

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 Mia Ambrose Date of Birth 11/28/07
 Previous Names (if applicable) _____ Phone (475) 201-1275
 Parent/Guardian Completing Form (please print name) Karen Riordan
 Patient Address 381 Horsepond 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: <u>Michelle Pawlina</u> Facility: _____ Address: <u>799 Manchester Rd</u> City, State, Zip: <u>Glastonbury CT 06033</u> Telephone: <u>860 841 9033</u> 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: <u>12/13 - 12/15/2020</u> <table border="0"> <tr> <td>☒ History & Physical</td> <td>☐ Discharge Summary</td> <td>☐ ED Record</td> <td>☐ Procedure/Operative Reports</td> <td>☐ Immunizations</td> </tr> <tr> <td>☐ Laboratory Reports</td> <td>☐ Radiology Reports</td> <td>☐ Radiology Images</td> <td>☐ PT/OT/ Speech Audiology Notes</td> <td>☐ Progress Notes</td> </tr> <tr> <td>☐ Billing records</td> <td>☐ Pathology Reports</td> <td>☒ Entire Record</td> <td>☐ Other _____</td> <td></td> </tr> </table>		☒ 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 _____	
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☐ 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: Tuesday 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) KR
 HIV Tests & Related Information: (Initials) KR
 Alcohol and/or Substance Abuse (Initials) KR

** I need to pick up Monday 12/21/2020*

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.

PC 18-367 New 4/2018; Revised 11/2018, 1/2019, 6/2019

Sorry!
Dept for court

Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
-	12/2/2020 12:32	Urgent	Car	Mother	Emergency Medicine	Emergency

Chief Complaint

Complaint	Comment
Physical Screening	

Diagnosis

Diagnosis	Comment
Encounter for medical screening examination	

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

No Known Allergies

ED Dismissal

Date/Time	Event	User	Comments
12/02/20 1718	Patient discharged	BASTEDO, CRYSTAL	

ED Disposition

ED Disposition	Comment
Discharge	Mia C Ambrose discharge to home/self 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 1251

Author: Sara Regan, RN	Service: —	Author Type: Registered Nurse
Filed: 12/02/20 1254	Date of Service: 12/02/20 1251	Creation Time: 12/02/20 1251
Status: Signed	Editor: Sara Regan, RN (Registered Nurse)	

Pt presents to ED for a physical screen. Mom is going through a divorces and mom is concerned for physical and sexual abuse. The pt posted comments on social media making statements. DCF and police are involved. Pt was also seen at YALE

No travel in the past 30 days
No contact with anyone with s/sx of COVID

Electronically signed by Sara Regan, RN at 12/02/20 1254

ED Provider Notes by Alexis Veith, PA at 12/02/20 1357

Author: Alexis Veith, PA	Service: —	Author Type: Physician Assistant
Filed: 12/03/20 2151	Date of Service: 12/02/20 1357	Creation Time: 12/02/20 1357
Status: Signed	Editor: Alexis Veith, PA (Physician Assistant)	
Cosigner: Henry Chicaiza, MD at 12/04/20 0934		

ED Provider Notes (continued)

ED Provider Notes by Alexis Veith, PA at 12/02/20 1357 (continued)

HISTORY:

Chief Complaint

Patient presents with

- Physical Screening

Mia C Ambrose is a 13 y.o. adopted female w/ hx of hearing loss Right ear here with Mom and siblings for physical screening. Mom picked up the kids from school yesterday due to safety concerns and was advised by her legal team to bring them to the ED to have everything "redocumented". Kids have been living with Dad for the past 7 months.

Pt attends Polson Middle School, 8th Grade in, Madison CT. She attends full time in person, states school is good. She denies having worries about her body. She denies somatic complaints. She denies having concerns about her Mom and denies concerns about being with her Mom. She does have concerns about being with her Dad, states she does not feel safe with Dad. When asked if Dad hurts her, she says no. When asked if Dad has ever hurt anyone that she loves, she says no. Pt states right now she lives with Mom, but previously was living with his Dad, sister Mia, and younger brother Sawyer in Madison. Pt is asked if she has any worries and she begins to cry and states she is "not sure about the plan" and the uncertainty makes her worried. She is worried about being told they have to go back with Dad because "he touches my brother (meaning Sawyer) and he really scares us". She elaborates that if she goes back with Dad "I'm probably not going to get back out again" because he "cuts us off" from seeing anyone.

Pt screens positive on ASQ screen. She endorses having thoughts about being dead, but she does not feel her family would be better off without her. She denies having plan and denies current SI. No prior attempt. She does have a hx of remote cutting.

Mom reports this has been ongoing for several months now. She has hired a private investigator Manuel Gomez - (347) 867-6242 - who has arrived to ED to see if he can help with any evidence collection. Mom states she and the kids are fearful of Dad and the kids have told her Dad threatens them. Mom reports she has filed with police department, Detective Degoursey with Madison Police Department is assigned to her case. Mom adds that the DCF worker who was assigned to their case knew pt's Dad, and was therefore biased. His name is Thomas Thomas Villanueva, and she is asking that he not be involved in the future.

Past Medical History:

Diagnosis

Date

- Deaf, right
- Depression
- Self-cutting of wrist

History reviewed. No pertinent surgical history.

No family history on file.

ED Provider Notes (continued)**ED Provider Notes by Alexis Veith, PA at 12/02/20 1357 (continued)****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 appetite change and fever.

HENT: Negative for congestion and sore throat.

Respiratory: Negative for cough.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for abdominal pain.

Skin: Negative for rash and wound.

Neurological: Negative for dizziness and headaches.

Psychiatric/Behavioral: Positive for suicidal ideas. Negative for behavioral problems and self-injury. The patient is nervous/anxious.

All other systems reviewed and are negative.

PHYSICAL EXAM:

BP 115/73 (BP Location: Left arm, Patient Position: Sitting) | Pulse 84 | Temp 36.9 °C (98.4 °F) (Temporal) |
Resp 16 | Ht 149.9 cm (4' 11") | Wt 78.8 kg (173 lb 11.6 oz) | SpO2 100% | BMI 35.09 kg/m²

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:

Appearance: Normal appearance. She is obese. She is not ill-appearing or diaphoretic.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane and external ear normal.

Left Ear: Tympanic membrane and external ear normal.

Nose: Nose normal. No congestion.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Normal range of motion and neck supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: No murmur.

Pulmonary:

Printed on 12/21/20 12:45 PM

ED Provider Notes (continued)

ED Provider Notes by Alexis Veith, PA at 12/02/20 1357 (continued)

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Genitourinary:

Comments: **Currently on menses, pad in place to underwear**

External vaginal exam normal

Musculoskeletal: Normal range of motion.

General: No swelling or deformity.

Skin:

General: Skin is warm and dry.

Comments: **A few, healed cut marks to left anterior wrist**

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time.

Motor: No weakness.

Coordination: Coordination normal.

Comments: **Cranial Nerves II-XII grossly intact**

Psychiatric:

Comments: **Tearful at times**

Anxiety about family placement

Passive SI without intent or plan

ED COURSE:

MDM

Number of Diagnoses or Management Options

Encounter for medical screening examination:

Diagnosis management comments: 13 y.o. adopted female w/ hx of hearing loss Right ear here with Mom and siblings for physical screening. Pt is endorsing feeling unsafe in Dad's presence, Describes passive SI which appears to be directly related to returning with Dad. FBSE with chaperone present is unremarkable, no evidence of injury. Pt denies somatic complaints. Pt does not relay to this examiner abuse to herself, does relay concern about younger brother Sawyer.

I have spent over 60 minutes in discussion with pt, Mom, as well as DCF and SCAN:

Discussed with Sarah Dean, SCAN. Reviewed HPI and normal examination, do not need to ask complete history of family discord. DCF 136 must be filed and review safety plan with DCF. Can offer STI testing for all patients.

ED Provider Notes (continued)

ED Provider Notes by Alexis Veith, PA at 12/02/20 1357 (continued)

Mom denies wanting STI testing, including G&C, HIV and syphilis. She states "I don't have concern about penetration".

Filed DCF 136 with Tara Fitch, report faxed to Middletown office. I have requested DCF come to ED tonight to help safety plan and determine disposition and legal matters (as both Mom and Dad have lawyers involved). DCF declined but they will respond within 72 hours and safety plan per DCF is discharge to Mom only, if there is any new concern of risk or safety, Mom and children need to call police/911.

F/u with SCAN:

Tuesday the 15th, 9:30 am
85 seymour street, suite 511
860 837 5890

7:24 PM

Dad calls ED threatening Amber Alert if we don't give him information. Contacted RISK, advised to tell Dad the children were seen here, they have been discharged and therefore I cannot give out further medical information. Per RISK, I have informed Dad the children were examined and medically cleared, but due to descriptions made by children, DCF 136 was filed and per DCF safety plan is home with Mom and DCF will follow within 72 hours. Any further questions or concerns should be directed to DCF and/or local police department. Dad demonstrates understanding.

Amount and/or Complexity of Data Reviewed

Discuss the patient with other providers: yes

Alexis Veith, PA
12/03/20 2151

Electronically signed by Henry Chicaiza, MD at 12/04/20 0934

All Results

No results found

Discharge Orders (720h ago, onward)

None

ED Prescriptions

None

Follow-up Information

None

Printed on 12/21/20 12:45 PM

Follow-up Information (continued)

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 13:33	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)

No Known Allergies

ED Dismissal

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

ED Disposition

ED Disposition	Comment
Discharge	Mia C Ambrose discharge to home/self care.

Current Medications

Prior to admission medications have not been reviewed during this visit

ED Provider Notes

ED Triage Notes by Karen Cone, RN at 12/03/20 1351

Author: Karen Cone, RN	Service: —	Author Type: Registered Nurse
Filed: 12/03/20 1353	Date of Service: 12/03/20 1351	Creation Time: 12/03/20 1351
Status: Signed	Editor: Karen Cone, RN (Registered Nurse)	

Arrives with family friend due to concern for safety at home. Child seen in ED yesterday for concern for physical/emotional abuse. Children were placed with "family friend" by DCF late last night. Today, family friend received a call from bio dad indicating that he was coming to get his children. No covid exposure.

Electronically signed by Karen Cone, RN at 12/03/20 1353

ED Attestation by Michele McKee, MD at 12/03/20 1430

Author: Michele McKee, MD	Service: —	Author Type: Physician
Filed: 12/03/20 1645	Date of Service: 12/03/20 1430	Creation Time: 12/03/20 1430
Status: Signed	Editor: Michele McKee, MD (Physician)	

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.

13 yo female, 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.

ED Provider Notes (continued)**ED Attestation by Michele McKee, MD at 12/03/20 1430 (continued)**

Blood pressure 111/71, pulse (!) 94, temperature 36.7 °C (98.1 °F), temperature source Temporal, resp. rate (!) 18, height 151 cm (4' 11.45"), weight 77.9 kg (171 lb 11.8 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 1645

ED Provider Notes by Sarah C. Orlando, PA at 12/03/20 1510

Author: Sarah C. Orlando, PA

Service: —

Author Type: Physician Assistant

Filed: 12/03/20 1649

Date of Service: 12/03/20 1510

Creation Time: 12/03/20 1510

Status: Signed

Editor: Sarah C. Orlando, PA (Physician Assistant)

Cosigner: Michele McKee, MD at 12/03/20 1727

HISTORY:**Chief Complaint**

Patient presents with

- Social Service Issue

13 y/o F p/w family friend and siblings c/o social discord. Pt reports that she was in this ED last night. Yesterday was the first day pt had seen her mother since the court placed pt and siblings with father 8 months ago. Pt was brought to this ED yesterday by her mother after making allegations that her father is mean, yells all the time, and touches pt and brothers 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 she doesn't want to go back with his father, states if she has to return to her father she will try to kill herself. Pt reports she doesn't know what she will do to kill herself. Pt reports she has a history of cutting for self-harm.

ED Provider Notes (continued)

ED Provider Notes by Sarah C. Orlando, PA at 12/03/20 1510 (continued)

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

Past Medical History:

Diagnosis

Date

- Deaf, right
- Depression
- Self-cutting of wrist

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, fatigue and fever.

HENT: Negative for congestion, facial swelling and rhinorrhea.

Respiratory: Negative for cough and wheezing.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for abdominal pain, nausea and vomiting.

Musculoskeletal: Negative for back pain.

Skin: Negative for rash and wound.

Neurological: Negative for headaches.

PHYSICAL EXAM:

BP 111/71 (BP Location: Right arm, Patient Position: Sitting) | Pulse (!) 94 | Temp 36.7 °C (98.1 °F) (Temp
| Resp (!) 18 | Ht 151 cm (4' 11.45") | Wt 77.9 kg (171 lb 11.8 oz) | SpO2 100% | BMI 34.16 kg/m²

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance.

ED Provider Notes (continued)

ED Provider Notes by Sarah C. Orlando, PA at 12/03/20 1510 (continued)

HENT:

Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
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: She is alert and oriented to person, place, and time.

ED COURSE:

MDM

Number of Diagnoses or Management Options

Diagnosis management comments: Intermittently tearful 13 y/o 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 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.

Sarah C. Orlando, PA
12/03/20 1649

Printed on 12/21/20 12:45 PM

ED Provider Notes (continued)

ED Provider Notes by Sarah C. Orlando, PA at 12/03/20 1510 (continued)

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

Consult Notewriter Note by Samantha Burgos, LCSW at 12/03/20 1559

Author: Samantha Burgos, LCSW
Filed: 12/03/20 1822
Status: Signed

Service: Case Management
Date of Service: 12/03/20 1559
Editor: Samantha Burgos, LCSW (Family Support Clinician)

Author Type: Family Support Clinician
Creation Time: 12/03/20 1559

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 Mia and her younger brother Sawyer 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 Mia separately from her brothers. Mia reported father was being "sexually abusive". Pt reporting "father was touching her breast, butt and inner thigh". Pt reporting this occurred when both parents were together and recently but could not recall date/time or details of the mentioned incident. Pt reporting she see's Dr. G for therapy but did not tell her because she didn't feel she would believe her. Pt reported she did tell her DCF worker as well. Pt reports "dad is mean" and states "he threatens us". TW asked what threats were made and pt reported father "threatened to take phones away and makes her feel bad". Pt reporting more negative feelings towards father and wanting to live with her mother. Pt reported she did make a suicidal statement but denies any plan. Pt reporting intent a 3/4 out of 10 but states "I wouldn't do it because my brothers would miss me". Pt reporting she has SI "once to twice every other week" but has never attempted. Pt denying she would hurt her self upon return to father's home and understood the court ordered pt and her siblings to return home. Pt reporting "she 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 physical 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 1822

All Results

No results found

ED Provider Notes (continued)

ED Provider Notes by Sarah C. Orlando, PA at 12/03/20 1510 (continued)

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

Consult Notewriter Note by Samantha Burgos, LCSW at 12/03/20 1559

Author: Samantha Burgos, LCSW
Filed: 12/03/20 1822
Status: Signed

Service: Case Management
Date of Service: 12/03/20 1559
Editor: Samantha Burgos, LCSW (Family Support Clinician)

Author Type: Family Support Clinician
Creation Time: 12/03/20 1559

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Electronically signed by Samantha Burgos, LCSW at 12/03/20 1822

All Results

No results found

Discharge Orders (720h ago, onward)

None

ED Prescriptions

None

Follow-up Information

Follow up With
Jonathan Sollinger,
MD

Specialties

Details

Why
As needed

Contact Info
1563 POST RD,
EAST
Westport CT 06880
203-319-3939

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

END OF REPORT

Medical Records Request

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

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

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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 Horsepond Rd. Zip Code 06443
 City Madison State CT

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 Pawlina

Facility: _____

Address: 199 Manchester Rd

City, State, Zip: Glastonbury CT 06033

Telephone: 860 841 9033

Fax: _____

Method of Disclosure

- ☐ Mail ☒ Pick-Up ☐ MyChart (if available)
☐ Fax (Healthcare Facilities/Providers ONLY)

I authorize _____

to disclose health information to:

Dept./Physician: _____

Connecticut Children's

282 Washington Street

Hartford, CT 06106

Contact Person: _____

Telephone: _____

Fax: _____

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

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): 12/21/2020 Must get in Monday 12/21/2020 for court on Tues, 12/22/2020

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

Printed on 12/21/20 12:48 PM

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/emotional 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

Service: —

Author Type: Physician Assistant

Filed: 12/03/20 1654

Date of Service: 12/03/20 1603

Creation Time: 12/03/20 1603

Status: Signed

Editor: Sarah C. Orlando, PA (Physician Assistant)

Cosigner: Michele McKee, MD at 12/03/20 1727

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

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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:
Substance Use Topics
• Alcohol use:
• Drug use:

Not on file

Not on file

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 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 physical 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

COURT USE ONLY

APPRFA

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

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

Judicial District of New Haven	Court location (number, street, town, zip code) 235 Church Street, New Haven, CT	Docket number		
Your name (Applicant) (Last, first, middle initial) Riordan, Karen aka Ambrose, Karen PPA Ambrose, Mia		Date of birth (mm/dd/yyyy) 01/28/2007	Sex (M/F) F	Race Guatemalan
Your mailing address (Number, street)* (See Note below) 51 Trolley Road		Town Gulford	State CT	Zip Code 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) Ambrose, Christopher		Date of birth (mm/dd/yyyy) 05/15/1962	Sex (M/F) m	Race white
Respondent's address (Number, street) 381 Horse Pond Road		(Town) Madison	(State) Ct	(Zip Code) 06443
Respondent's telephone number 203-505-1889	Other identifiers (Examples include height, weight and approximate age)			

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)	☐ 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)
☒ Someone I have cohabited with as an intimate partner (romantic, spousal, or sexual relationship while living together)	☐ A person related to me by blood or marriage
☒ Parent of my child	☐ A person I reside or resided with
☐ My parent	☐ A caretaker who is providing shelter in his or her residence to a person 60 years of age or older
☐ My child	☐ 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 Security Center in the court where your hearing is scheduled.

I have read the Respondent named above as explained more fully in my attached Statement of Facts.

☒ 1. I ask that the court order the following conditions: (Select all that apply)

- CT01 ☒ The Respondent not assault, threaten, abuse, harass, follow, interfere with, or stalk me. (CT01)
- CT03 ☒ The Respondent stay away from my home or wherever I shall reside. (CT03)
- CT05 ☒ The Respondent not contact me in any manner, including by written, electronic or telephone contact, and not contact my home, workplace or others with whom the contact would be likely to cause annoyance or alarm to me. (CT05)
- CT14 ☒ The Respondent may return to the home one time with police to retrieve belongings. (CT14)
- CT15 ☒ If I have moved out of the home of the Respondent, the Respondent shall permit me to return to the Respondent's home on one occasion, with police, to retrieve my belongings. (CT15)
- CT16 ☒ The Respondent stay 100 yards away from me. (CT16)
- CT19 ☒ That the order protect my minor children. (CT19)

Name (Last, first, middle initial)	Sex (M/F)	Date of birth (mm/dd/yyyy)
1 Ambrose, Mia	F	01/28/2007
2 Ambrose, Matthew	M	02/20/2007
3 Ambrose, Sawyer	M	07/06/2010

Name (Last, first, middle initial)	Sex (M/F)	Date of birth (mm/dd/yyyy)
4		
5		
6		

CT31 ☒ That the order protect animals owned or kept by me. (CT31)

☒ 2. I ask that the court make the following temporary child custody and visitation orders:

CT20 ☒ Award me temporary custody of the following minor child(ren) who is (are) also the child(ren) of the Respondent.

Name (Last, first, middle initial)	Sex (M/F)	Date of birth (mm/dd/yyyy)
1 Ambrose, Mia	F	01/28/2007
2 Ambrose, Matthew	M	02/20/2007
3 Ambrose, Sawyer	M	07/06/2010

Name (Last, first, middle initial)	Sex (M/F)	Date of birth (mm/dd/yyyy)
4		
5		
6		

CT21 ☐ With visitation as follows:

CT22 ☒ Without visitation rights to the Respondent.

☐ 3. I ask that the court order the following: (further order)

☐ 4. I am in school and I ask that a copy of the restraining order, if it is granted, be sent to my school

Name of school		Fax number of school	
Address of school (Number, street)		Town	State Zip Code

☐ 5. My minor child or children for whom I am also asking for protection is/are in school and I ask that a copy of the restraining order, if it is granted, be sent to my child's or children's school (attach additional sheets if necessary).

Name of school Polson Middle School and Brown Intermediate School		Fax number of school	
Address of school (Number, street) 302 Green Hill Road, 980 Durham Road		Town Madison	State CT Zip Code

Request For Ex Parte (Immediate) Relief (Select if this applies)

☒ 6. I ask that the court order Ex Parte (immediate) relief because I believe there is an immediate and present physical danger to me and/or my minor children and/or animals owned or kept by me.

The representations made in this document are made under the penalty of false statement.

Enter your name as your signature

Date signed