

995 Beech St
VBR 16-2

Dear Marsha Moreman,

My name is Justin Rodriguez and I am currently at Saint Josephs Hospital. My home is located at 995 Beech st. I hired a gentleman to watch my home while I was in the hospital and he proceeded to tell others that it was his home and he rented it out without my permission. My intention was to fix it up and sell it....Never to rent it out. There was so much negative traffic that my home was condemned. I will do anything and everything to work with the city to rectify the situation, I hope you find the attached information helpful in seeing that im trying to do the right thing.

Sincerely,

Justin Rodriguez





Fax Cover Sheet

Date: 01/11/16

Number of Pages: 9
(including cover sheet)

To: Marsha Moreman - legislative hearing officer

Dept: St Paul inspector

Fax Number: 651-266-8574

* attn: Ann

FROM:

Name: Mike Parham

Fax Number: 651-326-8275

Email: miparham@healtheast.org Phone 651-232-4745

Organization: HealthEast/St. Joseph's

Department: Mental Health & Addiction Care

Re: This patient is here for inpatient MICD treatment (mental illness chemical dependency), admitted 1/4/15, and he was here also from 9/12/15-10/5/15 for the same reasons. Included are his most recent intake note, his previous discharge summary, the release of information, and a letter from the patient explaining his situation with regards to his house at 995 Beech Street, St Paul, MN 55106

- Urgent
- For Patient Care
- As Requested
- For Review
- Please Reply

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 is NOT sufficient for this purpose. The Federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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Dedicated to Caring
www.healthcast.org

ADM7138C



RODRIGUEZ,JUSTIN

MRN: 600296728

DOB: 5/20/1981 (34 yrs) Male



CSN: 118676318

HAR: 24390066

Adm: 1/4/2016



HOSPITALS

HealthEast Release of Information Services (ROI)

University Park Medical Building, Suite 180

1690 University Ave. W.

St Paul, MN 55104 Phone: 651-232-4999 Fax: 651-232-4087

CLINICS

Encounter: 1688307

HealthEast Release of Information Services (ROI)

University Park Medical Building, Suite 175

1690 University Ave W.

St. Paul, MN 55104 Phone: 651-326-5179 Fax: 651-326-8366

Refer to our HealthEast website www.healthcast.org for a list of all locations

1. Regarding the Following Patient:

Patient Name Justin Rodriguez Phone # _____

Other Names _____ Date of Birth 5/20/81

Address 995 Beech Street St Paul MN 55106

Street Apt City State Zip

2. REQUEST Information FROM: HealthEast ST Jors Facility name

Address/Phone # 69 Exchange St 55102

3. RELEASE Information TO: Fax #: _____ Provider to Provider Only

Name Marsha Mureman Phone # _____

Address St Paul Inspector's office

Street Apt City State Zip

4. Records to be Released: Date(s) treatment was received: 1/4/16 - end of tx; also

Consultation Report Laboratory Report Radiology Reports Other attached p-12-15-

Discharge Summary Office Notes Radiology Image Film/CD documents

Emergency Room Report Operative Report Test Results

History and Physical Pathology Report Verbal Discussion Only - Do Not release any written records

How do you want to receive your information? Select Media Type: Paper Electronic (Flash Drive/CD)

5. I authorize the release of the information relating to: Alcohol/Drug Abuse Evaluation/Treatment Genetic Testing/Evaluation

6. Purpose of Release: Continuing/Transfer of Care Insurance Litigation

Personal Use Sale of PHI Other healing

This authorization expires on the following date, event or condition: _____ If I do not specify any expiration date, event or condition, this authorization will expire in one year. A new Authorization will be required for each new episode of care.

Statement of Authorization:

- I understand that, except for research related treatment, HealthEast will not condition my treatment, payment, enrollment or eligibility for benefits on my signing this authorization.
- Except to the extent that action has already been taken, I understand that I may revoke this authorization at any time by giving written notification to Health Information Management/Release of Information. A photocopy/fax of this authorization will be treated in the same manner as the original.
- I do not authorize further release to any third party. I understand that once information is released as specified in this authorization, the facility, their employees and my physician(s) cannot prevent the re-disclosure of that information. I hereby release each of them from any and all liability arising directly or indirectly from disclosure authorized by this consent and any re-disclosure of that information.
- HealthEast's records may include records that we received from other organizations. If these records have been used by HealthEast and filed in the record HealthEast maintains about you, these records may be released with your HealthEast records.

8. Signature of Patient/Legally Authorized Representative Justin Rodriguez Today's Date 1-11-16

Relationship to Patient _____ Reason Patient Unable to Sign _____

Signature of Witness (Verbal Authorization Only) _____

-----For HealthEast Use Only-----

Medical Records Released By: _____ Date: _____ MR# _____

Copies Review CD/Image

MR8185C 5/14

Doc Type = Release of Information

E = HIM ROI Authorization

AUTHORIZATION FOR RELEASE OF INFORMATION

Original: Medical Record

Copy: Patient



8185

Rodriguez,Justin MRN: 500296728

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Rodriguez,Justin

MRN	Sex	DOB	Age
500296728	Male	05/20/1981	34

Michael L Parham	Licensed Alcohol and Drug Counselor	Signed	Rule 31	Service date: 01/06/2016 2:54 PM
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CD Counselor Intake Note

Justin Rodriguez is a 34 year old, Puerto Rican male, referred to inpatient treatment by civil commitment process and self.

Based on client history, diagnostic impression: Patient is appropriate for inpatient treatment at this time. Individual abuse plan needs to be in place at this time, assessed at a high risk for suicidal thought/ideations using PANSI screen. Denies danger to self or others at this time. No sexual orientation or spirituality, race, age or ethnic origin issues identified at this time.

Assessment

Completed intake assessment summary. Client was presented and acknowledges receiving orientation to policies and procedures, grievance procedure, suspected maltreatment of a vulnerable adult policy and mandated reporter information, Facility Abuse Prevention Plan, program rules/regulations, client bill of rights, information related to tuberculosis and screening, and HIV/AIDS minimum standards information. Presented Individual Abuse Prevention Plan, scored PANSI screen. Master treatment plan was presented and assignments and expectations were explained.

Dimension #1: Withdrawal potential- Risk level 0- No Concern. Patient reports no withdrawal symptoms at this time. Last use of chemicals was 12/13/15 and has been in hospital since that time with the exception of Civil Commitment court.

Dimension #2: Biomedical concerns or complications - Risk level 2- Moderate Concern. Patient reports having Hepatitis C but never has received treatment for it due to a lack of insurance, therefore he has neglected this problem but reports no other biomedical conditions at this time. He says he has not "had a doctor in 14 years".

Dimension #3: Emotional/Behavioral/Cognitive concerns - Risk level 2- Serious Concern. Patient has recently been diagnosed with personality disorders of the narcissistic and histrionic type, yet doesn't feel these are problematic for him and they are what makes him unique. He made a non-lethal suicide attempt on 10/7/15 while at Nu Way residential treatment center, and subsequently relapsed living in his own home as a virtual captive of drug dealer's who had taken over his house. He describes being beaten by his father as a child, and having frequent thoughts of hopelessness in the context of drug use. He is estranged from his wife and daughter, and has difficulty functioning in life due to his substance use and mental health problems.

Dimension #4: Readiness for Change - Risk level 3- Serious Concern. Patient fought his order of commitment because he wants to be here, but has vacillated and shown ambivalence about being here. Outside issues seem to be more important to him at this time than dealing with his personality disorders and substance use disorders. He said that he is "willing to jump through whatever hoops you

Rodriguez,Justin MRN: 500296728

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tell [me] to", which is indicative of a superficial compliance

Dimension #5: Relapse potential - Risk level 4- Extreme Concern. Patient has not had more than 2 months of sobriety in the last 15 years despite multiple treatments and hospitalizations.

Dimension #6: Recovery Environment - Risk level 4- Extreme Concern. Patient reports that he has no friends, his parents live out of state, and he does not get along with his brother, and is estranged from wife and 4 yr old daughter. His house is condemned and under surveillance by police due to occupancy by drug dealers, drug users and criminal elements. He is currently continuing to make inappropriate comments and behavior in treatment, despite repeated warnings for him not to do so, which alienate him from his peers and threaten his eligibility to remain in treatment. His medical provider has been informed of recent behaviors that could possibly result in his premature departure from St Joe's.

Recommendation:

Client in agreement to be here. Signed releases. Patient received and acknowledged understanding of policies and procedures. Participated in and agree to Vulnerable Adult Assessment and Master Treatment Plans 1-6. In agreement to discharge date of TBD.

Treatment:

Oriented to treatment process, explained releases, policies and procedures, Vulnerable Adult Assessment and Master Treatment Plans 1-6. Discharge date: TBD.

Plan:

Take medications as prescribed, follow rules, display appropriate behavior and language, attend groups, and follow treatment plan.

Counselor Name: Michael L Parham, LADC

Date: 1/7/2016

Time: 5:35 PM

Rodriguez, Justin (MR # 500296728)

Patient Information

Patient Name Rodriguez, Justin	Sex Male	DOB 5/20/1981
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Rule 31 by Nicholas Nierenhausen, LADC at 10/5/2015 9:47 AM

Author: Nicholas Nierenhausen, LADC	Service: (none)	Author Type: Licensed Alcohol and Drug Counselor
Filed: 10/6/2015 11:54 AM	Note Time: 10/5/2015 9:47 AM	Status: Signed
Editor: Nicholas Nierenhausen, LADC (Licensed Alcohol and Drug Counselor)		

ST. JOSEPH'S HOSPITAL CHEMICAL DEPENDENCY DISCHARGE SUMMARY

NAME: Justin Rodriguez	Physician: Dr. Missova, MD
MRN: 500296728	Assessor: Nicholas Nierenhausen
SS#: xxx-xx-6733	Funding Source: Ramsey County
Admit Date: 9/12/2015	Discharge Date: 10/05/15
DOB: 5/20/1981	Days Completed: 23
Initial Diagnosis: Patient Active Problem List Diagnosis <ul style="list-style-type: none"> • Polysubstance dependence • Alcohol dependence with withdrawal • Addiction, marijuana • Drug-induced affective disorder • Histrionic personality disorder • Narcissistic personality disorder 	Final Diagnosis: Patient Active Problem List Diagnosis <ul style="list-style-type: none"> • Polysubstance dependence • Alcohol dependence with withdrawal • Addiction, marijuana • Drug-induced affective disorder • Histrionic personality disorder • Narcissistic personality disorder
Discharge Address:	Nuway House 2200 1st Ave S, Minneapolis, MN 55404 (612) 871-7567

Discharge Type:
With Staff Approval (WSA)

Reasons for and circumstances of service termination:

Patient discharged with staff approval. Patient discharged to Nuway House at the above address.

Dimension/Course of Treatment/Individualized Care:

1. Withdrawal Potential – Risk level – 0
Patient denies and withdrawal concerns at the time of admission.
Goal - Patient to remain free from all mood altering chemicals while on the unit.
Rating at discharge - 0
Patient reported no withdrawal concerns while in treatment or at the time of discharge.

Rodriguez, Justin (MR # 500296728)

2. Biomedical Conditions and Complications – Risk level – 1

Patient reports minimal to no health concerns at the time of admission. Patient reports smoking 1/3 of a pack of cigarettes a day.

Goal - Patient will remain medically stable while on the unit and at the time of discharge. Patient will gain education on available resources for smoking cessation.

Rating at discharge - 0

Patient has no medical concerns while on the unit or at the time of discharge. Patient is recommended to follow up with their primary care physician after discharge.

3. Emotional/Behavioral/Cognitive Conditions and Complications - Risk level – 2

Patient reports no formal mental health diagnosis, however reports symptoms of depression. Patient was high risk on the PANSI, and reports recent suicidal ideations due to feelings of hopelessness.

Goal - Patient will have mental health assessed and evaluated. Patient will report less symptoms of depression at the time of discharge.

Rating at discharge - 2

Patient attended daily co-occurring group. Upon admission patient was exhibiting signs for possible Narcissistic personality disorder. Patient was very grandiose and had an attitude like he was very special and set himself apart from other people. Patient had a diagnostic assessment completed which indicated Histrionic and Narcissistic personality disorder. Patient denied SI, SIB or HI while on the unit or at the time of discharge. Patient reported feeling more hopeful about his future. Patient would benefit from ongoing 1:1 therapy.

4. Treatment Acceptance/Resistance – Risk Level – 1

Patient reports he is motivated for sobriety and being in treatment. Patient reports his daughter is a motivator for him to get sober

Goal - Patient will remain motivated for his sobriety throughout his treatment stay.

Rating at discharge - 1

Patient participated in treatment programming such as groups and lectures. Patient completed treatment assignments and processed with counselor. Patient was open-minded to discharge planning and recommendations. Patient is willing to follow through with discharge recommendations.

5. Relapse/Continued Use/Continued Problem Potential - Risk level - 4

Patient reported extensive daily use leading up to his admission into St. Joseph's.

Goal - Patient will gain skills to obtain long term sobriety.

Rating at discharge - 3

Patient completed and presented their chemical use history in a group session. Patient identified relapse triggers and stressors. Patient identified warning signs for a relapse and analyzed past relapses. Patient identified relapse prevention coping tools and skills. Patient reports motivation for recovery. Patient remains a risk for relapse and is recommended to continue ongoing programming after discharge at Nuway House.

6. Recovery Environment - Risk level – 4

Patient reports having no structure in his day to day life at this time. Patient has been on leave from his job due to being hospitalized for in August. Patient reports minimal healthy support in his life. Patient reports living separately from his wife.

Goal - Patient will develop an environment that will support his sobriety.

Rating at discharge - 3

Rodriguez, Justin (MR # 500296728)

Patient discharged and went directly to Nuway House in Minneapolis for further treatment. Patient agreed to attend support groups in the community such as AA/NA meetings. Patient is recommended to build upon their sober support network upon discharge.

Strengths and Needs and Services Provided:

Medical, groups, lectures, films, OT/RT, spirituality groups, 1-1's with Clergy, 1-1's, Psychologist, followed psychiatrically here, 1-1's with counselor.

Program Involvement:	Good
Attendance:	Good
Ability to relate in group/	
Other program activities:	Good
Assignment Completion:	Good
Overall Behavior:	Good
Reported Family/Significant	
Other Involvement:	Good
Prognosis:	Guarded

Recommendations

Attend 12 Step Meetings, Obtain/Retain 12 Step Program Sponsor, Discharged to Other CD Services, Identify and Maintain a Sober Social, Network of Friends and Attend Aftercare

Mental Health Referral

Individual Therapy and Med Compliance

Physical Health Referral: Personal Physician

Counselor Name and Title: Nick Nierenhausen, ADCT

Date: 10/5/2015

Time: 9:47 AM

Encounter-Level Documents:

There are no encounter-level documents.

Chart Review Routing History

No encounter routing history is on file