

LENS Biofeedback Application Consent
With
LENS Applicability, Effects, and Possible Side-Effects

Areas of Applicability: Since 1991, the LENS (Low Energy Neurofeedback System) has been successfully applied to many central nervous system problems, such as: symptoms of traumatic brain injury, stroke rehabilitation, fibromyalgia, depression and other mood, and anxiety disorders, attention deficit / hyperactivity disorder (ADHD), explosiveness/anger, and learning problems. This is not an experimental procedure. It is a personal exploration involving somatic re-education for individuals who choose to find out how the LENS may help them. It usually takes 4-6 sessions to see some results, and may take 15-20 or more, in cases of very severe and/or long lasting trauma.

Effects of the LENS: The application of LENS tends to make functioning clearer and easier. It has increased cognitive functioning (memory, concentration, attention, ability to learn and read, organizing, and sequencing), motivation (initiating and completing activities), and motor skills (coordination, balance, grace, recovery from paralysis). It has elevated mood as an antidepressant. The LENS has also improved sleep at night, and reduced sleepiness during the day. It has increased energy and stamina. It has reduced seizures, explosiveness, irritability, spasticity, and background anxiety. It has reduced migraine, and fibromyalgia pain, as well as Restless Leg Syndrome.

Side Effects of the LENS: Although no significant negative side effects have been observed so far in the 20 years' use of the LENS - the ones that we have seen will be discussed with you by your LENS practitioner. Your understanding of possible side effects will help you to work with us to provide successful treatment. The side effects sometimes seen with the LENS are in the form of *temporary* increases of the symptoms you already have. If you experience any side effects, let your LENS technician know; he/she can work closely with you to adjust the feedback dosage.

Medical Stability: You affirm that you have stated all known medical conditions, and answered all questions honestly. You must be medically stable to engage in the LENS sessions, and non-suicidal. Please tell your practitioner if you have any changes in medication, and especially, any changes that could affect your medical stability. You understand that there shall be no liability on the practitioner's or agency's part should you forget to do so. At times, reducing your medication may increase your medical stability. Your LENS practitioner will ask you to consult your physician in these instances.

(over please)

Discontinuing the LENS: You may discontinue using the LENS at any time for any reason. Should you wish to discontinue the LENS sessions, please inform your LENS technician. He/she will cooperate and provide copies of any records for another health professional.

Privacy: Your records are private to the fullest extent of the law; that is, except in the cases of potential harm to yourself or others, or in criminal proceedings, and with a court order.

Consent:

I have been informed of the effects, side effects, and benefits of the LENS. I give my consent to participate in it.

Todd Giffen
Client Name

9/10/13
Date

Todd Giffen
Agency Representative Name

9/10/13
Date

Tracy White, APC

9/10/13

Neuroplasticity

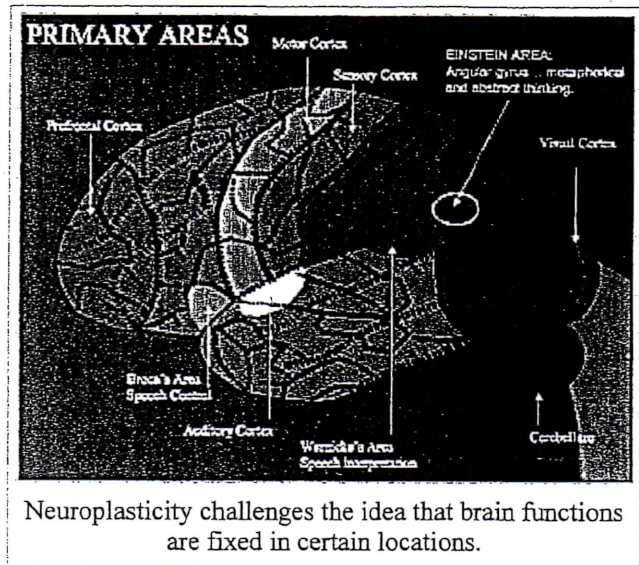
From Wikipedia, the free encyclopedia

Neuroplasticity (also referred to as *brain plasticity*, **cortical plasticity** or **cortical re-mapping**) is the changing of neurons and the organization of their networks and so their function by experience. This idea was first proposed in 1892 by Santiago Ramón y Cajal the proposer of the neuron doctrine though the idea was largely neglected for the next fifty years.^[1] The first person to use the term *neural plasticity* appears to have been the Polish neuroscientist Jerzy Konorski.^[2]

The brain consists of nerve cells or neurons (and glial cells) which are interconnected, and learning may happen through changing of the strength of the connections between neurons, by adding or removing connections, or by adding new cells.

"Plasticity" relates to learning by adding or removing connections, or adding cells. During the 20th century, the consensus was that lower brain and neocortical areas were immutable in structure after childhood, meaning learning only happens by changing of connection strength, whereas areas related to memory formation, such as the hippocampus and dentate gyrus, where new neurons continue to be produced into adulthood, were highly plastic. This belief is being challenged by new findings, suggesting all areas of the brain are plastic even after childhood.^[3] Hubel and Wiesel had demonstrated that ocular dominance columns in the lowest neocortical visual area, V1, were largely immutable after the critical period in development.^[4] Critical periods also were studied with respect to language; the resulting data suggested that sensory pathways were fixed after the critical period. However, studies determined that environmental changes could alter behavior and cognition by modifying connections between existing neurons and via neurogenesis in the hippocampus and other parts of the brain, including the cerebellum^[5].

Decades of research have now shown that substantial changes occur in the lowest neocortical processing areas, and that these changes can profoundly alter the pattern of neuronal activation in response to experience. According to the theory of neuroplasticity, thinking, learning, and acting actually change both the brain's physical structure (anatomy) and functional organization (physiology) from top to bottom. Neuroscientists are presently engaged in a reconciliation of critical period studies demonstrating the immutability of the brain after development with the new findings on neuroplasticity, which reveal the mutability of both structural and functional aspects. A substantial paradigm shift is now under way: Canadian psychiatrist Norman Doidge has in fact stated that neuroplasticity is "one of the most extraordinary discoveries of the twentieth century."^[6]



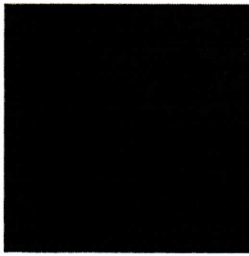
Contents

- 1 Brain plasticity and cortical maps
- 2 Treatment of brain damage

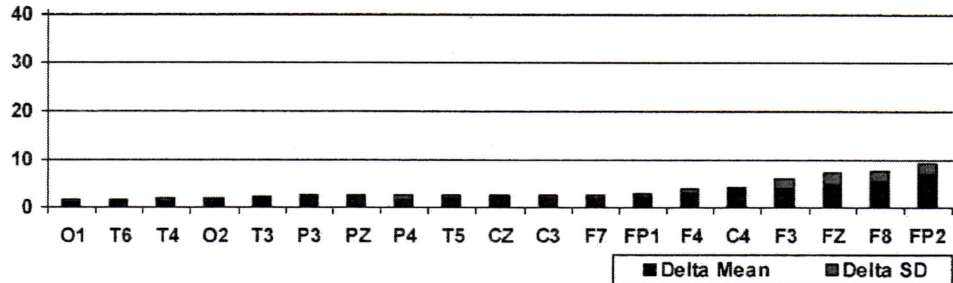
Giffen Todd

Session Dates From: 09/10/2013 to 09/17/2013

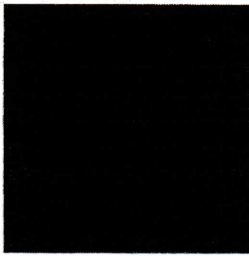
Delta Mean Amplitude (uV)



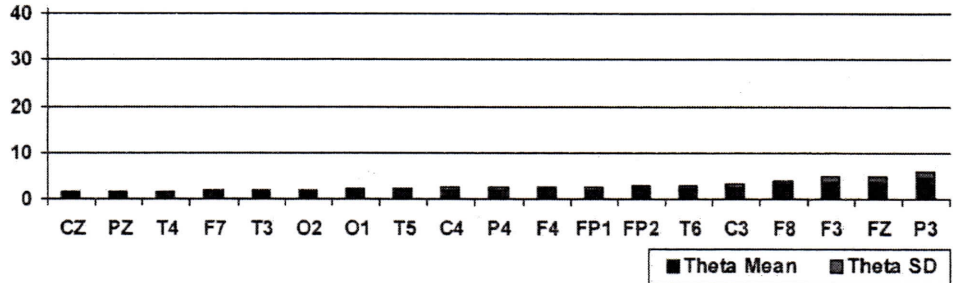
Delta Means and SDs by Sensor Site



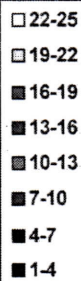
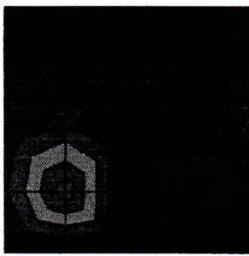
Theta Mean Amplitude (uV)



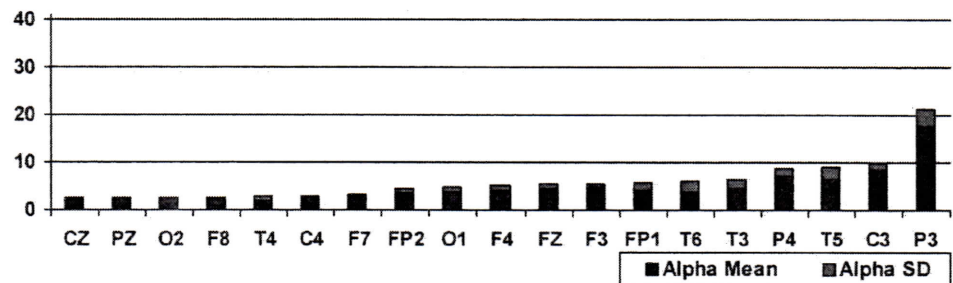
Theta Means and SDs by Sensor Site



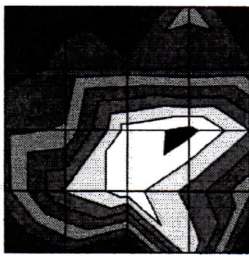
Alpha Mean Amplitude (uV)



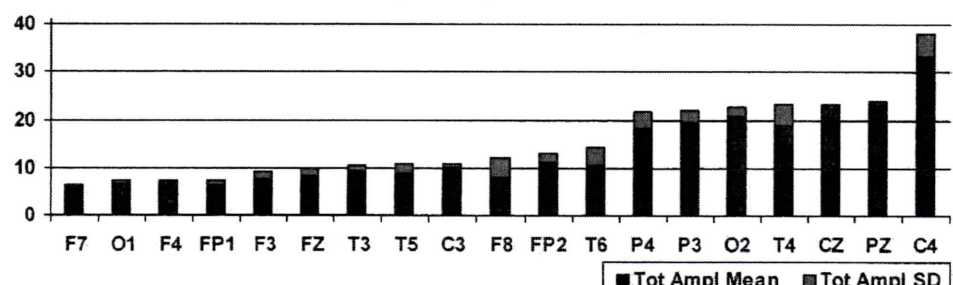
Alpha Means and SDs by Sensor Site



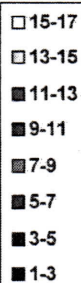
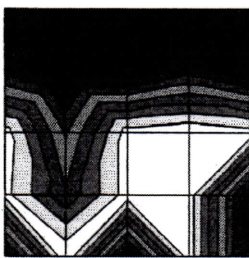
Mean Total Amplitude (uV)



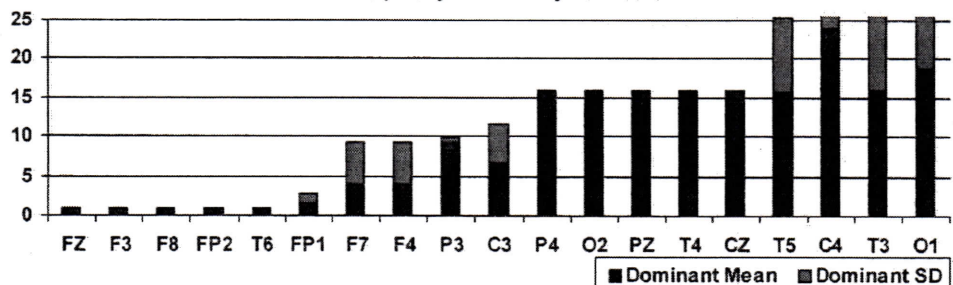
Total Amplitude by Sensor Site



Mean Dominant Frequency (Hz)



Dominant Frequency and SDs by Sensor Site



Note: This EEG information is presented in a format for use with LENS neural re-education. It is not to be used for diagnosis of any kind. Further medical EEG assessment may be warranted in this case. Tracy ACP, CPC 11/1/13

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Miller, Nicole (24)
Service Date/Time:	7/23/2013 2:02 PM - 3:00 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Assessment, Brief (Treat to Target) (AssmtBrief)
Organization:	CFD Main
Service Location:	11 - Office

Brief Mental Health Assessment

Presenting problem(s):	<p>Life stressors and current symptoms</p> <p>He reported that he has to find someone who can do a mental health evaluation. He stated that he has to find someone to collaborate his information. "I've been through a horrific situation." Todd said that he has a neurologist in Portland that won't work with him unless there are mental health workers involved.</p> <p>He said that it began in 2006, prior to that he did not really have mental health problems, maybe ADHD or depression as a child.</p> <p>He was in some legal trouble and plead guilty to some charges of menacing and harassment. He said that he was released but got into some trouble and put back in. He said that he was caught up in a scandal while in the state hospital. He reported that he had been fondled and cohered into some activity with a staff member, someone who he also was aware of giving contraband to other patients. He said that he was accused fasley of being a sexual predator and stalking this staff member, his planned release was sabotaged. He said this legal problem at the hospital escalated, this staff member was involved in helping two patients escape. Todd said that Department of Justice was involved throughout this incident and he became a target of abuse at the hospital.</p> <p>During the investigation by the Department of Justice, Todd said that surveillance technology was brought in, microwave technology and a form of synthetic telepathy where they could actually extract and put together what people are thinking and feeling. Todd reports that his case of abuse by hospital staff was hidden; he was repeatedly abused and bullied by his report. Todd indicated that during this period of time he was seen by an outside doctor who repeatedly said and documented that Todd was not psychotic but had ADHD and depression.</p> <p>Remote neuromonitoring and electronic brain link (Psychotronic weapon is also a term from a bill by Dennis Kuchink) are the official terms that he said are available. Todd states that he believes he was tortured with this electro magnet weapon. He stated he was recieving messages in his cell that he was getting set up by the CIA to look psychotic. He began to believe that his bodily sensations and movements were being controlled by these devices. In addition he was flooded with abusive rhetoric, messages that were sent to or through him.</p> <p>Todd endorses anxiety and fear, largely around what is going on for him. He believes he's been physically and mentally injured. He presents as paranoid and feels stuck at dealing with this ongoing torment. He believes that the only way they will stop is if he gets legal action or if he were to physically move away from Oregon but he does not have the means to do so.</p>
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Biopsychosocial Information to Justify Diagnosis

Family relationships:	<p>Family make-up, quality of relationships, marriage(s), divorce(s), cultural identification</p> <p>In 2010 he reported that he got out of the state hospital, he said that his time ran out and he stopped fighting these incidences in order to get out. "I allege I was in the control of the CIA," Todd said that he was out and living in an apartment on his own for awhile upon leaving the hospital though he did not really get away from these manipulations.</p> <p>Got out in June of 2013 after two years jailed in combination at Lane County Jail and the State Hospital. He is living with his grandparents and is looking for his</p>
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Abuse/trauma: Possible relationship between trauma and current mental health symptoms: Current medical issues:	own place. Include sexual, physical, verbal abuse, and domestic violence He reports traumatic experiences while in the State Hospital and while incarcerated. He endorses anxiousness and fear about his experiences and what may continue to go on. Include current medications and prescriber Hard to move, tense, dry, burning and stinging. His muscles have been mutilated according to his report.
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Suicidal/Violent Ideation or Behaviors

Current danger to self: Current danger to others: Current situational dangers: Comments/actions taken:	<table border="0"> <tr> <td><input checked="" type="checkbox"/> No current danger to self</td> <td><input type="checkbox"/> Has weapon</td> <td><input type="checkbox"/> Self mutilation or other self-harm behaviors</td> </tr> <tr> <td><input type="checkbox"/> Has plan</td> <td><input type="checkbox"/> Recent suicide attempt(s)</td> <td><input type="checkbox"/> Suicidal ideation</td> </tr> <tr> <td><input checked="" type="checkbox"/> No current danger to others</td> <td><input type="checkbox"/> Homicidal ideation</td> <td><input type="checkbox"/> Threat to harm others</td> </tr> <tr> <td><input type="checkbox"/> Has weapon</td> <td><input type="checkbox"/> Specific victim</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No current situational dangers</td> <td><input type="checkbox"/> Homelessness</td> <td><input type="checkbox"/> Recent threat of assault</td> </tr> <tr> <td><input type="checkbox"/> Domestic violence</td> <td></td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> No current danger to self	<input type="checkbox"/> Has weapon	<input type="checkbox"/> Self mutilation or other self-harm behaviors	<input type="checkbox"/> Has plan	<input type="checkbox"/> Recent suicide attempt(s)	<input type="checkbox"/> Suicidal ideation	<input checked="" type="checkbox"/> No current danger to others	<input type="checkbox"/> Homicidal ideation	<input type="checkbox"/> Threat to harm others	<input type="checkbox"/> Has weapon	<input type="checkbox"/> Specific victim		<input checked="" type="checkbox"/> No current situational dangers	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Recent threat of assault	<input type="checkbox"/> Domestic violence		
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<input checked="" type="checkbox"/> No current situational dangers	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Recent threat of assault																	
<input type="checkbox"/> Domestic violence																			

Substance Use

Substance use (including tobacco): Comments:	<table border="0"> <tr> <td><input checked="" type="radio"/> Individual denies current or past substance use</td> <td><input type="radio"/> Individual confirms current or past substance use</td> </tr> </table> Include substance(s), number of days since last use, and frequency of use	<input checked="" type="radio"/> Individual denies current or past substance use	<input type="radio"/> Individual confirms current or past substance use
<input checked="" type="radio"/> Individual denies current or past substance use	<input type="radio"/> Individual confirms current or past substance use		

Gambling

Has the individual ever felt the need to bet more and more money? Has the individual ever felt the need to lie about their gambling? Comments:	<table border="0"> <tr> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> <tr> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> </table> Todd marked these questions in the affirmative, but due to his presentation and preoccupation with his story further information was not gathered.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="radio"/> Yes	<input type="radio"/> No				
<input checked="" type="radio"/> Yes	<input type="radio"/> No				

Mental Status Exam

CoRe Addendum Only: Appearance:	<table border="0"> <tr> <td><input type="checkbox"/> See AOD Assessment for Mental Status Exam if done in the last 3 months</td> <td><input type="checkbox"/> Clothing inappropriate to weather</td> <td><input type="checkbox"/> Clothing unclean</td> </tr> <tr> <td><input checked="" type="checkbox"/> Unremarkable</td> <td><input type="checkbox"/> Bizarre</td> <td><input type="checkbox"/> Disheveled</td> </tr> </table>	<input type="checkbox"/> See AOD Assessment for Mental Status Exam if done in the last 3 months	<input type="checkbox"/> Clothing inappropriate to weather	<input type="checkbox"/> Clothing unclean	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Disheveled
<input type="checkbox"/> See AOD Assessment for Mental Status Exam if done in the last 3 months	<input type="checkbox"/> Clothing inappropriate to weather	<input type="checkbox"/> Clothing unclean					
<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Disheveled					

	<input type="checkbox"/> Obese	<input type="checkbox"/> Physically unclean	<input type="checkbox"/> Sickly
Motor:	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics
	<input type="checkbox"/> Gestures	<input type="checkbox"/> Slowed	<input type="checkbox"/> Twitches
Attitude toward examiner:	<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Demanding	<input type="checkbox"/> Hostile
	<input type="checkbox"/> Contemptuous	<input type="checkbox"/> Evasive	<input type="checkbox"/> Seductive
	<input type="checkbox"/> Defensive	<input type="checkbox"/> Guarded	<input type="checkbox"/> Unclear
Mood:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Depressed	<input checked="" type="checkbox"/> Irritable
	<input type="checkbox"/> Angry	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Labile
	<input checked="" type="checkbox"/> Anxious	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Unclear
	<input type="checkbox"/> Apprehensive		
Affect:	<input type="checkbox"/> Normal range	<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Reduction in range
	<input type="checkbox"/> Expansive		
Appropriateness of mood/affect:	<input checked="" type="checkbox"/> Congruent with mood	<input type="checkbox"/> Incongruent with mood	<input type="checkbox"/> Unclear
Thought process:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Loose association - ideas unrelated	<input type="checkbox"/> Tangential - loses thread of thought, never returns to original point
	<input type="checkbox"/> Blocking - can't remember what was being said	<input type="checkbox"/> Perseveration - Persistent repetition of words	<input checked="" type="checkbox"/> Unclear
	<input type="checkbox"/> Circumstantial - talks about irrelevant issues, but eventually gets back to the point	<input type="checkbox"/> Racing thoughts	
Content of thought:	<input type="checkbox"/> Normal	<input type="checkbox"/> Obsessions and compulsions	<input type="checkbox"/> Suicidal ideation
	<input checked="" type="checkbox"/> Delusions	<input checked="" type="checkbox"/> Paranoia	<input checked="" type="checkbox"/> Unclear
	<input type="checkbox"/> Homicidal ideation	<input type="checkbox"/> Phobias	
Alertness:	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Stupor
	<input type="checkbox"/> Fugue state	<input type="checkbox"/> Not oriented	<input type="checkbox"/> Unclear
Orientation:	<input checked="" type="checkbox"/> Orientation to time, place, and person	<input type="checkbox"/> Not oriented to time	<input type="checkbox"/> Unclear
	<input type="checkbox"/> Not oriented to place		
Memory:	<input checked="" type="checkbox"/> No impairments	<input type="checkbox"/> Remote memory impaired	<input type="checkbox"/> Unclear
	<input type="checkbox"/> Recent memory impaired		
Concentration/attention:	<input checked="" type="checkbox"/> Unimpaired	<input type="checkbox"/> Impaired	<input type="checkbox"/> Unclear
Abstract thinking:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Overly abstract	<input type="checkbox"/> Unclear
	<input type="checkbox"/> Concrete		
Estimated intelligence:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Low normal	<input type="checkbox"/> Unclear
	<input type="checkbox"/> Below normal		
Speech:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Mumbled	<input type="checkbox"/> Slow
	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Mute	<input type="checkbox"/> Slurred
	<input checked="" type="checkbox"/> Lacks spontaneity	<input checked="" type="checkbox"/> Pressured	<input type="checkbox"/> Soft spoken
	<input type="checkbox"/> Loud	<input type="checkbox"/> Rambling	<input type="checkbox"/> Whispered
	<input type="checkbox"/> Monotonous	<input type="checkbox"/> Rapid	
Perceptual disturbances:	<input checked="" type="checkbox"/> None apparent	<input type="checkbox"/> Tactile hallucinations	<input type="checkbox"/> Visual hallucinations
	<input type="checkbox"/> Auditory hallucinations		
Judgement:	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Unclear
	<input type="checkbox"/> Fair		

Reliability: ☐ Reliable☐ Unreliable☒ Unclear**Client DSM Diagnosis as of 7/23/2013**

Client:	Giffen, Todd (885246) 3/13/1985
Date Diagnosed:	7/23/2013
Diagnosis By:	Miller, Nicole (24)
External Diagnosis?	No
Description:	

Diagnostic Formulation**Axis I: Clinical Disorders**

DSM Code - Description	ICD-9 Code - Short Description	Pri/Sec	Comments
300.00 - Anxiety Disorder NOS	300.00 - ANXIETY STATE NOS	1	Todd endorsed feeling anxiety and a level of fear and paranoia. It appears that more time would be helpful in sorting out the diagnostic picture. He reported information, thought patterns and beliefs that could be seen as delusional and grandiose though it appears that some of his report can be corroborated with evidence he provided.
298.9 - Psychotic Disorder NOS	298.9 - PSYCHOSIS NOS	2	Rule out thought disorder with further assessment and additional information.

Axis II: Personality Disorders and Mental Retardation

DSM Code - Description	ICD-9 Code - Short Description	Pri/Sec	Comments
V71.09 - No Diagnosis on Axis II	V71.09 - OBSERV-MENTAL COND NEC		

Axis III: General Medical Conditions

Description	Pri/Sec
No Medical Problems Noted	

Axis IV: Psychosocial and Environmental Problems

Description	Severity	Comments
Economic problems	Mod	
Occupational problems	Mod	
Problems with interaction with the legal system	Mod	
Problems with primary support group	Mod	

Problems related to the social environment	Mod
Housing problems	Mod

Axis V: Global Assessment of Functioning Scale

Current GAF Score40

Signatures**Signature #1:** | Nicole Miller (MA) - 7/25/2013 2:29 PM**Signature History**

Action	Date	Staff
Document Signed	7/25/2013	Nicole Miller (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Service Date/Time:	8/15/2013 5:00 PM - 6:15 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Trauma
<input checked="" type="checkbox"/> Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input checked="" type="checkbox"/> Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: | 1

Notes

Progress made toward goals:

Identify those present, interventions, and significant events/changes in individual's life:

1) No change

(Mental status, recovery status, and response to specific services and supports)
Individual present for the first session. Todd divulged some details about his neglectful upbringing and how it inadvertently led to misdemeanor charges wherein his attorney mishandled his defense. This event grew out of bounds and he was sent to the Salem hospital for the mentally ill. He elaborated on the various instances of abuse and being a target for the organization due to his knowledge and complaint of his own and other abuses within the organization by staff members. His goal, he states is to get the physical and mental health he needs in order to repair the damages done. This therapist practiced active listening.

Signatures

Signature #1: | Cheryl Haun (MA) - 8/16/2013 8:30 AM

Signature History

Action	Date	Staff
Document Signed	8/16/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Service Date/Time:	8/22/2013 5:00 PM - 6:20 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Trauma
<input checked="" type="checkbox"/> Goal	Decrease his depression, isolation and physical pain.
<input checked="" type="checkbox"/> Objective	Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.
<input checked="" type="checkbox"/> Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input checked="" type="checkbox"/> Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: 1-2

NotesProgress made toward
goals:

- 1) No change
- 2) This goal added today

Identify those present,
interventions, and
significant events/
changes in individual's
life:

(Mental status, recovery status, and response to specific services and supports)
Individual present. Discd referrals. Added a service goal. Todd shared a report he received from Cathy Meadows, a clinical psychologist who specializes in advocating/consulting for victims of whistle-blower retaliation, harrassment or surveillance. He then continued with his story about his time in the state hospital. We will continue next session. This therapist will speak with Tracey Wise re nuero feedback for Todd.

Signatures

Signature #1: Cheryl Haun (MA) - 8/22/2013 6:31 PM

Signature History

Action	Date	Staff
Document Signed	8/22/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Service Date/Time:	8/29/2013 2:15 PM - 3:00 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**No Goal(s) addressed were chosen****Goal(s) Addressed:** 1-2**Notes****Progress made toward goals:**

- 1) Contacted his friend
- 2) Is starting the petition for the supreme court and he has approval for nuero feedback with Tracy Wise at CFD.

Identify those present, interventions, and significant events/changes in individual's life:

(Mental status, recovery status, and response to specific services and supports)

Individual present. Affirmed his progress on goals. He continued with his "story" from 2008 to 2010. It is his belief that he is still being targeted, the purpose being to intimidate him. This therapist agreed to check with CFD prescribers to see if they would do an independent evaluation of his mental status. He reiterates that he wants to establish credibility so that he can get the healing treatments he needs. Before leaving he showed this therapist papers verifying the government patents on the equipment he spoke about with the microwave electromagnetic capability etc. He states he is putting it on his website.

Signatures**Signature #1:** Cheryl Haun (MA) - 8/29/2013 5:12 PM**Signature History**

Action	Date	Staff
Document Signed	8/29/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Wise, Tracy (44)
Service Date/Time:	9/3/2013 3:02 PM - 3:56 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Trauma
<input type="checkbox"/> Goal	Decrease his depression, isolation and physical pain.
<input type="checkbox"/> Objective	Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.
<input checked="" type="checkbox"/> Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input checked="" type="checkbox"/> Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: as noted above

Notes

Progress made toward goals:	Todfd reports that he is "excited" to try biofeedback in helping him improve some cognitive functions.
Identify those present, interventions, and significant events/changes in individual's life:	(Mental status, recovery status, and response to specific services and supports) This writer met in private session with Todd at the CFD office. He presented as "excited," stating that he had read about biofeedback and thought that it may be helpful for him. This writer engaged Todd in psychoeducation around brain injuries, PTSD, neurological functioning, and how the biofeedback works, answering his questions, and getting "Consent to Treat" forms signed.

Signatures

Signature #1: Tracy Wise (LPC, MA) - 9/12/2013 4:37 PM

Signature History

Action	Date	Staff
Document Signed	9/12/2013	Tracy Wise (LPC, MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Wise, Tracy (44)
Service Date/Time:	9/10/2013 3:07 PM - 3:55 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Trauma
<input type="checkbox"/>	Goal	Decrease his depression, isolation and physical pain.
<input type="checkbox"/>	Objective	Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.
<input checked="" type="checkbox"/>	Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input checked="" type="checkbox"/>	Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: Reduce negative impacts of traumatic events on current functioning

Notes**Progress made toward goals:****Identify those present, interventions, and significant events/changes in individual's life:**

Todd reports that he appreciates getting his EEG measured, as it is "more factual information" for his case.

(Mental status, recovery status, and response to specific services and supports)
This writer met in private session with Todd at the CFD office. He presented as "doing OK today," stating that he was not in too much pain today, and looking forward to having his EEG measured. This writer engaged Todd in a discussion around the meaning for him of his EEG being measured, and wanting to prove that he was abused at the OR state mental hospital. This writer explained the purpose of the EEG for counseling purposes was as an assessment tool to engage in and direct the progress of Biofeedback training for him. He stated that he understood, and the remainder of the session was spent doing biofeedback training to enhance cognitive functioning.

Signatures

Signature #1: Tracy Wise (LPC, MA) - 9/15/2013 5:48 PM

Signature History

Action	Date	Staff
Document Signed	9/15/2013	Tracy Wise (LPC, MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Service Date/Time:	9/12/2013 3:02 PM - 4:00 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Trauma
<input checked="" type="checkbox"/> Goal	Decrease his depression, isolation and physical pain.
<input checked="" type="checkbox"/> Objective	Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.
<input checked="" type="checkbox"/> Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input checked="" type="checkbox"/> Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: 1-2

Notes**Progress made toward goals:**

- 1) Same--has completed a couple of his action steps
- 2) Same

Identify those present, interventions, and significant events/changes in individual's life:

(Mental status, recovery status, and response to specific services and supports)

Individual present. He states he will be seeing a neurologist next month in Portland. This therapist sourced the "whole body vibration" he was looking for. Socially, he plans to visit with family this week. He skyped a new friend. Today Todd disclosed his history growing up, which consisted of multiple moves and being unwanted and moved around to family member's homes and not being supported financially by his parents. He shared about numerous occasions of physical abuse in each of the homes and the family's attempts to cover it up. He feels as if they tried to hide him away. The lack of financial support seemed to cause family members to resent raising him. He reports that he did well in school until the sixth grade when his father gave him to his aunt and uncle. This is also when he stopped taking his ADHD meds and his anxiety began to increase, until around age 12-13 while living with his grandparents, he was too anxious to go to school. Evidently this irritated his grandparents who seemed to give up on him and withdraw what little support they were giving him. He shares that he mostly stayed in his room with his computer. He states during his life he was constantly refused medical care or clothing etc. The culminating event was when he was 18-19 when he allegedly held a knife and made a threatening remark to his grandmother and pushed her chair. This is when his contact with the legal system and the state hospital began. Now he states that he just wants the medical help to heal his body and his mind. Practiced active and reflective listening.

Signatures

Signature #1: Cheryl Haun (MA) - 9/12/2013 5:13 PM

Signature History

Action	Date	Staff
Document Signed	9/12/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Wise, Tracy (44)
Service Date/Time:	9/17/2013 3:03 PM - 3:57 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Trauma
<input type="checkbox"/>	Goal	Decrease his depression, isolation and physical pain.
<input type="checkbox"/>	Objective	Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.
<input checked="" type="checkbox"/>	Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input type="checkbox"/>	Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: Reduce negative impacts of trauma

Notes**Progress made toward goals:**

Todd reports that he is feeling better about his ability to "get his life back together."

Identify those present, interventions, and significant events/changes in individual's life:

(Mental status, recovery status, and response to specific services and supports)
This writer met in private session with Todd at the CFD office. He presented as "anxious," stating that he was looking forward to seeing his EEG Map and what this information would tell him. This writer engaged Todd in some psychoeducation around the neurofeedback EEG reading that this writer was doing with Todd, explaining that it could not be used to diagnose or to "prove some specific past traumatic injury." This writer completed the EEG mapping and went over the findings with him in session, and agreed to provide him with a copy. He related that he was not sure if he wanted to continue with the biofeedback training at this time, and would let this writer know later.

Signatures

Signature #1: Tracy Wise (LPC, MA) - 9/19/2013 8:49 AM

Signature History

Action	Date	Staff
Document Signed	9/19/2013	Tracy Wise (LPC, MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Service Date/Time:	9/19/2013 3:06 PM - 4:00 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Trauma
<input checked="" type="checkbox"/>	Goal	Decrease his depression, isolation and physical pain.
<input checked="" type="checkbox"/>	Objective	Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.
<input checked="" type="checkbox"/>	Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input checked="" type="checkbox"/>	Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: 1-2

Notes

Progress made toward goals:	1) Self esteem went down-did more research on whole body vibration treatment, he visited with his family 2) He had a second neuro feedback session.
Identify those present, interventions, and significant events/changes in individual's life:	(Mental status, recovery status, and response to specific services and supports) Individual present. He saw a new pcp last week and states that she was going to refer him to a nuerologist but later sent him a letter dismissing him from her practice. Discd the findings from nuero feedback session showing brain damage. Completed ROI for Dr. Strgar and discd what other requests for information might be helpful for this therapist, including White Bird, the State hospital and PeaceHealth. He shared a bit of his story after 2010 and the altercation with the Springfield police at his grandfather's home.

Signatures

Signature #1: Cheryl Haun (MA) - 9/19/2013 4:01 PM

Signature History

Action	Date	Staff
Document Signed	9/19/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Service Date/Time:	10/5/2013 12:30 PM - 1:22 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session, TELEPHONE (Indiv Tele)
Organization:	CFD at SFP
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Trauma
<input checked="" type="checkbox"/> Goal	Decrease his depression, isolation and physical pain.
<input checked="" type="checkbox"/> Objective	Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.
<input checked="" type="checkbox"/> Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input checked="" type="checkbox"/> Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: 1-2

Notes**Progress made toward goals:**

- 1) Back to base line due to incarceration
- 2) Back to baseline and is re-experiencing "triggers" in the state hospital

Identify those present, interventions, and significant events/changes in individual's life:

(Mental status, recovery status, and response to specific services and supports)
 Individual left a message and a number where this therapist could reach him at the state hospital. Todd filled in details of events that led to him assaulting his grandfather, whom he stated was being verbally abusive. He has been charged with Assault 4 and states that he is in the state hospital for a 2 month evaluation. He requests I go ahead and fax the referrals to Dr. Strgar and Dr. Telew. This therapist agreed to. Todd began repeating parts of his story that he previously shared and this therapist redirected him more than once. Discd. possible outcomes, including being transferred to Lane County Behavioral Health. He stated that he didn't think the judge would require mandated treatment and medication. Todd seemed rational, although impatient and anxious while conversing today. He requested this therapist visit his web site to educate myself about the governments weapons and intrusive use of sophisticated surveillance used illegally on the public. This therapist urged Todd to be as cooperative as he can and to let this therapist know if there are any changes in his location and or legal proceedings.

Signatures

Signature #1: Cheryl Haun (MA) - 10/8/2013 9:36 AM

Signature History

Action	Date	Staff
Document Signed	10/8/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Service Date/Time:	11/14/2013 3:34 PM - 4:00 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session, TELEPHONE (Indiv Tele)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Trauma
<input checked="" type="checkbox"/> Goal	Decrease his depression, isolation and physical pain.
<input checked="" type="checkbox"/> Objective	Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.
<input checked="" type="checkbox"/> Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input checked="" type="checkbox"/> Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: 1-2

Notes

Progress made toward goals:

Identify those present, interventions, and significant events/changes in individual's life:

- 1) Regressed
- 2) Regressed

(Mental status, recovery status, and response to specific services and supports)
This therapist spoke with Todd on the phone, since he is still at the State Hospital. Todd shared about the status of his legal cases, both the Supreme Court and two law suits he has been working on while in Salem. He discd one in particular, where he has been denied medical care since being admitted there. This therapist gave him an update on the psychiatry referrals and let him know that I will be closing his file. He states he thinks there is a good chance he will be released in the next two weeks or so. Todd referenced his website and requested that this therapist familiarize herself with some of the invasive technologies the government has been using. He states he thinks this will be helpful to me if his attorney needs to talk with me. He mentioned what his plans would be upon his release. We said our goodbyes and I will close his file.

Signatures

Signature #1: Cheryl Haun (MA) - 11/14/2013 3:55 PM

Signature History

Action	Date	Staff
Document Signed	11/14/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	12/16/2013 4:00 PM - 4:50 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Anxiety
<input checked="" type="checkbox"/> Goal	Will be less tormented
<input type="checkbox"/> Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes**Progress made toward goals:****Identify those present, interventions, and significant events/changes in individual's life:**

First session, main progress was just to develop a better understanding of how Todd interprets things.

(Mental status, recovery status, and response to specific services and supports)

Present: Todd, We discussed what to talk about - I suggested focusing on understanding the torment. He thought it would help if I had a better understanding of his story, so we agreed to talk about that. Discussed going to court today, he reports the judge did grant a new attorney. We discussed reasons why the court might not have wanted to deal with his letter from an out of town attorney which he submitted about covert surveillance. He thinks the courts, the police and the military are all "in on it."

Says when he was younger he believed in the authorities being good, then found out about things like mk ultra. I asked if he ever doubts what he reads, reviewed how there are lots of contradictory claims on the internet etc.. He believes he is "very good at analysis" and effectively sorts out what is credible or not. He thinks people are harassing him to keep him incapacitated so he can't file an effective lawsuit.

Discussed times he felt he was receiving messages from hospital staff, also times he has felt his body was under attack. He still experiences attacks like this.

Plan: mention Tracy's biofeedback work was not diagnostic. Maybe work on getting a better description of how he gets incapacitated, of seeing what his choices are, seeing if there are ways to improve coping, also if any openness to other interpretations.

Signatures

Signature #1: | Ron Unger (LCSW) - 12/18/2013 4:35 PM

Signature History

Action	Date	Staff
Document Signed	12/18/2013	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	12/23/2013 2:00 PM - 2:50 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Anxiety
<input checked="" type="checkbox"/> Goal	Will be less tormented
<input type="checkbox"/> Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes**Progress made toward goals:****Identify those present, interventions, and significant events/changes in individual's life:**

Still feeling severely tormented.

(Mental status, recovery status, and response to specific services and supports)

Present: Todd. He reported he will be going to a neurologist.

Discussed homelessness, his wanting to go to Royal Avenue Shelter, Gave him a shelter care application, discussed how to complete it.

Decided to learn more about Todd's experience in the State Hospital, especially the part which seemed to relate to events that had made it into the news. Todd reported that in 2004 he first met with woman who ended up in the scandal - she was new staff in training - she seemed more friendly than other staff, gave him special attention, he was getting special one on one attention often from her, she would play cards, etc.

He was readmitted 2005, he didn't want to relate to her, she came up to his room where he was staying a lot, she would bring contraband candy again, (he was 20) she talked about a lot about her personal life, talked about going to strip clubs, then she started holding his hand, "pressured me into hugging her" in the med room, she said she wanted to meet him outside the hospital, he noted she would bring contraband for other patients. He worried he was being manipulated, he was worried about getting in trouble, didn't know what to do. When he was getting ready to leave she gave him an email address, later a cell phone #.

February 2006 was ready to leave, then some people said he was a manipulator or sexual predator, he tried to talk to people about this, he was told by a psychologist not to talk about it, didn't explain why. Then female staff wouldn't talk to him anymore, or escort him out on passes etc. He wrote a letter in July, complaining about this. Police came, weren't friendly to him. He was transferred to another unit, no more talk about release, the escape the female staff person engineered was Feb 2007. April 2007 Bonnie (the staff person) resigned, shortly after he was moved to a coed unit. Bonnie kept driving by, calling on the phone (Todd would answer sometimes, her boyfriend was mad at Todd and threatened him for saying her name.) In 2008 he started hearing voices, which he thinks are due to a weapon.

Plan: did he apply at Shelter Care, maybe get ROI so I can support that process. Continue exploring the emotional effects of betrayal and perceived betrayal, also encourage noticing where his story is really provable, believable but not provable, and where it becomes unbelievable to all but people with special beliefs. Also ask for exceptions, times he doesn't feel tormented.

Signatures

Signature #1: | Ron Unger (LCSW) - 12/27/2013 5:09 PM

Signature History

Action	Date	Staff
Document Signed	12/27/2013	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	12/31/2013 2:07 PM - 2:56 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Anxiety
<input checked="" type="checkbox"/> Goal	Will be less tormented
<input type="checkbox"/> Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes**Progress made toward goals:****Identify those present, interventions, and significant events/changes in individual's life:**

Says the most relaxed he gets is when working on his website in the library. Usually it's a "chore to get around."

(Mental status, recovery status, and response to specific services and supports)

Present: Todd He reported he hadn't done the ShelterCare application, so we worked on it together, also got an ROI signed.

Referred to LILA Peer club.

He thinks he would be stuck on what happened in the hospital - he worries that government attacks would kill him.

Discussed relationship between body pain and trauma. Explored what he would have needed as a teen to do well back when his troubles with the mental health system started. He reports he was pretty depressed, though had lots of web friends. He started asking his family for help, at first the JU wouldn't accept him because no health insurance, then got some and saw Mary Senet (sp?) then lost health insurance, then maybe "on and off suicidal ideation" feeling desperate about what to do, came out of his room with a knife, hoped this would make his grandma provide some help, he told her "time for you to die" or something like that. She then called the police.

Then shifted to what might help now: mentioned a CSP as one possible source of help, he thought working with his attorney was more important.

Plan: Ask about checking out LILA Peer club. Work on self focused compassion. Bring up CSP again, review how I am not able to be any kind of expert on "surveillance issues" but also question if anyone understands the brain well enough to do the things he worries about

Signatures

Signature #1: | Ron Unger (LCSW) - 1/3/2014 2:08 PM

Signature History

Action	Date	Staff
Document Signed	1/3/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	1/7/2014 3:00 PM - 3:51 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Anxiety
<input type="checkbox"/> Goal	Will be less tormented
<input checked="" type="checkbox"/> Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:**Notes****Progress made toward goals:****Identify those present, interventions, and significant events/changes in individual's life:**

No significant changes reported yet

(Mental status, recovery status, and response to specific services and supports)

Present: Todd He said he has been talking with a woman who has "confirmed that voice to skull technology exists." I explained a bit about my sources of information and we talked about what my role could be in helping him sort out his beliefs and his hopes to convince others they are true.

I pointed out the resemblance of some of his stories to ideas that the government has been hiding the existence of alien craft etc., He says he doesn't necessarily believe in UFO stories.

I noted he could consider alternatives in the case of the UFO stories but not with his surveillance concerns, Todd said "I don't know why I don't give it the benefit of the doubt, maybe because it happened to me. We briefly began a discussion of what else might explain his experiences.

Plan: Consider looking at one piece of evidence that he suggests. See if we could develop an alternative story that would explain his circumstances, and what it would be like emotionally if he found out it was true. Also, discuss possibly using CSP to work more toward housing

Signatures**Signature #1:** Ron Unger (LCSW) - 1/8/2014 6:38 PM**Signature History**

Action	Date	Staff
Document Signed	1/8/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	1/13/2014 11:00 AM - 11:48 AM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

Problem	Anxiety
<input type="checkbox"/> Goal	Will be less tormented
<input checked="" type="checkbox"/> Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes

Progress made toward goals:

Identify those present, interventions, and significant events/changes in individual's life:

Has not noticed any measurable difference in level of torment

(Mental status, recovery status, and response to specific services and supports)

Present: Todd He really wanted to show me his website, so we looked at it together, and discussed the content. I encouraged him to consider evidence that some of the claims might at least be partly untrue, in at least one case he was able to accept that possibility.

Discussed blood tests for muscle damage that his doctor has done, he believes the results that show damage prove he has been subjected to some kind of attack.

He is considering a move to CA., to get medical care.

We discussed options for housing. Agreed a CSP might help him work toward this and increased community integration.

Plan: discuss how to facilitate healing related to pain issues. Challenge him to identify what others would see as alternative explanations for some ideas, also explore the meaning of those alternatives to him.

Signatures

Signature #1: | Ron Unger (LCSW) - 1/13/2014 1:21 PM

Signature History

Action	Date	Staff
Document Signed	1/13/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	1/20/2014 1:00 PM - 1:52 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Anxiety
<input type="checkbox"/>	Goal	Increase ability to organize toward practical goals
<input checked="" type="checkbox"/>	Objective	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
<input type="checkbox"/>	Objective	Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
<input type="checkbox"/>	Goal	Will be less tormented
<input type="checkbox"/>	Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes**Progress made toward goals:****Identify those present, interventions, and significant events/changes in individual's life:**

Got a start with CSP to work on housing, but revealed a new barrier: having lots of credit card debt that takes up most of his money currently

(Mental status, recovery status, and response to specific services and supports)
Present: Todd Discussed CSP services, had him sign consent form.
Suggested he try some movement thing, tai chi or something, to improve the way his body feels. He felt he needs to get help from a neurologist first. Says he was very active in 2010, living in a Laurel Hill Center apartment, discussed how he lost trust for Laurel Hill, thought they were doing things to hurt him, they knew "things that they shouldn't have known, like that my dad was coming to town," and left the apartment.
Chrissy the CSP arrived, we talked about how she could work with Todd, and especially about housing goals and barriers to housing. Todd says he is paying legal bills, has over 20 thousand in legal bills, that are on credit cards. These are not attorneys he is working with currently. He has an attorney he will see within the next week.
Plan: explore how to work on chronic pain issues, how to make a recovery plan. Maybe go over how to do a visualization around accepting and soothing painful feelings.

Signatures

Signature #1: | Ron Unger (LCSW) - 1/22/2014 4:42 PM

Signature History

Action	Date	Staff
Document Signed	1/22/2014	Ron Unger (LCSW)

Addenda

Narrative

Plan: Get ROI for victoria Williams,
503-885-5120 ext 1820

Signed By

Ron Unger (LCSW) - 1/27/2014 1:59 PM

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Peirsol, Christina (412)
Service Date/Time:	1/27/2014 1:10 PM - 2:45 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	CSP Peer Services, Individual (CSP Indiv)
Organization:	CFD North
Service Location:	99 - Other Place of Service

Goal(s) Addressed**Service Plan - MH**

	Problem	Anxiety
<input checked="" type="checkbox"/>	Goal	Increase ability to organize toward practical goals
<input checked="" type="checkbox"/>	Objective	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
<input type="checkbox"/>	Objective	Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
<input type="checkbox"/>	Goal	Will be less tormented
<input type="checkbox"/>	Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes

Progress made toward goals:

Identify those present, interventions, and significant events/changes in individual's life:

He went to HACSA and got the information he was looking for.

(Mental status, recovery status, and response to specific services and supports)

Todd was present at meeting. I met him downtown. We road the bus to HACSA. He talked with the front desk lady. She said that section 8 is frozen till the federal government give the program more money. She handed him a resource list and we left. This was our first meeting. He talked about his story and his websites. We talked about other ways I could help him.

Signatures

Signature #1: Christina Peirsol (PSS) - 2/3/2014 11:45 PM

Signature History

Action	Date	Staff
Document Signed	2/3/2014	Christina Peirsol (PSS)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	1/29/2014 4:00 PM - 4:50 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Anxiety
<input type="checkbox"/>	Goal	Increase ability to organize toward practical goals
<input checked="" type="checkbox"/>	Objective	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
<input type="checkbox"/>	Objective	Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
<input type="checkbox"/>	Goal	Will be less tormented
<input type="checkbox"/>	Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes**Progress made toward goals:****Identify those present, interventions, and significant events/changes in individual's life:**

Focusing on out of town tests has apparently taken up his time, he has not made progress on housing

(Mental status, recovery status, and response to specific services and supports)

Present: Todd Said he is still planning on checking into Legacy Immanuel hospital to seek testing proving he has been damaged by the government. He reports his perception is that the people in Cahoots have heard about the technology used against him and also that they would back him up in court (they would back him up by reporting that they heard his complaints, he later clarified.) I suggested that going to the hospital in this way might end up with him facing unwanted psychiatric treatment, he said that he would like it if they lock him up in the psychiatric system, "so they can chart what happens and I can use it in court.

I encouraged him to still consider seeking testing in Eugene, through outpatient means. He explained he will continue with that as well, he is hoping to get an exam from William A. McConochie, PhD - who advertises a neuropsychological testing process.

Worked on providing a rationale for trauma therapy. Also reviewed radical acceptance, how it could be helpful to give him the best chance for healing. Showed him the stress eraser device, he was interested in trying it, we observed he was partially effective in getting into a relaxed state.

He mentioned the guard at the courthouse gave him a hard time when he went there to file something, he wanted to also talk the Wyden's office, they demanded he leave. This was frustrating. We talked about some possible reasons this could have happened, he was able to think of more than one possibility.

Plan: Notice when he felt most traumatized during the week, when most relaxed and able to practice "radical acceptance." Also look at radical acceptance as a way to deal with powerlessness, including to deal with the way even doable changes take time.

Signatures

Signature #1: | Ron Unger (LCSW) - 1/31/2014 1:30 PM

Signature History

Action	Date	Staff
Document Signed	1/31/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	2/5/2014 11:01 AM - 11:52 AM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Anxiety
<input type="checkbox"/>	Goal	Increase ability to organize toward practical goals
<input checked="" type="checkbox"/>	Objective	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
<input checked="" type="checkbox"/>	Objective	Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
<input type="checkbox"/>	Goal	Will be less tormented
<input type="checkbox"/>	Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes**Progress made toward goals:**

Has mostly given up trying to find housing until he can win a legal settlement
Has been able to communicate well enough to get some tests set up in the next week or two.

Identify those present, interventions, and significant events/changes in individual's life:

(Mental status, recovery status, and response to specific services and supports)
Present: Todd Reports he has a few appointments with neurologists and a sleep study.
Discussed the meaning of possible and impossible, how if we accept that we are being deceived in major ways, then anything can seem possible: this made sense to him.
Talked about how Todd lost trust with what he was being told by authorities - he said his teacher in the hospital told him he was too trusting at the time. Also discussed the dynamics of how institutions often don't believe reports of abuse. T. reported he is active on internet forums explaining his theories about what he believes the government is up to - he can offer convince people on these forums of his beliefs, and we discussed reasons to believe judges may be much more difficult to convince.
Says he has been practicing "radical patience" which does help with coping. Asked for example of when he felt the worst. He says the worst are when there are things like forced ejaculations, or waking up with a bloody nose, or phases when he feels like he cannot focus or organize himself. This happened in the last few days.
He is hoping for a legal victory and this will lead to housing. He says he has a suit against Legacy immanual for not giving him medical help when he really had injury - he's hoping the tests they do now will show that he has injury that should have been addressed. He had been working with Sean in Portland but this attorney did not follow through with letters etc. that Todd needed.
Plan: Ask about how the medical testing went. Consider a focus on mindfulness, healing trauma.

Signatures

Signature #1: | Ron Unger (LCSW) - 2/5/2014 3:15 PM

Signature History

Action	Date	Staff
Document Signed	2/5/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	2/12/2014 9:00 AM - 9:51 AM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Anxiety
<input type="checkbox"/>	Goal	Increase ability to organize toward practical goals
<input type="checkbox"/>	Objective	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
<input checked="" type="checkbox"/>	Objective	Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
<input type="checkbox"/>	Goal	Will be less tormented
<input type="checkbox"/>	Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes

Progress made toward goals:
Identify those present, interventions, and significant events/changes in individual's life:

Todd was able to communicate effectively with the neurologist, by his report.

(Mental status, recovery status, and response to specific services and supports)
Present: Todd He brought in a book on how the twin towers were brought down by a directed energy weapon. We talked about how he saw the book as "proof" and why possibly others would not.

Dr. Stefan Harold, was the neurologist he saw in Portland, Todd reports he found the muscles "giving off signals they weren't supposed to" also said he saw balance issues etc. consistent with brain injury. As a result Todd worries he will die early.

T. clarifies he feels he is under attack by the government "24/7" He sees "forced ejaculation" is one of the worst things. We reviewed whether he could have some control over it, he thought not. I suggested he try masturbating to get more control over when he orgasms, he disclosed that he had quit masturbating, he thinks it hurts too much to have an orgasm, due to his injuries..

Discussed role of relieving trauma and getting good sleep in increasing concentration and memory, two issues T. worries about having. He says the neurologist also has some ideas for exercises, we talked about how it could be really helpful to increase self care around such issues.

He said the 9th court of appeals federal, is going to be reviewing his case.

Plan: discuss chronic pain and or yoga group, also his request for a letter to a court. Maybe talk about the meaning of orgasm in the absence of a partner, and his dreams for something better, to better understand the meaning of his experiences.

Signatures

Signature #1: | Ron Unger (LCSW) - 2/13/2014 6:13 PM

Signature History

Action	Date	Staff
Document Signed	2/13/2014	Ron Unger (LCSW)

Addenda

Narrative	Signed By
Plan: Explore sexual and romantic history. Also discuss function of shifting attention.	Ron Unger (LCSW) - 2/14/2014 4:48 PM

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	2/24/2014 10:08 AM - 10:57 AM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Anxiety
<input type="checkbox"/>	Goal	Increase ability to organize toward practical goals
<input type="checkbox"/>	Objective	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
<input type="checkbox"/>	Objective	Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
<input checked="" type="checkbox"/>	Goal	Will be less tormented
<input type="checkbox"/>	Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:**Notes****Progress made toward goals:**

Todd has been able to show some increased interest in everyday things, going to a movie with someone for example, rare in the past

Identify those present, interventions, and significant events/changes in individual's life:

(Mental status, recovery status, and response to specific services and supports)
Present: Todd Talked about others experience of dealing with voices, Todd was interested in this, shared his own ideas about how voices might be like waking dreams.

He wanted to talk about the chronic traumatic encephalopathy he believes he has, based on his discussion with the chiropractic neurologist. He hopes to get a diffusion MRI to test for this,

He's also been talking to someone with Scientology, CCHR Portland, who he helps can help him investigate the state hospital. He also is talking to Eugene Weekly today about his court case.

He said he is hoping to get a letter written by me letting the judge "know who he is" - also stating I think it would be helpful to him to have this investigated, maybe something about how coherent he is, also he would like it if I could somehow support a contention that he was not mentally ill in some of his contentions - I pointed out that I couldn't really support any of his unconventional theories, but I could point out that he talks coherently, he thought this might be of some help. He explained reasons why he thinks he doesn't have schizophrenia, including the fact his affect isn't flat, his ability to be coherent, etc., I pointed out that lots of people may have untrue theories, despite not being clinically "schizophrenic" such as perhaps all the people in the US who believe Obama is the antichrist - this made sense to him.

Discussed housing - he wants to keep up with his credit cards so he has the possibility of borrowing more to pay lawyers, so he can't afford spending on housing, we decided he would not be able to use CSP services at this time.

Plan: Did he watch Eleanor Longden video, talk about hospital records and how our looking at them might help him understand his life. Also discuss yoga group, maybe work to understand what orgasm means in the absence of a partner, history and meanings around that, relationship to pain.

Signatures**Signature #1:** | Ron Unger (LCSW) - 2/24/2014 1:20 PM**Signature History**

Action	Date	Staff
Document Signed	2/24/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	3/3/2014 1:00 PM - 1:51 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Anxiety
<input type="checkbox"/>	Goal	Increase ability to organize toward practical goals
<input type="checkbox"/>	Objective	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
<input type="checkbox"/>	Objective	Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
<input type="checkbox"/>	Goal	Will be less tormented
<input checked="" type="checkbox"/>	Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes**Progress made toward goals:****Identify those present, interventions, and significant events/changes in individual's life:**

Todd is willing to try the yoga group today to see if that might have an impact on his physical pain.

(Mental status, recovery status, and response to specific services and supports)
Present: Todd Thinks it might help to look together at his hospital records and other records to find out who he has been over time, and how things changed. I agreed that talking about his history and making sense of his story could help. We did some of that in the session. He thinks around 5 grade when he was taken off the Ritalin that he had been on since 3rd or 4th grade that things changed for him. Though when he started 6th grade it went well at first, then he had to move since his dad decided to ship him to his aunt due to his girlfriend Todd thinks. Explored how T. earlier felt trusting of his dad, then his dad beat him and sent him away. Then he kind of "fell through the cracks" and was neglected by his aunt and grandparents, didn't know how to function outside the home, We also did some discussion of his current beliefs and experiences. He says he feels his movements are controlled - so I explored what he means by that - he says sometimes he feels paralyzed. I did ask him how he would cope if it turned out there was no way to prove the government was hurting him, he says he would kill himself if there is no way to confront the government. We also talked some about how people cope with difficult situations where there is no good resolution available, options for finding meaning even when some problems cannot be solved.
Plan: Explore exactly what he would want from me, be clear what I can offer and what I can't, look for ways to strengthen the alliance.

Signatures

Signature #1: | Ron Unger (LCSW) - 3/4/2014 2:48 PM

Signature History

Action	Date	Staff
Document Signed	3/4/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	3/10/2014 10:01 AM - 10:51 AM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Anxiety
<input type="checkbox"/>	Goal	Increase ability to organize toward practical goals
<input type="checkbox"/>	Objective	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
<input type="checkbox"/>	Objective	Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
<input type="checkbox"/>	Goal	Will be less tormented
<input checked="" type="checkbox"/>	Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:

Notes**Progress made toward goals:**

He was able to identify as having some enjoyable moments, not complete torment.

Identify those present, interventions, and significant events/changes in individual's life:

(Mental status, recovery status, and response to specific services and supports)

Present: Todd Discussed assault 4 charge that had been against him for punching his grandfather for collaborating with the CIA in torturing him. He said his fourth attorney withdrew, the district attorney wrote he couldn't prove it. Todd thinks this confirms they can't prove he wasn't being tortured. So now he wants to sue for false arrest, but he's aware that he may not be able to find an attorney to work on this without too much cash up front.

He says once when he was 15 his grandpa had punched him repeatedly, we discussed how the breakdown in trust had happened over the years.

He said he still has contact with his mom and his sister and brother on his mom's side sometimes. He has talked about possibly going to live with his mom, but she is having a hard time, caring for her mom (who Todd has not been connected with.) Her mom is recently divorced.

Discussed the yoga group - he said he forgot last week, plans on trying to attend this week.

Explained to him the idea of going upstream against what was happening in his body, which he felt was a weapon being used against him, but which I thought might be the impact of trauma on his body. He agreed it might make some sense to look for ways to move toward better health in the present even if we can't do anything to switch off the cause. We talked about coping strategies for people facing issues they can't control.

Plan: Ask about yoga practice, also work on savoring. Maybe discuss the issue of sexuality, get sexual history, decide on a strategy to shift attention in the moment of sexual troubles. Also consider a self compassion exercise.

Signatures

Signature #1: | Ron Unger (LCSW) - 3/10/2014 11:03 AM**Signature History**

Action	Date	Staff
Document Signed	3/10/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	3/17/2014 1:00 PM - 1:50 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Individual Session (Indiv)
Organization:	CFD North
Service Location:	11 - Office

Goal(s) Addressed**Service Plan - MH**

	Problem	Anxiety
<input type="checkbox"/>	Goal	Increase ability to organize toward practical goals
<input type="checkbox"/>	Objective	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
<input type="checkbox"/>	Objective	Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
<input type="checkbox"/>	Goal	Will be less tormented
<input checked="" type="checkbox"/>	Objective	Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently

Goal(s) Addressed:**Notes****Progress made toward goals:**

Thinks pain in body is worse - he notices fluctuations though, getting better for a few days, then worse

Identify those present, interventions, and significant events/changes in individual's life:

(Mental status, recovery status, and response to specific services and supports)
Present: Todd Still hasn't made it to Yoga, feels confident he will make it today. Reports he is checking out hospitals in a number of states that have specialized programs for neurological rehab, would consider relocating and then getting on Medicaid elsewhere to make it work.

We discussed more the rationale for us working together to see what he can do to move toward health despite whatever obstacles he faces (which he believes includes the use of weapons against him.) Explored for example if he could imagine a way to work toward having a romantic relationship. Discussed history around that: he said he had girlfriends like 4th or 5th grade, had one girlfriend in a group home at late teens, then the worker at the state hospital had some interactions with him. Now he thinks of himself as too brain damaged to have a girlfriend or go to school. We looked at evidence for and against that. He tells himself "absolutely no girlfriend while the torture is happening." I suggested he could think of it like having an illness, maybe he's not fully functioning, but he might be able to find someone who accepts him despite his limitations. As we talked, he appeared to entertain some possibilities of more social or romantic connections.

Plan: Ask about yoga. Discuss using body scan as a way to bring gentle attention to each part of the body, how this might counter tendencies to tighten up. Maybe explore how he might redirect attention when unwanted sexual things seem to be happening in his body.

Signatures**Signature #1:** Ron Unger (LCSW) - 3/18/2014 10:26 AM

Signature History

Action	Date	Staff
Document Signed	3/18/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Remmers, Carolyn (82)
Document Date:	8/6/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	08/06/2013
Staff:	Remmers, Carolyn (82)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Individual called asking that his case be prioritized. Passed this request to Ruthann Duncan, clinical supervisor.

Signatures

Signature #1: | Carolyn Remmers (MEd) - 8/6/2013 2:30 PM

Signature History

Action	Date	Staff
Document Signed	8/6/2013	Carolyn Remmers (MEd)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	8/14/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	08/14/2013
Staff:	Haun, Cheryl (15)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Lm with possible session times and requested a call back.

Signatures

Signature #1: | Cheryl Haun (MA) - 8/14/2013 8:18 PM

Signature History

Action	Date	Staff
Document Signed	8/14/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	8/23/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	08/23/2013
Staff:	Haun, Cheryl (15)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	LM for Tracy Wise to see if he is interested in adjunctive therapy using nuero feedback with Todd to assess any damage to his brain from psycho tropics used at the state hospital.

Signatures

Signature #1: | Cheryl Haun (MA) - 8/23/2013 11:39 AM

Signature History

Action	Date	Staff
Document Signed	8/23/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	9/26/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	09/26/2013
Staff:	Haun, Cheryl (15)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Spoke with Rich Klotz of LCBH re likely services for Todd. Rich explained the legal procedures and scenarios re mental health cases. If Todd is charged with a misdemeanor and can help in his own defense, he will likely end up with Rich and LCBH. If not, he will most likely go to the state hospital again and Rich states this is a long drawn out process.

Signatures

Signature #1: | Cheryl Haun (MA) - 9/26/2013 2:40 PM

Signature History

Action	Date	Staff
Document Signed	9/26/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	9/26/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	09/26/2013
Staff:	Haun, Cheryl (15)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	When this therapist called to confirm Todd's appointment last night, his grandmother answered his phone and said he is in jail. She stated that he had "slugged" his grandfather a couple of times and yanked the steering wheel since his grandfather would not admit to being part of an organization spying on him. This therapist also informed the other therapist working with Todd, Tracy Wise. Discd his case in supervision this morning with Ruthann Duncan and identified transferring his case to Lane Behavioral Health if he is released.

Signatures**Signature #1:** | Cheryl Haun (MA) - 9/26/2013 2:27 PM**Signature History**

Action	Date	Staff
Document Signed	9/26/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	10/11/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	10/11/2013
Staff:	Haun, Cheryl (15)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Todd left this therapist a message today requesting his records from CFD and inquiring as to this therapist's opinion about whether he is truly paranoid or just traumatized. This therapist will speak with her supervisor next chance and will call the file room re how to expedite Todd's request or records.

Signatures

Signature #1: | Cheryl Haun (MA) - 10/14/2013 3:39 PM

Signature History

Action	Date	Staff
Document Signed	10/14/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	10/11/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	10/11/2013
Staff:	Haun, Cheryl (15)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Faxed referrals for IMEs to Dr. Strgar and Tewlew.

Signatures

Signature #1: Cheryl Haun (MA) - 10/11/2013 12:51 PM

Signature History

Action	Date	Staff
Document Signed	10/11/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Paysinger, Hannah (313)
Document Date:	10/28/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	10/28/2013
Staff:	Paysinger, Hannah (313)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Received a voicemail from this individual today. He was checking in on the status of his request for his records, which he had made initially on October 14th, 2013. On 10/14/13 I returned his call and left him a voicemail, informing him he would first need to fill out a request form before we could send his records. He returned this call today, saying he would be willing for us to mail him a request form, since he is unable to make it in to the office. I mailed a request form today, and once we get it back, we will compare signatures to verify identity.

Signatures

Signature #1: Hannah Paysinger (No Primary Credential) - 10/28/2013
12:59 PM

Signature History

Action	Date	Staff
Document Signed	10/28/2013	Hannah Paysinger (No Primary Credential)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	10/31/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	10/31/2013
Staff:	Haun, Cheryl (15)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	This therapist left a message on Todd's phone re progress of his records request, stating that Hannah mailed his ROI on Monday and that if he has fax number there that we could fax his records to (after we receive his ROI) that he can phone it in to Hannah. I let him know that she is out of the office due to illness.

Signatures

Signature #1: | Cheryl Haun (MA) - 10/31/2013 2:18 PM

Signature History

Action	Date	Staff
Document Signed	10/31/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Wise, Tracy (44)
Document Date:	11/3/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	11/03/2013
Staff:	Wise, Tracy (44)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Todd has left daily phone messages with this writer, since 10/14/2013, regarding receiving a copy of his Biofeedback EEG report. This writer mailed a copy of this to Todd on 10/24/13, at the state mental health hospital in Salem. Delivery confirmation of Friday, 10/25/13, was received of this mailing. This writer left a phone message with Todd informing him of this on 10/28/13.

Signatures

Signature #1: | Tracy Wise (LPC, MA) - 11/3/2013 9:09 PM

Signature History

Action	Date	Staff
Document Signed	11/3/2013	Tracy Wise (LPC, MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	11/14/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	11/14/2013
Staff:	Haun, Cheryl (15)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	This therapist called Todd to let him know about closing his file.

Signatures

Signature #1: | Cheryl Haun (MA) - 11/14/2013 3:55 PM

Signature History

Action	Date	Staff
Document Signed	11/14/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Asher, Sara (419)
Document Date:	12/13/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	12/13/2013
Staff:	Asher, Sara (419)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Physician Therapist Communication Request and Physician ROI faxed 12/13/2013 to Dr. Bill Walter

Signatures

Signature #1: | Sara Asher (BA) - 12/13/2013 12:15 PM

Signature History

Action	Date	Staff
Document Signed	12/13/2013	Sara Asher (BA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	12/18/2013
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	12/18/2013
Staff:	Unger, Ron (35)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Spoke with Dr. Walter. Explained my treatment approach, he explained his strategy, he was testing more around some markers that indicated muscle damage, saw Todd as very anxious re his health,

Signatures

Signature #1: | Ron Unger (LCSW) - 12/18/2013 3:33 PM

Signature History

Action	Date	Staff
Document Signed	12/18/2013	Ron Unger (LCSW)

Addenda

Narrative	Signed By
Dr. Walter's phone number was 206-372-8744	Ron Unger (LCSW) - 12/18/2013 3:35 PM

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	1/22/2014
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	01/22/2014
Staff:	Unger, Ron (35)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Todd Giffen called, said he thinks his care and testing from his doctor is too slow, he wants to go up to Legacy Emanuel Hospital to seek care, he also wants to tell them all about his beliefs about being hurt through secret machines by the government. I encouraged him to beware of expecting psychiatrists to believe him, he acknowledged they might not. I told him I believed his issues were more appropriate for outpatient care, but he did not appear to be persuaded.

Signatures**Signature #1:** | Ron Unger (LCSW) - 1/22/2014 4:15 PM**Signature History**

Action	Date	Staff
Document Signed	1/22/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	2/3/2014
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	02/03/2014
Staff:	Unger, Ron (35)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Called Victoria Williams and let her know I now had an ROI. She was not ready to talk. Plan: if she calls back, ask her about Todd's report that it appears to him she believes the threats he talks about and has suggested he try a Faraday cage.

Signatures

Signature #1: | Ron Unger (LCSW) - 2/3/2014 10:42 AM

Signature History

Action	Date	Staff
Document Signed	2/3/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	5/7/2014
Client Program:	(Not Set)

Memo to Chart Entry

Memo Date:	05/07/2014
Staff:	Unger, Ron (35)
Client:	Giffen, Todd (885246) 3/13/1985
Activity:	Memo to Chart (MEMO)
Client Program:	MH Adult Outpatient (ADULT)
Narrative:	Spoke to Todd on the phone. He reported he will be living in CA in the near future, we agreed I should close the file for now.

Signatures

Signature #1: | Ron Unger (LCSW) - 5/7/2014 4:32 PM

Signature History

Action	Date	Staff
Document Signed	5/7/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	12/9/2013 4:00 PM - 4:59 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Assessment, Re-Open or Update Outside Assmt (AsmtUpdate)
Organization:	CFD North
Service Location:	11 - Office

Mental Health Assessment

Presenting problem(s):	<p>Life stressors and current symptoms</p> <p>Todd reports he would like to have a professional who knows his story and can help advocate for him, possibly help him with a legal case regarding some torture he experienced, what he believes was abuse at the Oregon state hospital. He has talked with an attorney in the Portland area, also with Jeff Johnson in town. He was in the state hospital in the past couple months, reports he has been traumatized, also would like help getting his life back together.</p> <p>Reports he believes people at US Dept. of Justice used some kind of a weapon against him. (Because Todd has believed he was quickly diagnosed psychotic in the past rather than listened to, and this harmed his relationship with mental health providers, no judgment will be made in this assessment regarding the truth or falsity of his reports about persecution by the government, instead that will be discussed in detail using a CBT approach, "looking at the evidence."</p> <p>Currently he is living at the mission, just got out of jail.</p> <p>He was 19 years old when he got arrested for harrassment and menacing, he ended up in Oregon State Hospital. Over the past ten years he thinks he has been there 4 times, once for about 4 years under PSRB. He reports problems at the hospital include being touched and hugged by a female staff person - Bonita Tucker, who then alleged he was a "stalker", also being assaulted by other people there, put in seclusion and restraint for no good reason. He thinks being misdiagnosed was one of the bad things that happened to him, and the drugs were not helpful.</p> <p>Reports he feels depressed, with little energy, trouble relaxing, and trouble concentrating, nearly every day, all of which makes it hard to get on with his life.</p>
-------------------------------	---

Biopsychosocial Information to Justify Diagnosis

Family relationships:	<p>Family make-up, quality of relationships, marriage(s), divorce(s), cultural identification</p> <p>Growing up he lived sometimes with his dad, at other times with his grandma, his aunt, his mom hed didn't know well, etc. His dad had lots of abusive girlfriends and so he would send the kids away. By age 12 he went to live with his dad's parents full time. Has 4 half siblings, 2 on each side, a brother and sister on each side, he is the oldest.</p> <p>The sister and brother on his mom's side, the ones on his dad's side he doesn't know, one sister is very successful in NC. Dad is in AZ, Mom lives in Baker City, doesn't communicate with either of them.</p> <p>He had been living with his grandpa and grandma, he got in some trouble with an assault 4 charge against him and he can't call his grandpa right now because of the legal trouble. He worries his grandpa is "in on it".</p>
Abuse/trauma:	<p>Include sexual, physical, verbal abuse, and domestic violence</p> <p>Reports abuse on and off, most often from his dad's girlfriends, like at 5 years old his dad's girlfriend would "throw him around the room." Later his dad was married to someone who favored her own children "she would put me into a diaper and lock me out of the house." Had some success in school up to 5th or 6th grade, then developed anxiety, got bullied, also pushed by teacher, by 7th grade he refused to go to school, then he did a "home school thing." Recalls some sexual abuse, for example by a 13 year old girl who got on top of him and who was pulling his clothes off, some other inappropriate stuff "it wasn't real bad." As a teen had tons of friends online, none in real life.</p>

**Possible relationship
between trauma and
current mental health
symptoms:**

He believes the childhood trauma set him up to get into more trouble later. We will explore the possibility that the childhood trauma caused him to be hypervigilant for trouble causing him to sometimes see problems as worse than they are.

Current medical issues:

Include current medications and prescriber
Reports traumatic brain injury, neuromuscular injury (maybe dystonia), he's going to a neurologist about this. Not taking any psychiatric medications currently.

Suicidal/Violent Ideation or Behaviors**Current danger to self:**

- ☐ No current danger to self
☐ Has weapon
☐ Self mutilation or other self-harm behaviors
☐ Has plan
☐ Recent suicide attempt(s)
☒ Suicidal ideation

Current danger to others:

- ☒ No current danger to others
☐ Homicidal ideation
☐ Threat to harm others
☐ Has weapon
☐ Specific victim

Current situational dangers:

- ☐ No current situational dangers
☒ Homelessness
☐ Recent threat of assault
☐ Domestic violence

Comments/actions taken:

Living at the mission now. Has some thoughts about "I wish I could die" when he is really frustrated, no other suicidal thoughts, no plans.

Substance Use**Substance use
(including tobacco):**

- ☒ Individual denies current or past substance use
☐ Individual confirms current or past substance use

Comments:

Include substance(s), number of days since last use, and frequency of use
Says he only had

Gambling**Has the individual ever
felt the need to bet
more and more money?**

- ☐ Yes
☒ No

**Has the individual ever
felt the need to lie about
their gambling?**

- ☐ Yes
☒ No

Comments:**Youth Only****Peer relationships:****School:****Developmental milestones:****Strengths:**

Mental Status Exam**CoRe Addendum Only:**
☐ See AOD Assessment
for Mental Status Exam
if done in the last 3
months

Appearance:	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Clothing unclean	<input type="checkbox"/> Physically unclean
	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Sickly
	<input type="checkbox"/> Clothing inappropriate to weather	<input type="checkbox"/> Obese	
Motor:	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics
	<input type="checkbox"/> Gestures	<input type="checkbox"/> Slowed	<input type="checkbox"/> Twitches
Attitude toward examiner:	<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Demanding	<input type="checkbox"/> Hostile
	<input type="checkbox"/> Contemptuous	<input type="checkbox"/> Evasive	<input type="checkbox"/> Seductive
	<input type="checkbox"/> Defensive	<input type="checkbox"/> Guarded	<input type="checkbox"/> Unclear
Mood:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Depressed	<input type="checkbox"/> Irritable
	<input type="checkbox"/> Angry	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Labile
	<input checked="" type="checkbox"/> Anxious	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Unclear
	<input type="checkbox"/> Apprehensive		
Affect:	<input checked="" type="checkbox"/> Normal range	<input type="checkbox"/> Flat	<input type="checkbox"/> Reduction in range
	<input type="checkbox"/> Expansive		
Appropriateness of mood/affect:	<input checked="" type="checkbox"/> Congruent with mood	<input type="checkbox"/> Incongruent with mood	<input type="checkbox"/> Unclear
Thought process:	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Loose association - ideas unrelated	<input type="checkbox"/> Tangential - loses thread of thought, never returns to original point
	<input type="checkbox"/> Blocking - can't remember what was being said	<input type="checkbox"/> Perseveration - Persistent repetition of words	<input type="checkbox"/> Unclear
	<input type="checkbox"/> Circumstantial - talks about irrelevant issues, but eventually gets back to the point	<input type="checkbox"/> Racing thoughts	
Content of thought:	<input type="checkbox"/> Normal	<input type="checkbox"/> Obsessions and compulsions	<input type="checkbox"/> Suicidal ideation
	<input type="checkbox"/> Delusions	<input type="checkbox"/> Paranoia	<input checked="" type="checkbox"/> Unclear
	<input type="checkbox"/> Homicidal ideation	<input type="checkbox"/> Phobias	
Alertness:	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Stupor
	<input type="checkbox"/> Fugue state	<input type="checkbox"/> Not oriented	<input type="checkbox"/> Unclear
Orientation:	<input checked="" type="checkbox"/> Orientation to time, place, and person	<input type="checkbox"/> Not oriented to time	<input type="checkbox"/> Unclear
	<input type="checkbox"/> Not oriented to place		
Memory:	<input type="checkbox"/> No impairments	<input type="checkbox"/> Remote memory impaired	<input type="checkbox"/> Unclear
	<input checked="" type="checkbox"/> Recent memory impaired		
Concentration/attention:	<input type="checkbox"/> Unimpaired	<input checked="" type="checkbox"/> Impaired	<input type="checkbox"/> Unclear
Abstract thinking:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Overly abstract	<input type="checkbox"/> Unclear
	<input type="checkbox"/> Concrete		
Cognitive functioning:	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Unclear
	<input checked="" type="checkbox"/> Above average		
Speech:	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Lacks spontaneity	<input type="checkbox"/> Monotonous
	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Loud	<input type="checkbox"/> Mumbled

Perceptual disturbances:	<input type="checkbox"/> Mute	<input type="checkbox"/> Rapid	<input type="checkbox"/> Soft spoken
	<input type="checkbox"/> Pressured	<input type="checkbox"/> Slow	<input type="checkbox"/> Whispered
	<input type="checkbox"/> Rambling	<input type="checkbox"/> Slurred	
	<input checked="" type="checkbox"/> None apparent	<input type="checkbox"/> Tactile hallucinations	<input type="checkbox"/> Visual hallucinations
	<input type="checkbox"/> Auditory hallucinations		
Judgement:	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Unclear
	<input type="checkbox"/> Fair		
Reliability:	<input type="checkbox"/> Reliable	<input type="checkbox"/> Unreliable	<input checked="" type="checkbox"/> Unclear

Client DSM Diagnosis as of 12/9/2013

Client:	Giffen, Todd (885246) 3/13/1985
Date Diagnosed:	12/9/2013
Diagnosis By:	Unger, Ron (35)
External Diagnosis?	No
Description:	

Diagnostic Formulation**Axis I: Clinical Disorders**

DSM Code - Description	ICD-9 Code - Short Description	Pri/Sec	Comments
309.81 - Posttraumatic Stress Disorder	309.81 - POSTTRAUMATIC STRESS DIS	1	Chronic;

Axis II: Personality Disorders and Mental Retardation

DSM Code - Description	ICD-9 Code - Short Description	Pri/Sec	Comments
V71.09 - No Diagnosis on Axis II	V71.09 - OBSERV-MENTAL COND NEC		

Axis III: General Medical Conditions

Description	Pri/Sec
Reports he has had a brain injury & "muscular injury" due to torture by the government.	2

Axis IV: Psychosocial and Environmental Problems

Description	Severity	Comments
Problems related to the social environment	Severe	Reports no friends in town, though he gets some support from MindFreedom

Axis V: Global Assessment of Functioning Scale

Current GAF Score

41

Signatures

Signature #1: | Ron Unger (LCSW) - 12/11/2013 11:37 AM

Signature History

Action	Date	Staff
Document Signed	12/11/2013	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	8/29/2013
Client Program:	(Not Set)

Authorization for Release and Exchange of Confidential and Protected Information

: ☒ Exchange information with ☐ Provide information to ☐ Receive information from

Authorized agency or individual name and address: Tracy Wise
261 E. 12 th
Eugene, OR 97401

Phone #: 541-242-2963

Fax #:

Information to be exchanged:

: ☒ ALL info pertaining to individual and family members as it pertains to the service of the individual ☐ ALL information except specific information listed below ☐ ONLY specific information listed below

All information except the following specific information:

Only the following specific information:

Information in the areas listed below may be included only if checked "Yes."

Psychiatric and/or mental health services and supports: ☒ Yes ☐ No

Alcohol and other drug history and/or services and supports: ☐ Yes ☒ No

Information regarding HIV, TB, hepatitis, STDs, genetics: ☐ Yes ☒ No

The purpose of this disclosure is to:

: ☒ Coordinate services ☐ Fulfill individual's/ guardian's request ☐ Other, list below

Other reason for disclosure:

I understand that my records are protected by State Law (ORS 192.500, ORS 179.505) and Federal privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 & 164. I understand that the information specified above will be disclosed based on this authorization. Additionally, for Recovery Programs, confidentiality of this record is protected by Federal Law 42 CFR Part 2. Any information that identifies you as involved in the alcohol and other drug program cannot be disclosed without your written consent except in limited circumstances as provided for in these regulations.

I further understand that CFD has no control over possible re-disclosure of the information by the receiving agency or individual. I understand that CFD may not condition services, payment, enrollment in the health plan, or eligibility for benefits on whether I sign this Authorization.

I understand that this Authorization may be revoked in writing at any time, except to the extent that action has been taken prior to revoking it. Should I decide to revoke this Authorization prior to its expiration, I understand that I must do so in writing by submitting notification to my therapist or to the CFD Records Custodian. Unless revoked, this Authorization shall remain in effect until 90 (ninety) days following service conclusion.

Check one: ☐ I am being provided with a copy of this authorization ☒ I do NOT want a copy of this authorization

I understand that my signature below authorizes an exchange of information and records between the above designated parties.

IMPORTANT NOTICE TO ORGANIZATION OR INDIVIDUAL EXCHANGING INFORMATION

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 any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signatures

Signatures:



Signature Date Time: 8/29/2013 2:26 PM

Guarantor: Giffen, Todd (Self)

Enter New Guarantor: (if unavailable)

Signature #1: Cheryl Haun (MA) - 8/29/2013 2:26 PM

Signature History

Action	Date	Staff
Document Signed	8/29/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	9/12/2013
Client Program:	(Not Set)

Authorization for Release and Exchange of Confidential and Protected Information

: ☒ Exchange information with ☐ Provide information to ☐ Receive information from

Authorized agency or individual name and address: Dr. Tewlew
3203 Willamette
Eugene, OR 97405

Phone #: 541-726-9912

Fax #:

Information to be exchanged:

: ☒ ALL info pertaining to individual and family members as it pertains to the service of the individual ☐ ALL information except specific information listed below ☐ ONLY specific information listed below

All information except the following specific information:

Only the following specific information:

Information in the areas listed below may be included only if checked "Yes."

Psychiatric and/or mental health services and supports: ☒ Yes ☐ No

Alcohol and other drug history and/or services and supports: ☐ Yes ☒ No

Information regarding HIV, TB, hepatitis, STDs, genetics: ☐ Yes ☒ No

The purpose of this disclosure is to:

: ☐ Coordinate services ☒ Fulfill individual's/ guardian's request ☐ Other, list below

Other reason for disclosure:

I understand that my records are protected by State Law (ORS 192.500, ORS 179.505) and Federal privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 & 164. I understand that the information specified above will be disclosed based on this authorization. Additionally, for Recovery Programs, confidentiality of this record is protected by Federal Law 42 CFR Part 2. Any information that identifies you as involved in the alcohol and other drug program cannot be disclosed without your written consent except in limited circumstances as provided for in these regulations.

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Check one: ☐ I am being provided with a copy of this authorization ☒ I do NOT want a copy of this authorization

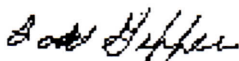
I understand that my signature below authorizes an exchange of information and records between the above designated parties.

IMPORTANT NOTICE TO ORGANIZATION OR INDIVIDUAL EXCHANGING INFORMATION

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 any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signatures

Signatures:



Signature Date Time: 9/12/2013 4:09 PM

Guarantor: Giffen, Todd (Self)

Enter New Guarantor: (if unavailable)

Signature #1: Cheryl Haun (MA) - 9/12/2013 4:09 PM

Signature History

Action	Date	Staff
Document Signed	9/12/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	9/19/2013
Client Program:	(Not Set)

Authorization for Release and Exchange of Confidential and Protected Information

: ☒ Exchange information with ☐ Provide information to ☐ Receive information from

Authorized agency or individual name and address: Dr. Strgar
3202 Willamette St
Eugene, OR 97405

Phone #: 541-726-9912

Fax #: 541-744-4443

Information to be exchanged:

: ☒ ALL info pertaining to individual and family members as it pertains to the service of the individual ☐ ALL information except specific information listed below ☐ ONLY specific information listed below

All information except the following specific information:

Only the following specific information:

Information in the areas listed below may be included only if checked "Yes."

Psychiatric and/or mental health services and supports: ☒ Yes ☐ No

Alcohol and other drug history and/or services and supports: ☐ Yes ☒ No

Information regarding HIV, TB, hepatitis, STDs, genetics: ☐ Yes ☒ No

The purpose of this disclosure is to:

: ☐ Coordinate services ☒ Fulfill individual's/ guardian's request ☐ Other, list below

Other reason for disclosure:

I understand that my records are protected by State Law (ORS 192.500, ORS 179.505) and Federal privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 & 164. I understand that the information specified above will be disclosed based on this authorization. Additionally, for Recovery Programs, confidentiality of this record is protected by Federal Law 42 CFR Part 2. Any information that identifies you as involved in the alcohol and other drug program cannot be disclosed without your written consent except in limited circumstances as provided for in these regulations.

I further understand that CFD has no control over possible re-disclosure of the information by the receiving agency or individual. I understand that CFD may not condition services, payment, enrollment in the health plan, or eligibility for benefits on whether I sign this Authorization.

I understand that this Authorization may be revoked in writing at any time, except to the extent that action has been taken prior to revoking it. Should I decide to revoke this Authorization prior to its expiration, I understand that I must do so in writing by submitting notification to my therapist or to the CFD Records Custodian. Unless revoked, this Authorization shall remain in effect until 90 (ninety) days following service conclusion.

Check one: ☐ I am being provided with a copy of this authorization ☒ I do NOT want a copy of this authorization

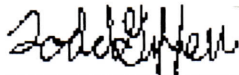
I understand that my signature below authorizes an exchange of information and records between the above designated parties.

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Signatures

Signatures:



Signature Date Time: 9/19/2013 3:41 PM

Guarantor: Giffen, Todd (Self)

Enter New Guarantor: (if unavailable)

Signature #1: Cheryl Haun (MA) - 9/19/2013 3:41 PM

Signature History

Action	Date	Staff
Document Signed	9/19/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	12/9/2013 4:00 PM - 4:59 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Assessment, Re-Open or Update Outside Assmt (AsmtUpdate)
Organization:	CFD North
Service Location:	11 - Office

Authorization for Release and Exchange of Confidential and Protected Information

: ☒ Exchange information with ☐ Provide information to ☐ Receive information from

Authorized agency or individual name and address: Cathy Meadows

Phone #: 707-720-7137

Fax #:

Information to be exchanged:

: ☒ ALL info pertaining to individual and family members as it pertains to the service of the individual ☐ ALL information except specific information listed below ☐ ONLY specific information listed below

All information except the following specific information:

Only the following specific information:

Information in the areas listed below may be included only if checked "Yes."

Psychiatric and/or mental health services and supports: ☒ Yes ☐ No

Alcohol and other drug history and/or services and supports: ☒ Yes ☐ No

Information regarding HIV, TB, hepatitis, STDs, genetics: ☒ Yes ☐ No

The purpose of this disclosure is to:

: ☒ Coordinate services ☐ Fulfill individual's/guardian's request ☐ Other, list below

Other reason for disclosure:

I understand that my records are protected by State Law (ORS 192.500, ORS 179.505) and Federal privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 & 164. I understand that the information specified above will be disclosed based on this authorization. Additionally, for Recovery Programs, confidentiality of this record is protected by Federal Law 42 CFR Part 2. Any information that identifies you as involved in the alcohol and other drug program cannot be disclosed without your written consent

except in limited circumstances as provided for in these regulations.

I further understand that CFD has no control over possible re-disclosure of the information by the receiving agency or individual. I understand that CFD may not condition services, payment, enrollment in the health plan, or eligibility for benefits on whether I sign this Authorization.

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Check one:

- ☐ I am being provided with a copy of this authorization
- ☒ I do NOT want a copy of this authorization

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Signatures

Signatures:



Signature Date Time: 12/9/2013 4:15 PM

Guarantor:

Enter New Guarantor: (if unavailable)

Signature #1: | Ron Unger (LCSW) - 12/9/2013 4:15 PM

Signature History

Action	Date	Staff
Document Signed	12/9/2013	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	12/31/2013
Client Program:	(Not Set)

Authorization for Release and Exchange of Confidential and Protected Information

: ☒ Exchange information with ☐ Provide information to ☐ Receive information from

Authorized agency or individual name and address: ShelterCare

Phone #: 541-302-9195

Fax #:

Information to be exchanged:

: ☒ ALL info pertaining to individual and family members as it pertains to the service of the individual ☐ ALL information except specific information listed below ☐ ONLY specific information listed below

All information except the following specific information:

Only the following specific information:

Information in the areas listed below may be included only if checked "Yes."

Psychiatric and/or mental health services and supports: ☒ Yes ☐ No

Alcohol and other drug history and/or services and supports: ☒ Yes ☐ No

Information regarding HIV, TB, hepatitis, STDs, genetics: ☒ Yes ☐ No

The purpose of this disclosure is to:

: ☒ Coordinate services ☐ Fulfill individual's/ guardian's request ☐ Other, list below

Other reason for disclosure:

I understand that my records are protected by State Law (ORS 192.500, ORS 179.505) and Federal privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 & 164. I understand that the information specified above will be disclosed based on this authorization. Additionally, for Recovery Programs, confidentiality of this record is protected by Federal Law 42 CFR Part 2. Any information that identifies you as involved in the alcohol and other drug program cannot be disclosed without your written consent except in limited circumstances as provided for in these regulations.

I further understand that CFD has no control over possible re-disclosure of the information by the receiving agency or individual. I understand that CFD may not condition services, payment, enrollment in the health plan, or eligibility for benefits on whether I sign this Authorization.

I understand that this Authorization may be revoked in writing at any time, except

to the extent that action has been taken prior to revoking it. Should I decide to revoke this Authorization prior to its expiration, I understand that I must do so in writing by submitting notification to my therapist or to the CFD Records Custodian. Unless revoked, this Authorization shall remain in effect until 90 (ninety) days following service conclusion.

Check one: ☐ I am being provided with a copy of this authorization ☒ I do NOT want a copy of this authorization

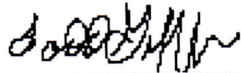
I understand that my signature below authorizes an exchange of information and records between the above designated parties.

IMPORTANT NOTICE TO ORGANIZATION OR INDIVIDUAL EXCHANGING INFORMATION

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Signatures

Signatures:



Signature Date Time: 12/31/2013 2:24 PM

Guarantor:

Enter New Guarantor: (if unavailable)

Signature #1: Ron Unger (LCSW) - 12/31/2013 2:24 PM

Signature History

Action	Date	Staff
Document Signed	12/31/2013	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	1/29/2014
Client Program:	(Not Set)

Authorization for Release and Exchange of Confidential and Protected Information

: ☒ Exchange information with ☐ Provide information to ☐ Receive information from

Authorized agency or individual name and address: Victoria Williams

Phone #: 503-885-5120 x 1820

Fax #:

Information to be exchanged:

: ☒ ALL info pertaining to individual and family members as it pertains to the service of the individual ☐ ALL information except specific information listed below ☐ ONLY specific information listed below

All information except the following specific information:

Only the following specific information:

Information in the areas listed below may be included only if checked "Yes."

Psychiatric and/or mental health services and supports: ☒ Yes ☐ No

Alcohol and other drug history and/or services and supports: ☒ Yes ☐ No

Information regarding HIV, TB, hepatitis, STDs, genetics: ☒ Yes ☐ No

The purpose of this disclosure is to:

: ☒ Coordinate services ☐ Fulfill individual's/ guardian's request ☐ Other, list below

Other reason for disclosure:

I understand that my records are protected by State Law (ORS 192.500, ORS 179.505) and Federal privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 & 164. I understand that the information specified above will be disclosed based on this authorization. Additionally, for Recovery Programs, confidentiality of this record is protected by Federal Law 42 CFR Part 2. Any information that identifies you as involved in the alcohol and other drug program cannot be disclosed without your written consent except in limited circumstances as provided for in these regulations.

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Check one:

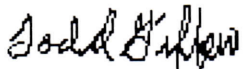
- ☐ I am being provided with a copy of this authorization
- ☒ I do NOT want a copy of this authorization

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Signatures

Signatures:**Signature Date Time:** 1/29/2014 4:56 PM**Guarantor:****Enter New Guarantor:** (if unavailable)**Signature #1:** Ron Unger (LCSW) - 1/29/2014 4:56 PM

Signature History

Action	Date	Staff
Document Signed	1/29/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	2/24/2014
Client Program:	(Not Set)

Authorization for Release and Exchange of Confidential and Protected Information

: ☐ Exchange information with ☒ Provide information to ☐ Receive information from

Authorized agency or individual name and address: 9th District Circuit Court

Phone #:

Fax #:

Information to be exchanged:

: ☒ ALL info pertaining to individual and family members as it pertains to the service of the individual ☐ ALL information except specific information listed below ☐ ONLY specific information listed below

All information except the following specific information:

Only the following specific information:

Information in the areas listed below may be included only if checked "Yes."

Psychiatric and/or mental health services and supports: ☒ Yes ☐ No

Alcohol and other drug history and/or services and supports: ☒ Yes ☐ No

Information regarding HIV, TB, hepatitis, STDs, genetics: ☒ Yes ☐ No

The purpose of this disclosure is to:

: ☐ Coordinate services ☒ Fulfill individual's/guardian's request ☐ Other, list below

Other reason for disclosure:

I understand that my records are protected by State Law (ORS 192.500, ORS 179.505) and Federal privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 & 164. I understand that the information specified above will be disclosed based on this authorization. Additionally, for Recovery Programs, confidentiality of this record is protected by Federal Law 42 CFR Part 2. Any information that identifies you as involved in the alcohol and other drug program cannot be disclosed without your written consent except in limited circumstances as provided for in these regulations.

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Signatures

Signatures:



Signature Date Time: 2/24/2014 11:44 AM

Guarantor:

Enter New Guarantor: (if unavailable)

Signature #1: Ron Unger (LCSW) - 2/24/2014 11:44 AM

Signature History

Action	Date	Staff
Document Signed	2/24/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Service Date/Time:	12/9/2013 4:00 PM - 4:59 PM
Client Program:	MH Adult Outpatient (ADULT)
Activity:	Assessment, Re-Open or Update Outside Assmt (AsmtUpdate)
Organization:	CFD North
Service Location:	11 - Office

Authorization for Release and Exchange of Confidential and Protected Information - Physician

☒ Exchange information with
☐ Provide information to
☐ Receive information from

Authorized agency or individual name and address: Physician
 Dr. Bill Walter
 Phone #: 541 342-4520
 Fax #:

Information to be exchanged:

☒ ALL info pertaining to individual and family members as it pertains to the service of the individual
☐ ALL information except specific information listed below
☐ ONLY specific information listed below

All information except the following specific information:
 Only the following specific information:

Information in the areas listed below may be included only if checked "Yes."

Psychiatric and/or mental health services and supports: ☒ Yes
 Alcohol and other drug history and/or services and supports: ☒ Yes
 Information regarding HIV, TB, hepatitis, STDs, genetics: ☒ Yes

The purpose of this disclosure is to:

☒ Coordinate services
☐ Fulfill individual's/ guardian's request
☐ Other, list below

Other reason for disclosure:

I understand that my records are protected by State Law (ORS 192.500, ORS 179.505) and Federal privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 & 164. I understand that the information specified above will be disclosed based on this authorization. Additionally, for Recovery Programs, confidentiality of this record is protected by Federal Law 42 CFR Part 2. Any information that identifies you as involved in the alcohol and other drug program cannot be disclosed without your written consent

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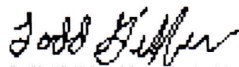
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Signatures

Signatures:



Signature Date Time: 12/9/2013 4:12 PM

Guarantor:

Enter New Guarantor: (if unavailable)

Signature #1: Ron Unger (LCSW) - 12/9/2013 4:12 PM

Signature History

Action	Date	Staff
Document Signed	12/9/2013	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	2/26/2014
Client Program:	(Not Set)

Service Plan - MH Entry

Primary Clinician:	Unger, Ron (35)
Plan Type:	Review
Initial or Review:	<input type="radio"/> Initial <input checked="" type="radio"/> Review
Begin Date:	02/26/2014
End Date:	03/17/2014

Problem

Type:	ISSP
Problem Narrative:	Anxiety
Sub-Problem:	N/A
Refer to External Services?	
External Referral Comments:	

Goal(s) for Anxiety

Goal Narrative:	Increase ability to organize toward practical goals
Status:	
Completed Date:	

Measurable Outcome(s) for Increase ability to organize toward practical goals

Start Date:	01/13/2014
Measurable Outcome Narrative:	Will be able to take meaningful steps toward housing each week, compared to has been living at Mission without taking any steps toward other housing most weeks.
Frequency:	
Status:	
Provider:	
Target Date:	

Action Step Set aside some hours each week to focus just on practical problems and possible solutions

Start Date	Activities	Frequency	Status	Provider	Target Date
1/13/2014	CSP Peer Services, Individual (CSP Indiv)	Weekly	Ongoing		6/28/2013
	Group Therapy (GRP)	Weekly	Ongoing		(Not Set)

Measurable Outcome(s) for Increase ability to organize toward practical goals

Start Date: 01/13/2014
Measurable Outcome Narrative: Will effectively communicate concerns to health care providers and others without appearing to them to be possibly psychotic, compared to this has been unclear in the past
Frequency:
Status:
Provider:
Target Date:

Action Step Practice imagining the likely point of view of others

Start Date	Activities	Frequency	Status	Provider	Target Date
1/13/2014	CSP Peer Services, Individual (CSP Indiv)	Bi Weekly	Ongoing		1/13/2015

Goal(s) for Anxiety

Goal Narrative: Will be less tormented
Status:
Completed Date:

Measurable Outcome(s) for Will be less tormented

Start Date: 12/09/2013
Measurable Outcome Narrative: Level of "torment" he experiences everyday will be less than 6, compared to a "10" currently
Frequency:
Status:
Provider:
Target Date:

Action Step Review beliefs about the torment, and options for responding, in therapy

Start Date	Activities	Frequency	Status	Provider	Target Date
12/11/2013	Individual Session (Indiv)	Weekly	Ongoing		(Not Set)

Participants / Activities Continued

The projected schedule for services and supports delivery outlined above is an estimate and may be adjusted as clinically appropriate. Crisis, Case Management and Consultation services will be included in service delivery, and some services will be provided by telephone, as needed. The Begin and End Dates of the Individual Services and Supports Plan (ISSP) represent the duration of all activities/services listed. If mental health services are provided beyond one year, an assessment update will be completed and the ISSP will be reviewed by a Licensed Medical Practitioner.

The following individuals were involved in creating this ISSP: Todd, and this therapist Ron Unger

Signatures

Signature #1: | Ron Unger (LCSW) - 2/26/2014 3:21 PM**Signature History**

Action	Date	Staff
Document Signed	2/26/2014	Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	8/22/2013
Client Program:	(Not Set)

Service Plan - MH Entry

Primary Clinician: Haun, Cheryl (15)

Plan Type: Review

Initial or Review: ☐ Initial ☒ Review

Begin Date: 08/22/2013

End Date: 11/14/2013

Problem

Type: ISSP

Problem Narrative: Trauma

Sub-Problem: N/A

Refer to External Services?

External Referral Comments:

Goal(s) for Trauma

Goal Narrative: Decrease his depression, isolation and physical pain.

Status: Ongoing

Completed Date:

Measurable Outcome(s) for Decrease his depression, isolation and physical pain.

Start Date: 08/22/2013

Measurable Outcome Narrative: Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.

Frequency: Weekly

Status: Ongoing

Provider: Haun, Cheryl (15)

Target Date:

Action Step Seek to get "whole body vibration" treatment.

Start Date	Activities	Frequency	Status	Provider	Target Date
8/22/2013					

Action Step Socialize face to face with a friend 2 x mo.

Start Date	Activities	Frequency	Status	Provider	Target Date
8/22/2013					

Goal(s) for Trauma

Goal Narrative: Reduce the negative impact that the traumatic event has had on many aspects of life.

Status: |
Completed Date: |

Measurable Outcome(s) for Reduce the negative impact that the traumatic event has had on many aspects of life.

Start Date: |
Measurable Outcome Narrative: Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.
Frequency: |
Status: |
Provider: |
Target Date: |

Action Step Find a professional to perform an independent diagnosis and assessment for meds or not etc.

Start Date	Activities	Frequency	Status	Provider	Target Date
8/22/2013	Individual Session (Indiv)	Weekly	Ongoing	Haun, Cheryl (15)	(Not Set)
	Family therapy WITH client (F w-ct)	As Needed	Ongoing	Haun, Cheryl (15)	(Not Set)

Action Step Learn about the symptomology and impact of PTSD from his childhood trauma as well as his more recent exposure to abuse.

Start Date	Activities	Frequency	Status	Provider	Target Date
8/22/2013					

Action Step Participate in EMDR sessions.

Start Date	Activities	Frequency	Status	Provider	Target Date
8/22/2013					

Action Step Prove in court that he has been injured in order to get medical treatment, which includes assessments by professionals.

Start Date	Activities	Frequency	Status	Provider	Target Date
8/22/2013					

Action Step Seek nuero feedback treatment sesssions to assess any brain injury

Start Date	Activities	Frequency	Status	Provider	Target Date
8/22/2013					

Action Step Implement relapse prevention strategies for managing possible future trauma-related symptoms.

Start Date	Activities	Frequency	Status	Provider	Target Date
(Not Set)	Individual Session (Indiv)	Weekly			(Not Set)

Participants / Activities Continued

The projected schedule for services and supports delivery outlined above is an estimate and may be adjusted as clinically appropriate. Crisis, Case Management and Consultation services will be included in service delivery, and some services will be provided by telephone, as needed. The Begin and End Dates of the Individual Services and Supports Plan (ISSP) represent the duration of all activities/services listed. If mental health services are provided beyond one year, an assessment update will be completed and the ISSP will be reviewed by a Licensed Medical Practitioner.

The following
individuals were
involved in creating this
ISSP:

Todd Giffin and Cheryl Haun

Signatures

Signature #1: | Cheryl Haun (MA) - 8/22/2013 5:37 PM

Signature History

Action	Date	Staff
Document Signed	8/22/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Haun, Cheryl (15)
Document Date:	11/14/2013
Client Program:	(Not Set)

Goal(s) Addressed**Service Plan - MH**

	Problem	Trauma
<input type="checkbox"/>	Goal	Decrease his depression, isolation and physical pain.
<input type="checkbox"/>	Objective	Increase self esteem from 6 SUDS (10 being the highest) to 9 SUDS.
<input type="checkbox"/>	Goal	Reduce the negative impact that the traumatic event has had on many aspects of life.
<input type="checkbox"/>	Objective	Decrease intrusive, distressing thoughts or images that recall the traumatic event from much of the day daily to 3 times per week.

Goal(s) Addressed: 1-2**Service Conclusion/Transfer Summary**

Last date of contact with individual: 11/14/2013

To be completed within 30 days of the last face-to-face contact with the individual.

Effectiveness of Services

Summary Statement: Describe the effectiveness of services in assisting the individual and his or her family to achieve intended outcomes identified in the ISSP.

Todd had made progress toward his goals and then had set backs and was re-admitted to the state hospital in Salem.

Planned Service Conclusion

Reason for service conclusion consistent with the service conclusion criteria documented on ISSP:

Personal Wellness Plan completed; copy given to individual:

Check one:

☐ Yes

☐ No

Transfer Coordination

Receiving provider: To be completed if individual is transferring to another provider for continued services/support.

Reason for transfer:

Coordination with receiving provider:

Unplanned Service Conclusion

Outreach efforts made to re-engage the individual or the reason why such efforts were not made:

(Personal Wellness Plan not appropriate or not applicable)

Todd was unable to attend sessions due to State Hospital admittance.

Signatures**Signature #1:** | Cheryl Haun (MA) - 11/14/2013 3:58 PM**Signature History**

Action	Date	Staff
Document Signed	11/14/2013	Cheryl Haun (MA)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	5/7/2014
Client Program:	(Not Set)

Transfer/Discharge Summary**Is service conclusion/
transfer planned?**

To be completed within 30 days of the last face-to-face contact with the individual.

☐ Planned☒ Unplanned☐ Assessment Only**Effectiveness of Services****Summary Statement:**

Describe the effectiveness of services in assisting the individual and his or her family to achieve intended outcomes identified in the ISSP.

Progress was unclear. There appeared to be some progress in being able to understand the viewpoint of others better which may prove helpful in communicating concerns to others, but this is not clear. No progress was made toward housing as T. was not wanting to spend money on it, preferred to set that aside for lawyers he thought might be helpful for him. T. did not report less torment though he often appeared somewhat less distressed in session.

Planned Service Conclusion**Reason for service
conclusion consistent
with the service
conclusion criteria
documented on ISSP:****What changes have
been made in order to
maintain wellness?****What supports are
available in times of
need?**

i.e. professionals, friends, groups, & other community resources

Transfer Coordination**Receiving provider:
Reason for transfer:**

To be completed if individual is transferring to another provider for continued services/support.

Unplanned Service Conclusion**Outreach efforts made
to re-engage the
individual or the reason
why such efforts were
not made:**

Todd moved away without notice before a closing session could be done.

Signatures**Signature #1:** | Ron Unger (LCSW) - 5/7/2014 4:40 PM**Signature History**

Action	Date	Staff
--------	------	-------

Document Signed

5/7/2014

Ron Unger (LCSW)

Session Information

Client:	Giffen, Todd (885246) 3/13/1985
Staff:	Unger, Ron (35)
Document Date:	1/20/2014
Client Program:	(Not Set)

Community Support Person Guidelines

*The relationship between the community support person (CSP) and the individual is confidential with respect to persons outside of Center for Family Development (CFD). However, information is shared with others at CFD such as the individual's therapist and with the CSP's clinical supervisor (who are also bound by the rules of confidentiality).

*The individual is encouraged to contact the therapist or CSP program coordinator regarding any concerns about CSP services that are not satisfactorily addressed with the CSP him or her self.

*The CSP is not a therapist, and does not offer "professional" or "expert" advice of any kind.

*Funding for CSP services requires regular contact with individuals. If the individual repeatedly misses appointments with the CSP, the possibility of providing services may have to be re-evaluated.

*The CSP and individual will contact each other with as much advance notice as possible when a CSP session needs to be rescheduled.

*Provide "expert" mental health care

*Make decisions for people

*Stay around forever. The CSP is paid to help the individual during a time period when he or she needs extra support, and when he or she is having trouble finding that support for his or her self. The CSP seeks to help the individual find his or her own friends and community connections so that eventually, he or she will no longer require CSP services.

Consent Statement

I have read and understand this permission form. I have had the opportunity to ask questions. I give my consent to participate in CSP services. If I choose to participate in CSP services within a group setting, I agree to keep confidential the names and other personal information shared by other individuals in the group.

Consent for Services- Community Support Person (CSP)

This document is an addendum to the Consent for Services.

I authorize the clinical staff of Center for Family Development (CFD) to provide Community Support Person (CSP) services to me as part of my services from this clinic. I understand that I may ask questions at any time. I affirm that my request for services from CFD is voluntary and that I may discontinue services at any time.

I understand that the CSP assigned to me is not a therapist but a Peer Specialist who is clinically supervised by a Qualified Mental Health Professional. While the goal and hoped benefit of treatment is the resolution of the presenting problem, I understand that a risk exists that there may be periods during my involvement with a CSP in which our interaction may result in emotional discomfort, changes in relationships and temporary worsening of symptoms.

I also understand that I may access the CSP's supervisor upon my request should I experience concerns or wish to express a grievance. I further understand that the CSP assigned to me will maintain a confidential relationship within supervisory process, which will include coordination with the therapist who is assigned to me.

I understand this to mean that information which is discussed during my time with the CSP is confidential and that no information about me or my family can be released to anyone outside CFD without written authorization from me, except as stated later in this document.

I further understand that certain exceptions exist to the CSP/family privilege described herein. If during time with a CSP any individual should reveal to the CSP knowledge of or participation in past or threatened abuse of a child(ren), elderly person(s), developmentally disabled person(s), or person receiving mental health services that are paid by Oregon Health Plan or other public funding, the CSP must disclose and report such information as provided by Oregon Law. In the event of threatened abuse, the CSP may warn the intended victim(s) by the most efficient means available. When a threat of harm to self or others is made, we are required to intervene, which might include a report to the appropriate agency and/or authority. In such cases of abuse or threat disclosed during time with a CSP, all decisions regarding disclosure and reporting will be made by a clinical supervisor.

I further understand that the possibility of physical injury exists during participation in most recreational events. I give my permission for the CSP to seek, and consent to, emergency treatment for me if I am not able to make this decision for myself. I further understand that in cases of medical emergency information limited to that which is judged necessary to resolve the situation may be disclosed to the attending emergency worker and that I will be informed of what has been disclosed as soon as reasonably practicable.

I understand that if I am an adolescent age fourteen or over that I have the right to access services without consent from my parent/guardian. I further understand that it will be necessary to involve my parent/guardian before the end of treatment unless they refuse or there are clear clinical indications not to involve them, which will be documented in my clinical record.

If I attend "group" events with both a CSP and other individuals also receiving services from CFD:

I understand that if I choose to attend an event where a CSP offers services to one or more individuals meeting as a group, the CSP services will be offered in a way consistent with the way such services are provided individually. However, groups do bring up some extra complications, and addressing them is the purpose of this consent form.

Confidentiality:

I understand that when working with groups of two or more individuals, CSPs will be bound by the same rules of confidentiality as in individual work. I also understand that CSPs will not bring up personal information about me in front of other group members. Instead, it will be up to me to decide how much personal information I want to disclose to others within the group.

I understand that all group members will be asked to keep confidential the names and personal information shared by other individuals in the group. And I am aware that while all group members are asked to keep confidentiality, CFD cannot guarantee that every group member will follow his or her own agreement to do so.

Risks of Group Participation:

I understand that while there are many possible benefits to interacting with peers in a group setting, there are also some risks. CSPs will encourage group members to behave respectfully and appropriately with each other, but cannot ensure that everyone will act appropriately. In some cases, group interaction may result in emotional discomfort or challenging or distressing social interactions.

Risks Involved in Social Contact with Group Members Outside of the CSP Group:

I understand that in many groups, participating individuals will be given a chance to share their contact information with each other, in case they desire to have interactions outside of the group for mutual support, or for things like joint participation in educational or recreational activities.

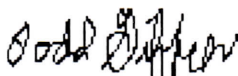
I am aware that it will always be my choice whether or not to provide any such contact information. I am also aware that CFD cannot insure that any individual with whom I might share such information will behave in an appropriate manner when contacted outside of the group. I understand I should use my own discretion regarding contact with group individuals, just as I would with people I met elsewhere.

Consent Statement:

I have read and understand this permission form. I have had the opportunity to ask questions. I give my consent to participate in CSP services. If I choose to participate in CSP services within a group setting, I agree to keep confidential the names and other personal information shared by other individuals in the group.

Signatures

Signatures:



Signature Date Time: 1/20/2014 1:07 PM

Guarantor:

Enter New Guarantor: (if unavailable)

Signature #1: Ron Unger (LCSW) - 1/20/2014 1:07 PM

Signature History

Action	Date	Staff
Document Signed	1/20/2014	Ron Unger (LCSW)

Center for Family Development
Request for Access to Records

Date of Request: 10/14/2013Phone Number: 541-321-0010Name: Todd GiffinDate of Birth: 3/13/1985

* ☒ I am requesting copies of information from my clinical record. If my request is approved, it may be determined that I review this information with my therapist or the Program Coordinator. If review is not necessary, I will be contacted within 5 business days of this request to be informed that my records are ready for pick up. I understand that I may be asked to pay 10 cents per page to cover the costs of office supplies. I am requesting copies of the following specific information:

EEG/biofeedback test, and information from Tracy Wise about my brain injury. All other records, notes, diagnosis and care plan from therapy with Cheryl Blank, and Tracy Wise -
* ☒ I am requesting these copies for the following reason: in take information, for.

Use at a court hearing 11/7/2013, and to give to my doctor.

☐ I am requesting a copy of my Accounting of Disclosures. I understand that there is no fee for the 1st copy within a 12-month period of time, however I may be charged for any additional copies requested.

I understand that my request may be denied. If my request is denied, CFD will provide me with a written explanation of the denial within 5 business days of this request. I may request that this denial be reviewed by a person other than the person who denied my request.

* Todd Giffin
Signature

My fax is 503 942-4299

** NOTE: CFD destroys all clinical records seven years after service conclusion and all billing records three years after date of billing.

OFFICE USE ONLY:

Request for access is: ☒ Accepted ☐ Denied

Comments: _____

Program Coordinator/Therapist Signature: Jennifer Burdette, LSW Date: 11/7/13
CDDH

For access: Person who reviewed information with individual: _____

Date of review with individual: _____

For copies: Copies provided to individual on (date): 11/6/2013 - Individual requested we fax these records to fax # he provided above.

By signing below, I affirm that I have made efforts to verify that the requestor of information is in fact the individual or the individual's legal guardian (attach copy of picture ID). Hospital confirmed it is OK.

Dannah Bussing
CFD Representative Signature

I understand that this Authorization may be revoked in writing at any time, except to the extent that action has been taken prior to revoking it. Should I decide to revoke this Authorization prior to its expiration, I understand that I must do so in writing by submitting notification to my therapist or to the CFD Records Custodian. Unless revoked, this Authorization shall remain in effect until 90 (ninety) days following service conclusion.

Check one: ☐ I am being provided with a copy of this authorization ☒ I do NOT want a copy of this authorization

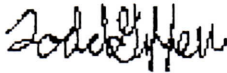
I understand that my signature below authorizes an exchange of information and records between the above designated parties.

IMPORTANT NOTICE TO ORGANIZATION OR INDIVIDUAL EXCHANGING INFORMATION

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 any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signatures

Signatures:



Signature Date Time: 9/19/2013 3:41 PM

Guarantor: Giffen, Todd (Self)

Enter New Guarantor: (if unavailable)

Signature #1: Cheryl Haun (MA) - 9/19/2013 3:41 PM

Signature History

Action	Date	Staff
Document Signed	9/19/2013	Cheryl Haun (MA)