

February 25, 2016

William Nesbitt, Attorney
The Koffel Law Firm
1801 Watermark Drive, Suite 350
Columbus, OH 43215

Re: Clinical Alcohol Assessment for Kellie Ashley Carmendy (DOB – 11/24/1992)

Dear Mr. Nesbitt,

I performed a Clinical Alcohol Assessment for Ms. Carmendy in reference to her OVI charge in Franklin County (9/2015). This assessment included a 50-minute in-person clinical interview, and the administration of:

- Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

SASSI-3: *NEGATIVE SCREEN for alcohol & substance use (DEF 6 – valid screening)*

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicate *moderate to severe disorder present*

Alcohol Substance Use Risk Factors:

Concerns/Risks Screened

- legal history - denies previous history
- anxiety / depression - NA
- other substance use - NA
- family history - none reported
- prior treatment history - NA
- peer influences - NA
- work environment - NA
- contraindicated prescription use - NA
- general health problems - NA
- current family stress - NA

Summary - 0 of 9 concerns = low risk profile

Present Use Status: reports not using alcohol since September 2015 (legal charge)

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary: Ms. Carmendy's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol before this charge as 1-2 drinks on 0-1 occasions per week. She reported no change in the amount of alcohol she consumed if attending a social event or special occasion where alcohol was being served (about once per month).

Ms. Carmendy and I discussed her OVI incident, general use of alcohol, and the content of the 72-hour Driver Intervention Program she attended last December (2015). The DIP made a significant impact on her. She was articulate about the tremendous risks, costs and damage associated with impaired driving. Furthermore, I was unable to find her meeting any of the DSM-5 alcohol use disorder criteria.

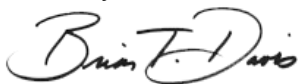
DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol use disorder I have no further recommendations for Ms. Carmendy at this time.

If you or the court possess additional information about Ms. Carmendy's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist the court, Ms. Carmendy, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Kellie Ashley Carmendy

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality rules. 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 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Alcohol Assessments based on objective and standardized screenings and interviewing methods as well as self-reported information. Clinical conclusions are made to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve additional background research, collateral information and third party verification can be provided as an additional service upon request.