



DIVERSIFIED BUSINESS SERVICES, INC. dba  
**HEALTH INFORMATION**  
*Release of Information Specialists*

Dear Requestor:

Diversified Business Services handles all the correspondence requests for medical records, which come to this hospital. Please continue to send all of your requests directly to the hospital's Medical Records Department.

Please remember: *This information has been disclosed to you for records whose confidentiality may be protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.*

If you should have any question regarding our service please call us at (541) 312-4591.  
We look forward to serving you again.

Sincerely,

Tracy Hamaker

DBS

**OREGON MEDICAL GROUP  
AUTHORIZATION TO USE/DISCLOSE HEALTH INFORMATION**

This authorization must be written, dated and signed by the patient or by a person authorized by law to give this authorization.

I authorize information to be released

Please send my records

FROM: Valley Children's Clinic  
Name of Facility

TO: Todd Giffen  
Name of Facility

2000 N. 19th Street  
PO Box/Street Address

405 W. Centennial Blvd  
PO Box/Street Address

Springfield, OR 97477  
City, State, Zip

Springfield, OR 97477  
City, State, Zip

**PURPOSE OF THIS RELEASE:**

☒ Medical Care   ☒ Transfer of Care   ☐ Relocating   ☐ Legal   ☐ Billing   ☐ Request of Individual   ☐ Other \_\_\_\_\_

**TYPE OF INFORMATION TO BE RELEASED:**

☒ All Medical Records (Records released will be limited to the last 2 years of information unless otherwise indicated)

☒ Physician Notes

☒ X-Ray Reports

☒ Lab and/or Pathology Reports

☒ Hospital Records/Consultations

☒ Physical Therapy Records

☒ Worker's Comp Injury Records

☒ Other Mental Health, anything not included above

**\*Must be initialed to be included in other documents\***

JG HIV/AIDS - related records

JG Mental Health Counseling and/or treatment information, including information regarding Depression, Anxiety and Stress.

JG Genetic Testing Information

JG Drug/alcohol diagnosis, treatment or referral information (Federal regulation, 42CFR Part 2, requires a description of how much and what kind of info is to be disclosed). If applicable complete restriction box below.

Your health care and payment for that health care cannot be conditioned upon receipt of this signed Authorization unless your health care or treatment is for the purpose of:

- (1) Creating health information about you to be disclosed to a third party; or
- (2) For the purpose of research.

You have the right to revoke this Authorization at any time, provided that you do so in writing. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission. To revoke this Authorization, please send a written statement to the attention of Privacy Officer at Oregon Medical Group, Patient and Clinical Support Department, P.O. Box 1648 Eugene OR. 97440, that identifies the date you signed this Authorization, the recipient of the information identified in this Authorization, and state that you are revoking this Authorization.

The Information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under federal law.

This Authorization will expire on the earlier of \_\_\_\_\_ (date), 180 days from the date of signing, or the end of the period reasonably needed to complete the disclosure for the above-described purpose.

**Restrictions - Initial & Complete if applicable:**

\_\_\_\_\_ This authorization is limited to the following time period: \_\_\_\_\_

\_\_\_\_\_ This authorization is limited to the following treatment: \_\_\_\_\_

**PATIENT AUTHORIZATION TO RELEASE INFORMATION**

Todd Giffen 3/12/1985 541-747-7623  
Patient name (Printed) DOB Phone Number

405 W. Centennial Blvd Springfield Oregon 97477  
Address City State Zip

Todd Giffen 4/28/08  
Signature of patient or legally responsible person Relationship to Patient Date

I specifically give authorization to FAX my medical information. I understand that risk is involved in faxing records and confidentiality at the receiving end cannot always be guaranteed. All faxed information will contain a confidentiality statement and instructions for returning misdirected information.  
JG (initials)



Name Giffen, Todd

DOB: 3.13.85

INJURY/CONSULT Ht 58" AGE TEMP WT 92 1/4# BP 98/60

~~ADH~~ Taking Ritalin Bid parent unsure of dose.

Rublin 10mg bid 2 in Am  
1 at noon } Tolerating well

Rublin  
40mg bid

D. did poorly from all accounts on cylent.

AD

Initially 4/94 started on 40mg SR Rublin - took one

#1 with  
PRP of

day + Parents took him off - made him sick. Then he  
was on 20mg SR AD was given food as he couldn't  
handle but dose eiken. then did to Cylent - everyone  
hated it - didn't work. So, I was discharged.

20mg SR  
Am  
+ 10mg  
reg of last

For last few weeks is on Rublin at home & day since  
better than before anyway.

pe & lvs  
as soon as

Went off before lunch.

Still significant problem to anger & rage.

AD in  
fill 95.

Date MAY 01 1995

Age

10 1/2

Wt

92 1/4"

Diagnosis:

ADHD / Behavior problem - anger

Rx:

Rublin

☐ Over ☐ after hours

Name

Giffen, Todd

DOB: 3-13-85

INJURY/CONSULT

AGE

TEMP

WT 90 1/2 BP 100/50

① D/C  
Pethin

S/REV AOND

② Cylert

77.5 kg 9d

③ D/C 1/2

t-adjust

base

④ Needs

counseling

re-examined

Hists

on cell block

for referral

to someone

else

Date

Age

Wt

Diagnosis:

Init: ew

Rx:

FEB 22 1995

Over after hours

9 11/2

① ADHD ② Behavioral Problem



Date

Time

Problem:

Rx:

12-1-94



Date

Time

Problem:

Rx:

11-30-94



Date

Time

Problem:

Rx:

11/30/94

1500

Date

Age

Wt

Diagnosis:

Rx:

NOV 29 1994

Over after hours

5 8/12

94 3 14 #

ADHD / Opp Behav Problem

Pethin

Name Todd Gorton

DOB: 3/3/85

ADH

~~9/12~~ <sup>8/12</sup> ~~HT~~ <sup>HT</sup> ~~WT 94 3/4~~ <sup>WT 94 3/4</sup> ~~SP~~ <sup>SP</sup> ~~AS/48~~ <sup>AS/48</sup> ~~HC~~ <sup>HC</sup>

Took Ritalin while staying w grandparents 9-93 to 11-93.  
Did not like to take Rx. Now lives w father.  
Advised by school testing to start Ritalin again. Letters  
Sent from school. Was drug w kids now happy

Ritalin  
very strong

Now lives w Dad. Did her Todd + Tiffany  
different guys. (Todd's cousin w cottage grove but w  
involved) Tiffany's now live in Meke.  
Todd's now take medication then little.

if program

re-evaluate

1 month.

Dad - mechanic, live in Cottage Grove.  
PE & ask about car accident (at 4th)  
F&M OK, we just hoped for marriage re, fidelity!

Date <u>7/29/94</u>	Age <u>9/12</u>	Wt <u>94 3/4</u> #	Diagnosis: <u>ADHD / Opp Defiant Disorder</u>	Init: <u>(init)</u>	Rx: <u>Ritalin</u>
------------------------	--------------------	-----------------------	--	---------------------	-----------------------



41281  
14778

Giffin 4066

OCT 14 1989

AGE 4 1/2 TEMP 101.9 HT. WT 41 1/2 # BP HC

s / extreme pain earlier, middle abdomen, vomit x1 today. Got sick yesterday: stomach ache "looseness" 1/2 sibling & GEIGY P /  
It vomited today, no diarrhea (no P /  
stool) ate this morning. Drinking QBC  
OK, urinating OK.

of Gen. feverish, mod sick appearance  
Chest clear  
Throat - nt  
Abd - flat, soft, diffusely, mildly  
tender. 1/2 firmness & (C)  
rebound to percussion. RS's +

Re-  
formano  
m

Rectal - full of stool; not remarkably  
tender.

A / Prob GEIGY

can't completely eliminate  
appendicitis from D.O.

JD

QBC: CAPILLARY SAMPLE

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

HCT: 35.5

PLT: 189

WBC: 7.5

# GRANS: 6.6 % GRANS: 87

# LYMPHS: 0.9 % LYMPHS: 13

APR 18 1991

AGE 6 TEMP 100.4 HT WT 48 # BP HC

fever 102 x 3 days. Nausea 18 other dx.

Acute "viral-like"

Throat - nt  
Chest - clear  
Abd - nt  
Rectal - nt

Amount  
700 ml  
x 100 ml

AUG 29 1991

AGE 4yrs TEMP \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ BP \_\_\_\_\_ HC \_\_\_\_\_

Immuns. only

Immunization
DPT
Manufacturer
Connaught
Lot # 1221001
Given By P.S.

Immunization
MMR
Manufacturer
MS+D
Lot # 09821
Given By P.S.

Immunization
OPV
Manufacturer
Lederle
Lot # 308-948
Given By P.S.

Monovac <sup>high</sup>

Hgb = 11.9 %

AUG 30 1993

SEP 07 1993 AGE 5yrs TEMP \_\_\_\_\_ HT \_\_\_\_\_ WT 74 1/2 # BP \_\_\_\_\_ HC \_\_\_\_\_

SI / allergies due to behavior, & cough, & congestion, "has coughed up cough" "nose bleeds" often

To start 3rd grade. Did not do well in school last year. In Grandmother's custody - want say why. M.H. growth x 4-5 weeks. Was able to grow lit 2 years. Lives in Springfield. Mom not in household since 1 yr ago.

At home 5 other children <sup>paternal</sup> grandparents & Todd. She sees Dad occasionally.

Phys physical & emotional abuse by step mother. Problem in school - Vague. G. mother not really sure. Seen by psychiatrist 3/92 but questioned ADHD but also Dx low self esteem 2° abandonment rejection. Not obedient at home. physical fighting, hyperactive.

RE: Abuse & it appears

st. clw  
HBBN re  
Chro CNA  
Bm  
Re self  
Tenn a - T. 07

Home & School events  
Thursdays  
two long q AM  
q noon  
Miklin  
Re 4 wks.

A @ Probable ADHD

@ Emotional Disturbance 2° social factors

Hensby



14778

NAME GIFFEN, TODD

CHART # 41281A

OCT 05 1993 AGE 8 YRS TEMP      BP 90/58 HT      WT 74 3/4 HC     

Recheck:  
\_\_\_\_ days  
\_\_\_\_ weeks  
\_\_\_\_ pm

Re - ADD.

- School reports better performance less fighting more focused
- G. mother reports no A.
- Pt reports no A. Mt. seen
- Dry OK.

15mg - 15mg

~~ADD~~ 7 Jan long 1 1/2 hr + more

10/13/93 Phoe & G. mother - Noted I appetite at board. Eat well at dinner time. Also seems more ready. Told that appetite I is at beginning of recommended carbons count finger.

*Hemley*

OCT 28 1993 AGE 8 yrs TEMP      BP      HT      WT      HC       
S1 Rash - itchy - x few days "tummy & arms"

Recheck:  
\_\_\_\_ days  
\_\_\_\_ weeks  
\_\_\_\_ pm

Sub had rash at few wks ago. severe itching. scratching.

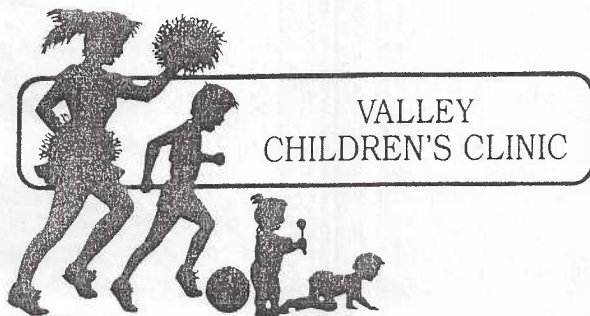
PE: Ail + (P) UE & imp. of papules. abd & 6 x 10 cm area of excoriation + papules.

A. Sebastes  
Behavioral Problems.

Behavior has been violent hit mother on face. connecting to mom. & further corporal punishment. he is now back in cottage home & parents. off Ritalin now back to mom.

*Hemley*





Patricia L. Cagney, M.D., F.A.A.P.  
Anita Geisler, M.D.  
Gregory B. Hemsley, M.D.  
Mary L. Holo, M.D.  
J. Allen Johnson, M.D., F.A.A.P., P.C.  
David S. Miller, M.D.  
PHYSICIANS and SURGEONS

Kay Froemming, R.N., C.P.N.P.  
PEDIATRIC NURSE PRACTITIONER

Springfield Office:  
2000 N. 19th Street  
Springfield, Oregon 97477  
(503) 746-5437

Santa Clara Office:  
2401 River Road  
Eugene, Oregon 97404  
(503) 689-3941

FAX: (503) 746-3753

March 28, 1995

*Rec'd  
3/29/95*

Don Giffen  
834 S. 6th  
Cottage Grove, OR 97424

RE: Todd Michael Giffen

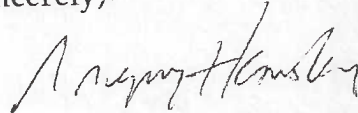
Dear Mr. Giffen:

I am writing in regards to Todd, and specifically his diagnosis of Attention Deficit Disorder and Hyperactivity. I do recognize that in addition to that diagnosis he also has other behavioral problems, including what is called Oppositional Defiant Disorder. That makes taking care of him both from a parental standpoint and a teacher standpoint extremely difficult. From my perspective I feel that Todd is getting sub optimal care in regards to this diagnosis, and the main reason for that is that he does not have a consistent caregiver with him when he comes in to the office, whether it is yourself, his grandmother or a note from school. From each of the three sources I am getting differing information. This has lead to starting treatment and then stopping treatment and then starting treatment again with Ritalin, changing then to Cylert, and now switching back to Ritalin. This is not in Todd's best interest. If I am to continue as Todd's caregiver, I need your commitment as his parent that includes first hand information of how Todd is doing at home and at school. I think it is very difficult for your mother to give me that information because she does not live with Todd. If it is impossible for you to bring Todd in, then I need a written summary from you for each visit that describes any medication reaction, any loss of appetite, any lethargy, any symptoms that the medication is not working. I need to know in detail how he is getting along with his friends, his sister, how he is responding to your parenting. I need to know if there are certain times of the day that are more difficult than others, and I need to know what his last report card has shown. In addition I think Todd needs to be involved with a therapist who can work with some of these behaviors and some of the parenting skills that would benefit him and his ability to deal with his hyperactivity. There is also a parent support group for Attention Deficit and Hyperactivity. If you are interested and I do recommend it, you need to contact Nancy Ames at 741-7424. They meet here in Thurston. I do need your commitment

in terms of follow-up for Todd, if I am to continue as his primary medical care giver. Once we get Todd on a regular acceptable dose of medication, and this may take some months before we get it correct, then it will be required that he be seen here on a twice a year basis and that he have blood work done on a once yearly basis. In the meantime until we get him on a correct dose, I need to see him on a monthly basis here in the office.

Please let me know if you have questions regarding these issues.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gregory B. Hemsley".

Gregory B. Hemsley, M.D.

GBH/nm