating to the above-named patient including but not limited to the following categories protected by state or federal law: (1) Substance abuse (drug or alcohol) treatment (2) Mental health treatment and (3) HIV-AIDS-related information, if such information is contained in the records. This request includes any reports, correspondence, test results, and any other information contained in the records, whether generated by the authorized provider or another entity.

I do not give permission for any other use or redisclosure of this information.

4. REDISCLOSURE. This release **does** not authorize redisclosure of medical information beyond the limits of this consent. The Recipient of this information is prohibited from using the information for other than the stated purpose, and from disclosing it to any other party without further authorization. The following written statement should accompany certain disclosures:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2 and 45 CFR Parts 160 and 164). 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 and 45 CFR Parts 160 and 164. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I specifically understand and agree that the REDISCLOSURE requirements set out above will apply to these records.

5. VALIDITY. I understand that this authorization will automatically expire one year from the date of my signature, and that I may revoke this authorization by sending a written notice to the person or entity

authorized to make the disclosure described above. I agree that any release which has been made prior to revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.

I authorize the release of information as indicated above.

Date:

Printed Patient Name:

Michael Jon Sims

Patient Signature: