Medical Records Request

10 Columbus Blvd, Hartford, CT 06106 • (860) 837-5780 *phone* • (860) 837-5785 *fax*

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I authorize Connecticut Children's and/or Connecticut Children's Specialty Group, Inc. to use and/or disclose my protected health information (PHI) as provided below. I understand that I may revoke this Authorization, but the revocation will not apply to information that has already been released in response to this authorization. The written revocation letter needs to be sent to the Health Information Management (HIM) Department of Connecticut Children's. I understand that my/my child's treatment is in no way conditioned on whether or not I sign this authorization and that I may refuse to sign it. I understand that once the PHI listed below is used or disclosed as set forth in this Authorization, it may be re-disclosed by the recipient and may no longer be protected by federal privacy regulations.

STOP Please note that each section of the form must be completed in its entirety. Failure to complete a section (including dates) may delay the processing of your request. Please print clearly. ** Photo identification may be requested for signature verification purposes.**

Patient Name Sawyer Ambrose Date of Birth 7/6/2010

Previous Names (if applicable) Phone (475) 201-1275

Parent/Guardian Completing Form (please print name) Karen Riordan

Patient Address 381 Hersipend Rd.

City Madison State CT Zip Code 06443

FOR CONNECTICUT CHILDREN'S TO *DISCLOSE* RECORDS	(OR)	FOR CONNECTICUT CHILDREN'S TO *OBTAIN* RECORDS
I authorize Connecticut Children's to disclose health information to: Name: Michelle Pavlina Facility: Address: 199 Manchester Rd City, State, Zip: Glastonbury CT 06033 Telephone: 860 841 9033 Fax:		I authorize to disclose health information to: Dept./Physician: Connecticut Children's 282 Washington Street Hartford, CT 06106 Contact Person: Telephone: Fax:

Method of Disclosure

☐ Mail ☑ Pick-Up ☐ MyChart (if available)

☐ Fax (Healthcare Facilities/Providers ONLY)

The dates of service and the types of information to be used or disclosed are as follows: Date(s) of Service/Department Requested: ~~12/3/2020 - 12/15/2020~~ 12/3/2020 - 12/15/2020

☐ History & Physical ☐ Discharge Summary ☐ ED Record ☐ Procedure/Operative Reports ☐ Immunizations

☐ Laboratory Reports ☐ Radiology Reports ☐ Radiology Images ☐ PT/OT/ Speech Audiology Notes ☐ Progress Notes

☐ Billing records ☐ Pathology Reports ☑ ~~Entire Record~~ ☐ Other

The purpose of this disclosure or use is:

☐ Medical ☐ Legal ☐ Disability ☐ Insurance ☐ School ☐ At the request of patient ☐ Other:

If records are needed for an UPCOMING appointment, please specify date of appointment: 12/22/2020

STOP *I understand that state law prohibits use and/or disclosure of the PHI listed below unless specifically authorized by me. I understand that such information will not be used or disclosed in response to the above request unless I indicate my authorization by initialing below.*

Mental Health/Psychiatric: *(initials)* KK

HIV Tests & Related Information: *(initials)* KR

Alcohol and/or Substance Abuse *(initials)* KR

* Must get on Monday 12/21/2020 for covid on Tues, 12-22

EXPIRATION DATE: Unless I revoke this Authorization or provide a different expiration date below, this Authorization will expire twelve (12) months from the date of execution. Other Expiration Date (may not exceed 12 months):

Signature: Karen Riordan **Date:** 12/18/2020

Check One: ☐ Patient ☑ Parent ☐ Legal Guardian

Note: If Legal Guardian box is checked, documentation establishing guardianship must be provided or on record in order to comply with the above request.

Thank you

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
-	12/2/2020 12:27	Urgent	Car	Mother	Emergency Medicine	Emergency

Chief Complaint

Complaint	Comment
Physical Screening	

Diagnoses

Diagnosis	Comment
Encounter for medical screening examination	
Suspected child sexual abuse, initial encounter	

Allergies (Review Complete on: 12/03/20)

Agent	Severity	Comments
Amoxicillin		

ED Dismissal

Date/Time	Event	User	Comments
12/02/20 1717	Patient discharged	BASTEDO, CRYSTAL	

ED Disposition

ED Disposition	Comment
Discharge	Sawyer Elias Ambrose discharge to Mom's care.

Current Medications

Prior to admission medications have not been reviewed during this visit

ED Provider Notes

ED Triage Notes by Sara Regan, RN at 12/02/20 1243

Author: Sara Regan, RN
Filed: 12/02/20 1247
Status: Signed

Service: —
Date of Service: 12/02/20 1243
Editor: Sara Regan, RN (Registered Nurse)

Author Type: Registered Nurse
Creation Time: 12/02/20 1243

Pt presents to ED for physical screen. Mom reports she is doing through a divorce and the soon to be ex husband is physically and sexually assaulting the children for months. DCF and police are involved pt and the siblings were brought to YALE by police. Dr. Margaret Coffey referred pts to the ED.

No travel in the past 30 days
No contact with anyone with COVID

Electronically signed by Sara Regan, RN at 12/02/20 1247

All Results

No results found

Discharge Orders (720h ago, onward)

None

ED Prescriptions

None

Follow-up Information

None

Disclaimer

This report is intended to be a summary of relevant information abstracted from the patient's encounter. Additional information may be available upon request by contacting the Health Information Management Department - 860-837-5780

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
-	12/3/2020 13:34	Urgent	Car	Foster Parent	Emergency Medicine	Emergency

Chief Complaint

Complaint	Comment
Social Service Issue	

Diagnosis

Diagnosis	Comment
High risk social situation	

Allergies (Review Complete on: 12/03/20)

Agent	Severity	Comments
Amoxicillin		

ED Dismissal

Date/Time	Event	User	Comments
12/03/20 1815	Patient discharged	GIL, MONICA	

ED Disposition

ED Disposition	Comment
Discharge	Sawyer Elias Ambrose discharge to home/self care.

Current Medications

Reviewed by Karen Cone, RN (Registered Nurse) on 12/03/20 at 1359

Medication	Taking?	Instructions	Last Dose	Status
No patient reported home medications				

ED Provider Notes

ED Triage Notes by Karen Cone, RN at 12/03/20 1355

Author: Karen Cone, RN
Filed: 12/03/20 1357
Status: Signed

Service: —
Date of Service: 12/03/20 1355
Editor: Karen Cone, RN (Registered Nurse)

Author Type: Registered Nurse
Creation Time: 12/03/20 1355

Child arrives with "family friend" due to concern for safety. Child seen in ED yesterday for concern for physical/emotinal abuse. Children were transitioned to the care of "family friend" last night by DCF. Today, friend received phone call that bio dad was coming to get the children, which causes friend and children to feel concerned for their safety. No covid concerns. No travel.

Electronically signed by Karen Cone, RN at 12/03/20 1357

ED Attestation by Michele McKee, MD at 12/03/20 1431

Filed: 12/03/20 1646
Status: Signed

Date of Service: 12/03/20 1431
Editor: Michele McKee, MD (Physician)

Author Type: Physician
Creation Time: 12/03/20 1431

I discussed and saw and examined the patient with the npp. I agree with the history, physical exam, medications and plan of care as documented with the following exceptions: see below..

10 yo male, one of three siblings, seen here yesterday and placed with a family friend for a safety plan. We are told the father called this family friend and was threatening while he indicated his plan to go to the house to get his children. Given concerns for the children's safety, they have been brought to our location.

Blood pressure 93/57, pulse 98, temperature 37 °C (98.6 °F), temperature source Temporal, resp. rate 20, height 137 cm (4' 5.94"), weight 32.1 kg (70 lb 12.3 oz), SpO2 100 %.

MDM

Number of Diagnoses or Management Options
Diagnosis management comments: Suspected child abuse (verbal)
Behavioral Health Disorder

Risk of Complications, Morbidity, and/or Mortality
Presenting problems: moderate
Management options: moderate

Patient Progress
Patient progress: stable

SW is seeing this patient and the two other siblings for a safety plan/placement. The information we have is that the allegations the mother has made are unfounded and father is en route for placement. Will confirm with SW and DCF an appropriate placement plan for all three siblings.

Electronically signed by Michele McKee, MD at 12/03/20 1646

ED Provider Notes by Sarah C. Orlando, PA at 12/03/20 1603

Author: Sarah C. Orlando, PA
Filed: 12/03/20 1654
Status: Signed
Cosigner: Michele McKee, MD at 12/03/20 1727

Service: —
Date of Service: 12/03/20 1603
Editor: Sarah C. Orlando, PA (Physician Assistant)

Author Type: Physician Assistant
Creation Time: 12/03/20 1603

HISTORY:

Chief Complaint
Patient presents with
- Social Service Issue

10 y/o m p/w family friend and siblings c/o social discord. Pt reports that he was in this ED last night. Yesterday was the first day pt had seen his mother since the court placed pt and siblings with father 8 months ago. Pt was brought to this ED yesterday by his mother after making allegations that his father is mean, yells

ED Provider Notes (continued)

ED Provider Notes by Sarah C. Orlando, PA at 12/03/20 1603 (continued)

all the time, and touches pt and siblings inappropriately. Pt and siblings were placed by DCF with a family friend (Michelle Pawlina), arrived at 3am today to her home. Michelle reports that this afternoon pt's father started texting her and saying he was coming to her home to pick up his children. Michelle reports she did not know what to do, states the children told her they were instructed to return to the ED if they felt unsafe so she brought them back to this ED. Pt denies medical complaints. Reports he doesn't want to go back with his father, states if he has to return to his father he will try to kill himself. Pt reports he doesn't know what he will do to kill himself. Pt denies medical complaints at this time.

Wish to be Dead (Past Month): yes
Suicidal Thoughts (Past Month): yes
Suicidal Thoughts with Method (without Specific Plan or Intent to Act) (Past Month): no
Suicidal Intent (without Specific Plan) (Past Month): no
Suicide Intent with Specific Plan (Past Month): no
Suicide Behavior (Past Month): no

Date

Past Medical History:

Diagnosis

- Asthma

No past surgical history on file.

No family history on file.

Social History

Tobacco Use	
• Smoking status:	Not on file
Substance Use Topics	
• Alcohol use:	Not on file
• Drug use:	Not on file

Review of Systems
Constitutional: Negative for activity change, appetite change, chills and fever.
HENT: Negative for congestion, ear pain, rhinorrhea and sore throat.
Respiratory: Negative for cough and wheezing.
Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting.
Musculoskeletal: Negative for back pain.
Skin: Negative for rash.
Neurological: Negative for headaches.

PHYSICAL EXAM:

ED Provider Notes (continued)

ED Provider Notes by Sarah C. Orlando, PA at 12/03/20 1603 (continued)

BP 93/57 (BP Location: Right arm, Patient Position: Sitting) | Pulse 98 | Temp 37 °C (98.6 °F) (Temporal) | Resp 20 | Ht 137 cm (4' 5.94") | Wt 32.1 kg (70 lb 12.3 oz) | SpO2 100% | BMI 17.10 kg/m²

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:
General: He is active.
Appearance: Normal appearance. He is well-developed.

HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal. No congestion or rhinorrhea.
Mouth/Throat:
Mouth: Mucous membranes are moist.

Eyes:
Conjunctiva/sclera: Conjunctivae normal.

Neck:
Musculoskeletal: Normal range of motion and neck supple.

Pulmonary:
Effort: Pulmonary effort is normal.

Musculoskeletal: Normal range of motion.

Skin:
General: Skin is warm.
Findings: No rash.

Neurological:
General: No focal deficit present.
Mental Status: He is alert.

ED COURSE:

MDM

Number of Diagnoses or Management Options

Diagnosis management comments: 10 y/o m with complex family discord including allegations of abuse. Pt has been living with her father for months with limited contact by mother. Pt seen yesterday in this ED due to allegations, pt was placed by DCF with a family friend.
Phone call from DCF caseworker Stacey Faulk. Per Stacey, bio mom has made repeated allegations regarding sexual abuse of children by their bio father, these have been investigated by DCF and found to be unsubstantiated. Pt and siblings have a guardian-ad-litem who met with the judge yesterday and again today. Stacey reports pt and siblings are to be be returned to their father today per the judge's order. Pt and siblings are all reporting that they will kill themselves if they have to go with their father. Plan for social work eval. No medical complaints at this time.medically cleared.

ED Provider Notes (continued)

ED Provider Notes by Sarah C. Orlando, PA at 12/03/20 1603 (continued)

Sarah C. Orlando, PA
12/03/20 1654

Electronically signed by Michele McKee, MD at 12/03/20 1727

Consult Notewriter Note by Samantha Burgos, LCSW at 12/03/20 1815

Author: Samantha Burgos, LCSW
Filed: 12/03/20 1827
Status: Signed

Service: Case Management
Date of Service: 12/03/20 1815
Editor: Samantha Burgos, LCSW (Family Support Clinician)

Author Type: Family Support Clinician
Creation Time: 12/03/20 1822

TW spoke to DCF Worker Stacey Faulk at 203-537-4379 who reported dad has sole legal and physical custody of the children. Stacey reports today a judge court ordered kids to "immediately" return to father by the end of the night after a dispute that occurred last night. Children were taken by the mother and brought to a hotel room which father was not aware of. Police department was involved and kids a 136 was filed due to alleged sexual abuse made by Sawyer and his older sister against father. DCF became involved and pt was sent with family friend (Michelle) for the night. Children received a text stating father was coming to pick them up and then began to state "they did not feel safe and asked to be sent to the ED" Upon arrival pt's reporting they wanted to harm them self's and would "kill them selves if they had to return to father's home".

Provided SSW consult as requested by APP Sarah Orlando. Interviewed Sawyer separately from his siblings. Sawyer reported "dad has been sexually abusing me for the last 7 months". Sawyer reports father had been "tickling him" and pointed toward his private parts and that "dad used to get into bed with him at night". Pt reporting this occurred when both parents were together and "the tickling" recently but could not recall date/time or details of the mentioned incident. Pt reporting he see's Dr. Alfansa for therapy and his therapist said "dad could go to jail". Pt reported he did tell his DCF worker as well. Pt reporting more negative feelings towards father and wanting to live with his mother. Pt reported he did make a suicidal statement but denies any plan. Pt reporting intent a 3/4 out of 10.Pt denying he would hurt his self upon return to father's home and understood the court ordered pt and his siblings to return home. Pt reporting "he misses mom" and is "fearful of dad's reaction to today's event". Pt able to contract for safety at this time and is in agreement with going home. Pt reporting no HI/SIB/AH/VH.

Consulted with APP Sarah Orlando who agreed to discharge pt's home to father with EMPS follow up. Children to continue with OP therapy.

Father arrived to ED and expressed concerns and frustrations with pt and her siblings. Father gave paperwork to show case he has sole legal and physcial custody as ordered by the court and GAL. Father reporting a similar event occurring in 09/2020 at YALE with similar accusations in which kids were discharged to him as well. Discussed with father children's report and concern with pt's mental health. Discussed pt's did not need a higher level of care however, needing to continue OP therapy. Father in agreement and TW offered EMPS follow up to the home. Father was receptive.

Electronically signed by Samantha Burgos, LCSW at 12/03/20 1827

All Results

No results found

Discharge Orders (720h ago, onward)

None

ED Prescriptions

None

Follow-up Information

None

Disclaimer

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END OF REPORT

APPLICATION FOR RELIEF FROM ABUSE

JD-FM-137CO New 4-20
C.G.S. §§ 29-28, 29-32, 29-33, 46b-15, 52-231a; P.A. 17-163; E.O. 7T

Instructions:
This Application and any documents accompanying it may be submitted to the clerk by e-mail or fax. The appropriate e-mail address or fax number may be located at www.jud.ct.gov. The clerk will return the proper papers to you at the e-mail address or fax number from which the Application was received.

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STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

Judicial District of	Court location *(number, street, town, zip code)*	Docket number
New Haven	235 Church Street, New Haven, CT	

Your name (Applicant) *(Last, first, middle initial)*	Date of birth *(mm/dd/yyyy)*	Sex *(M/F)*	Race
Riordan, Karen aka Ambrose, Karen PPA Ambrose, Mia	01/28/2007	F	Guatemalan

Your mailing address *(Number, street)* (See Note below)*	Town	State	Zip Code
51 Trolley Road	Guilford	CT	06437
Your home/residence address* *(See Note below)* ☒ Same as mailing address	Town	State	Zip Code
Your work address* *(See Note below)*	Town	State	Zip Code

Note: Any addresses you provide will be included in the court file and will be provided to the Respondent. These addresses will also tell the court which law enforcement agencies must be notified if the court issues a restraining order. If you believe that giving out your home, work, or school address would put you and/or your children's health, safety or liberty in danger, you may use a mailing address that is different from your home or work address, including the address for the Safe at Home address confidentiality program, if applicable, but it is important to note that doing so may limit which law enforcement agencies receive notice of the order. You may also file a Request for Nondisclosure of Location Information form JD-FM-188CO (which requires a mailing address) with the Clerk's Office.

Information About the Respondent (Person the application is filed against)

Respondent's name *(Last, first, middle initial)*	Date of birth *(mm/dd/yyyy)*	Sex *(M/F)*	Race
Ambrose, Christopher	05/15/1962	m	white

Respondent's address *(Number, street)*	*(Town)*	*(State)*	*(Zip Code)*
381 Horse Pond Road	Madison	Ct	06443

Respondent's telephone number	Other identifiers *(Examples include height, weight and approximate age)*
203-505-1889	

Respondent is *(Select all that apply)*

- ☒ My spouse or a person I have a civil union with
  - ☒ If you are seeking additional orders of maintenance, *check here*
    (If you check this box, you must complete JD-FM-233CO, Request for Orders of Maintenance and submit it as part of your application)
- ☒ Someone I have cohabited with as an intimate partner (romantic, spousal, or sexual relationship while living together)
- ☒ Parent of my child
- ☐ My parent
- ☐ My child
- ☐ A person who is also the parent of my dependent child or children in common and we all live together.
  - ☐ If you are seeking additional orders of maintenance, *check here*
    (If you check this box, you must complete JD-FM-233CO, Request for Orders of Maintenance and submit it as part of your application)
- ☐ A person related to me by blood or marriage
- ☐ A person I reside or resided with
- ☐ A caretaker who is providing shelter in his or her residence to a person 60 years of age or older
- ☐ A person I have (or recently had) a dating relationship with

☒ Select here if you know about any other Protective Order or Restraining Order that exists involving you or the Respondent.
(Give the docket number and court location, if known)

Docket number	Court location

☒ Select here if a dissolution of marriage (divorce), dissolution of civil union, custody or visitation action exists involving you and the Respondent.
(Give the docket number and court location, if known)

Docket number	Court location

Optional to Applicant *(If you choose to answer, select the appropriate boxes below)*

1. Does the Respondent hold a permit to carry a pistol or revolver?	☐ Yes	☐ No	☒ Unknown
2. Does the Respondent hold an eligibility certificate for a pistol or revolver, a long gun eligibility certificate, or an ammunition certificate?	☐ Yes	☐ No	☒ Unknown
3. Does the Respondent possess one or more firearms?	☐ Yes	☐ No	☒ Unknown
4. Does the Respondent possess ammunition?	☐ Yes	☐ No	☒ Unknown

If you think you need more security when you are in court for your relief from abuse hearing, contact the Clerk's Office or the Court Service Center in the court where your hearing is scheduled.