

EXHIBIT J

124534

Denver Health

Authorization To Release Medical Information

MR# 1383124

Patient Name Simon James Gonzales Date of Birth 11-19-68
 Address 1094 South St #7 - Deceased Soc. Sec. No. 522-25-8943
 City Castle Rock B. State Co Zip Code 80104

ASAP

A. AUTHORIZATION TO RELEASE DENVER HEALTH MEDICAL RECORDS

I request that my Denver Health Medical records be released to the following:

Facility/Office/Company/Person Jessica Ruth Gonzales
 Address 4943 Wildflowers WY
 City Castle Rock State Co Zip Code 80104

The information to be released to the above Facility/Office/Company shall include:

Admission/Discharge Date(s) Any & all insurmental & health records.
 Discharge Summary Consultation Operative Report Pathology Report
 Emergency Room Report Laboratory Reports Radiology Report Entire Medical Record
 Other (Specify) Any & all from all dates

Some medical records may contain extremely confidential information. I DO NOT consent to the release of the following information (if left blank authorization to release information is assumed):

- Diagnosis and/or treatment relating to drug or alcohol abuse
- Diagnosis and/or treatment relating to mental health conditions
- Diagnosis and/or treatment relating to HIV testing, infection or diagnosis and/or treatment for AIDS

These records will be used for the purpose of VA investigation

I request that the Denver Health medical records be:

- Mailed directly to the facility/office/company/person specified above
- Faxed to the following number Fax Number _____
- Telephone me when the copies are ready for pickup Telephone number cell 720-251-8939
(h) 303) 463-1990
- I authorize the following person to pick up my medical records Name _____

PATIENT OR LEGAL REPRESENTATIVE SIGNATURE

I understand that this authorization or request may be revoked at any time except to the extent already acted upon. This consent will automatically expire 90 days from the date of my signature. I release Denver Health from any and all liability arising from the release of this information. I understand that a fee may be charged with a minimum amount payable at the time of the request and the balance, if any, due when copies are released.

Patient Signature Deceased Date _____
 Authorized Representative Signature Jessica R Gonzales Date 9-14-99
 Relationship Patient _____ Date _____
 Witness _____ Date _____

SEP 15 1999

456

DENVER HEALTH AND HOSPITALS
DGH EMERGENCY DEPARTMENT VISIT

061596

D

Pt. Addr: 3655 S. Pearl Englewood
1201 S. QUIVAS ST/DENVER CO 80223
Pt. Phone: N/P ED Bed: PSYOBS Hold: NO
Arr D/T: 1305 Arr By: CAR Record: NEW Ord?
Cond: Relg: NON Fam Notified? N Insur: Wknn Comp No Fault Kaiser
 Other: NONE Ins OK By #: _____
Problem/Accident: _____

30 31 24
ZALES, SIMON
SLW
11/19/69

Triage Note: See Flow Sheet

Physician's Note:

Subj: _____

Obj: _____

ED Course: _____

Lab / X-Ray / EKG Results: _____

Final ED Assessment: adjustment DD.

Discharge Plan: Amara Beh Health - per Amara
MHC



Time Pt Left ED: 1750 Final Pt Condition in ED: Good Fair Serious Critical

D/C Instruction Sheets:
 D/C Home D/C to Jail Xfer to: Amara Beh Health
 Admitted to _____ Room: _____
 Other _____
 Return to ED PRN _____
 ED Return Date: _____
 F/U Clinic Date: _____ Date: _____
Prescriptions: _____
Care Giver: _____ Prof #: _____
Supvsng Res: _____ Prof #: _____
Attending: Edaspen Prof #: 227

DENVER HEALTH AND HOSPITALS
ALCOHOL, DRUG & PSYCHIATRIC
ENCOUNTER RECORD

ACC
 NP
 ES
 WS

38 31 24 SLW
 GONZALES, SIMON M
 006804 11/19/68

SERVICE: ED INPT OUT PT HIV CityCare

DATE OF SERVICE: 6-16-96 TIME: 1400

LEGAL STATUS: VOL MHH DROP CONTINUE

CERTIFICATION DRUG HOLD ALCOHOL HOLD

INSURANCE: MEDICAID MEDICARE OTHER: _____

PT. ADDRESS 1201 S. Quivas - site of incident

3655 S. Pearl - client residence

REFERRAL REQUEST FROM: _____

PHONE: _____ PAGER NO.: _____ FIN NO.: _____ ADMISSION NO. _____

HPI / CHIEF COMPLAINT
 (Presenting Problem)

Appearance
 Behavior
 Interactive Style

Relevant Background
 History and Data

27 yr old Latino male to ER via OPD on PMH
 due to standing on step ladder & cord tied around
 neck, a pair of scissors in his hand, wife held
 him subject says he came here because he
 wife called, he was @ home however after numerous
 questions ct didn't mention SA or hanging.
 Did say he wanted to be done with it, I'd rather be
 by her. "She just delayed it" states he probably
 wishes I did it elsewhere. Couple in conflict today
 @ church w: b ongoing conflict re: finances - ct
 states he pays all bills. Couple has had marital
 counseling 2 yrs ago '95-96. Wife not wanting to
 stay together. Couple separated 3 1/2 mo. Ct. baptises
 children while wife reverts to May Christian
 pain, unable to fall in military. Wife reports
 suicide threats since Dec 95. She plans to file divorce

Wife reports
 children saw
 incident & are
 upset

PSYCHIATRIC HISTORY

Past Hx

Legal Hx

Abuse / Domestic Violence

Assaultive Hx

Suicide Attempts

Dr. Karen Timmons - Dec 95, 5 mo
 Dr. Philadelphia Cousins - 1-2-96 x 4, couple counseling
 ct reports wife struck him in past, not normally
 he denies striking wife. Ct denies SA, SA in
 past. Wife reports ct threatening suicide
 since 12-95 2 incidents Dec 95 / no ag doctor
 contact.

FAMILY HISTORY

Psy / ETOH / Drug Hx

Support System

ct denies support system - family in
 Pueblo, not seen v. 1 yr. 1 Fed. Church - occasional

SOCIAL HISTORY

Employment Hx

Source of Income

Develop / Ed. Hx

Major Losses

Military, US Marines 87-88 discharge medical
 last job Oct 95, Temp service Jan - March 95
 Unemployed. New job 6-18 start tele. 1
 GED, 1 yr college, 1 yr business college.
 Sp from wife.



1 38 31 24 SLV
 GONZALES, SIMON M
 9006804 11/19/68

FORMAL MENTAL STATUS

- Orientation
- Attention
- Memory / St, Lt
- Abstractions
- Homicidal Ideation
- Suicidal Ideation
- Plan
- Means
- Stressors
- Paranoia
- AV Hallucinating
- Affect
- Mood
- Speech
- Appetite
- Sleep

Alert, oriented x 3
 Mini mental status
 30. Good recent
 past memory. Reas-
 tures to giving history
 @ times. OAH OVA
 Mood depressed Flat affect. Very soft
 voice. Sleep v. Appetite Anorectic. Wt 115lb
 - usual; wt same. Was having difficulty
 not functioning last job - started
 space.

DR

SUBSTANCE ABUSE Hx

History of Substance Abuse

Denies

Past Treatment

Denies

Medical Complications with Type / Amount

Denies

MEDICAL Hx / MEDS

Past

Fx ankle

Present

Chronic pain. Takes Motrin. Nothing

ASSESSMENT /

Suicide attempt per hangman. Help
 Depression

DSM-IV Classification
 MULTIAXIAL SYSTEM

- Axis I Clinical Syndromes
 V Codes
- Axis II Developmental Disorders
 Personality Disorders
- Axis III Physical Disorders

Depression & suicide attempt. PD Major
 def. depression
 Fx ankle, chronic pain

DISPOSITION, PLAN
 RECOMMENDATIONS

MEDICATIONS:

Transfer
 DMH from
 DGH to Aurora
 Behavioral Health
 RTD

Inpatient psychiatric treatment for
 further evaluation & follow up with
 suicide attempt per hangman and
 depression. Spoke to Murray / Allen, emer
 services. Prepared to transfer inpt to

CONSULTING CAREGIVER AND TITLE

RTD Aurora Behavioral Health
 PROF NO: 1100

EVALUATION / PLAN APPROVED BY

ATTENDING SUPERVISOR Health
 Dr. Richard Hoffmann
 PROF NO: 2198

DEPARTMENT OF HEALTH AND HOSPITALS
ALCOHOL, DRUG AND PSYCHIATRIC SERVICES
MINI-MENTAL STATUS EXAMINATION

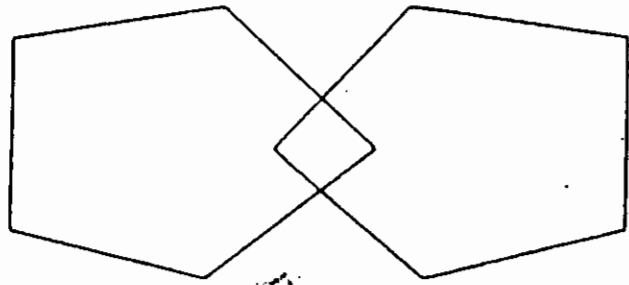
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1 78 31 24 SLW
GONZALES, SIMON
9005804 : / 19/68
DR

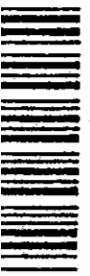
Name: Simon Gonzales

A. ORIENTATION	<u>Maximum Score</u>	<u>Score</u>
(1) What is the: (year) (season) (date) (day) (month)?	5	<u>5</u>
(2) Where are we: (state) (county) (town) (hospital) (floor)?	5	<u>5</u>
B. REGISTRATION		
(3) Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he learns all 3. Count trials and record. (Brown, Tulip, Honesty) (trials:)	3	<u>3</u>
C. ATTENTION AND CALCULATION		
(4) <u>Spell "world" backwards</u> draw	5	<u>5</u>
D. RECALL		
(5) Ask for the 3 objects repeated above in (B). Give 1 point for each correct.	3	<u>3</u>
E. LANGUAGE		
(6) Name a pencil, and watch	2	<u>2</u>
(7) Repeat the following: "No ifs, ands, or buts."	1	<u>1</u>
(8) Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor."	3	<u>3</u>
(9) Read and obey: "CLOSE YOUR EYES" (Print on paper)	1	<u>1</u>
(10) Write a sentence	1	<u>1</u>
(11) Copy design	1	<u>1</u>

Total correct: 30 / 30



Examiner Francis Vertes Date 6-16-96



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* Folstein, M.F., Folstein, S.E., and McHugh, P.R. (1975) 'Mini-Mental State' A practical method for grading the cognitive state of patients for the Clinical Journal of Psychiatric Research 12: 129-138

SHADED BOXES ARE NOT PROCESSED ON UPDATE

1-2 55 1. AGENCY NUMBER

3-11 1383124 2. CLIENT NUMBER

12-17 06 16 96 3. DATE OF ADMISSION
MONTH DAY YEAR

18 1 4. ADMISSION STATUS
(1) NEW ADMISSION
(2) READMISSION FROM THIS FISCAL YEAR
(3) READMISSION FROM PRIOR FISCAL YEARS

19-23 2 2 2 2 2 2 2
5. PERMANENT HANDICAP/IMPAIRMENT
(CODE ALL 5 BOXES USING 1 YES 2 NO)
(1) MENTAL RETARDATION
(2) DEAFNESS OR SEVERE HEARING LOSS
(3) BLINDNESS OR SEVERE VISUAL IMPAIRMENT
(4) SPEECH IMPAIRMENT
(5) NON- AMBULATORY OR ASSISTED AMBULATION

24 4 6. LEGAL STATUS
(1) VOLUNTARY
(2) COURT-DIRECTED VOLUNTARY
(3) FORENSIC INVOLUNTARY
(4) 72-HOUR EVALUATION AND TREATMENT (MH HOLD)
(5) SHORT-TERM CERTIFIED
(6) LONG-TERM CERTIFIED
(7) VOLUNTARY HOSPITALIZATION OF MINORS
(8) CHILDRENS CODE C.R.S 19-1-101
(9) EMERGENCY/INVOLUNTARY ALCOHOLISM COMMITMENT

25-26 91 7. REFERRAL SOURCE (SEE BACK OF FORM)

27-31 309 0 8. PRIMARY DIAGNOSIS

32 2 9. PRESENTING PROBLEM HAS EXISTED:
(1) ONE YEAR OR LONGER
(2) LESS THAN ONE YEAR

33-36 2 2 2 1 10. PREVIOUS MENTAL HEALTH SERVICES
(CODE ALL FOUR BOXES USING 1 YES 2 NO)
INPATIENT CARE
OTHER 24-HOUR CARE
PARTIAL CARE
OUTPATIENT CARE

37-38 16 11. COUNTY OF RESIDENCE (SEE BACK OF FORM)

39-46 06 18 19 88 12. DATE OF BIRTH
MONTH DAY YEAR

47 1 13. SEX
(1) MALE
(2) FEMALE

48 4 14. ETHNIC/RACE
(1) AMERICAN INDIAN/ALASKAN NATIVE
(2) ASIAN PACIFIC ISLANDER
(3) BLACK
(4) HISPANIC
(5) WHITE (NON HISPANIC)

15. MARITAL STATUS
(1) NEVER MARRIED
(2) MARRIED
(3) MARRIED SEPARATED (LEGAL OR MARITAL DISCORD)
(4) WIDOWED
(5) DIVORCED

16. PLACE OF RESIDENCE
(1) CORRECTIONAL FACILITY/JAIL
(2) INPATIENT
(3) NURSING HOME
(4) RESIDENTIAL FACILITY - MENTAL HEALTH
(5) RESIDENTIAL FACILITY - NON-MENTAL HEALTH
(6) BOARDING HOME
(7) HOMELESS - IN SHELTER
(8) HOMELESS - ON THE STREET
(9) OTHER INDEPENDENT LIVING ARRANGEMENT } Independent Living Arrangement

17. CURRENT LIVING ARRANGEMENT
ONLY APPLIES TO CLIENTS HAVING INDEPENDENT LIVING ARRANGEMENTS AS THEIR PLACE OF RESIDENCE
(1) LIVES WITH BOTH PARENTS
(2) LIVES WITH ONE PARENT
(3) LIVES WITH SPOUSE AND OR OTHER RELATIVE(S)
(4) LIVE ALONE
(5) LIVES WITH UNRELATED PERSON(S)

18. CURRENT EMPLOYMENT STATUS
(1) EMPLOYED - FULL TIME
(2) EMPLOYED - PART TIME
(3) HOMEMAKER - NOT OTHERWISE EMPLOYED
(4) SHELTERED EMPLOYMENT
(5) NOT IN LABOR FORCE
(6) UNEMPLOYED FOR LESS THAN 3 MONTHS
(7) UNEMPLOYED FOR 3 MONTHS OR MORE
(8) ARMED FORCES (ACTIVE MILITARY DUTY)

19. ANNUAL FAMILY HOUSEHOLD INCOME

20. NUMBER OF PERSONS SUPPORTED BY THIS INCOME (INCLUDE CLIENT)
(1) 1 (CLIENT ONLY) (6) 6
(2) 2 (7) 7
(3) 3 (8) 8
(4) 4 (9) 9 OR MORE
(5) 5

21. HIGHEST EDUCATION LEVEL - IN YEARS (LESS THAN FIRST GRADE CODE AS 00)

22. DUE TO MENTAL HEALTH REASONS, CLIENT IS CURRENTLY RECEIVING:
(1) SSI (3) BOTH
(2) SSDI (4) NEITHER

23. FIRST 3 LETTERS OF CLIENT'S LAST NAME

AGENCY DEFINED SPECIAL VARIABLES
24. SPECIAL VARIABLE 1
25. SPECIAL VARIABLE 2

MUST INDICATE TYPE OF SUBMISSION.
INDICATE EFFECTIVE DATE FOR AN UPDATE OR CORRECTION ONLY. 128-130

ADMISSION					A	I
EFFECTIVE DATE OF UPDATE OR CORRECTION	MM	DD	YY			
UPDATE TO ADMISSION					A	U
CORRECT ADMISSION INFO.						
CORRECT UPDATE INFO.						

Simon Gonzales

STATE OF COLORADO

DIVISION OF MENTAL HEALTH

CLIENT ADMISSION
UPDATE OR CORRECTION FORM:
PART B

PES-7B

(1-2) Agency Number

(3-11) Client Number

(12-17) Date of Admission

55

1383124

MO 06 DAY 16 YR 96

Record information about the client's problems in the recent past (within the last three weeks unless otherwise indicated). Indicate each problem status using these codes 1 = yes 2 = no 3 = don't know 4 = not applicable.

SPECIAL ITEMS		3. Medical/Physical	7. Role Performance
Client Problems Needing Special Attention	Client Description for C.R.S. 27-10	(52) <u>2</u> Acute Illness (53) <u>1</u> Chronic Illness (54) <u>2</u> Nutrition/weight (55) <u>2</u> Eating disorder (56) <u>2</u> Central neurol disorder (57) <u>1</u> Permanent disability (58) <u>2</u> Injury by abuse/assault	Work/School: (73) <u>2</u> Absenteeism (74) <u>1</u> Performance problem (75) <u>2</u> Behavior problem (76) <u>1</u> Termination/Expulsion Home: (77) <u>2</u> Doesn't manage personal environment
(18) <u>1</u> Suicidal (19) <u>2</u> Assaultive (20) <u>1</u> Walkaway potential	(21) <u>2</u> Gravely disabled (22) <u>1</u> Danger to self (23) <u>2</u> Danger to others		
Long Term History (may be longer than 3 weeks)			
(24) <u>1</u> Ever victim of physical abuse (25) <u>2</u> Ever victim of sexual abuse (26) <u>3</u> Ever alcohol/drug abuse in client's family		4. Substance Use (59) <u>2</u> Alcohol (60) <u>2</u> Other drug (61) <u>2</u> Dependent/addicted (62) <u>2</u> Interfers w/respons'ties	8. Social-legal Anti-social: (78) <u>2</u> Disregards rules (79) <u>2</u> Dishonest (80) <u>1</u> Resistive (81) <u>2</u> Belligerent (82) <u>2</u> Uses/cons others Legal: (83) <u>2</u> Offenses vs property (84) <u>2</u> Offenses vs persons (85) <u>2</u> DUI/DUID arrest/convctn (86) <u>2</u> Has legal problems now
PERSONAL PROBLEM PROFILE		5. Family/Living	9. Self Care/Basic Needs
1. Feeling/Affect/Mood	2. Thinking	Family Problems: (63) <u>1</u> Prob w/primary partner (64) <u>2</u> Prob w/other relative (65) <u>1</u> Parenting problem (66) <u>1</u> Family instability (67) <u>2</u> Family violence (68) <u>2</u> Intra-family legal (either civil or criminal)	Self Care Problems: On own and age appropriate: (87) <u>2</u> doesn't care for self (e.g. hygiene, dress) (88) <u>2</u> Doesn't read or write (89) <u>2</u> Doesn't manage money (90) <u>2</u> Doesn't earn (91) <u>2</u> Doesn't make use of available resources Basic Needs: Age-appropriate, does not provide own: (92) <u>2</u> Food (93) <u>2</u> Clothing (94) <u>2</u> Housing (95) <u>2</u> Transportation
Anxiety: (27) <u>2</u> Anxious (28) <u>1</u> Fearful (29) <u>2</u> Nervous (30) <u>2</u> Guilty (31) <u>1</u> Sleep problem Depression: (32) <u>1</u> Depressed (33) <u>2</u> Worthless (34) <u>1</u> Lonely (35) <u>2</u> Bored Mood: (36) <u>2</u> Mania (37) <u>2</u> Hyperactivity (38) <u>2</u> Mood swings (39) <u>1</u> Underactivity	Prob w/Mental Ability: (40) <u>2</u> Memory (41) <u>2</u> Intellect (42) <u>2</u> Confusion (43) <u>2</u> Impaired judgement (44) <u>2</u> Attention span (45) <u>2</u> Learning disability Thought Disorders: (46) <u>2</u> Bizarre (47) <u>2</u> Repeated thoughts (48) <u>2</u> Hallucinations (49) <u>2</u> Delusions (50) <u>2</u> Suspicious (51) <u>2</u> Paranoid		
		6. Interpersonal (69) <u>2</u> Prob w/friends (70) <u>1</u> Social skills problems (71) <u>1</u> Estab'g rel'ships (72) <u>1</u> Maint'g rel'ships	

LEVEL OF FUNCTIONING

Rate the client's functioning on the date of admission or if update, the effective date of the change. Using the LOF scale anchors, enter a rating value of 1-50 for each LOF scale.

1. Feeling/Mood/Affective Processes	49	(96-97)
2. Thinking/Mental Processes	35	(98-99)
3. Medical/Physical	35	(100-101)
4. Substance Use	01	(102-103)
5. Family/Living Situation	39	(104-105)
6. Interpersonal Relations	35	(106-107)
7. Role Performance	35	(108-109)
8. Socio-legal	19	(110-111)
9. Self Care/Basic Needs	01	(112-113)

RATING SCALE

(DO NOT WRITE IN THIS SPACE)

ABOVE AVG. FUNCTIONING	=	01 - 09
AVERAGE FUNCTIONING	=	10 - 19
SLIGHT DYSFUNCTION	=	20 - 29
MODERATE DYSFUNCTION	=	30 - 39
SEVERE DYSFUNCTION	=	40 - 49
EXTREME	=	50

MUST INDICATE TYPE OF SUBMISSION.
INDICATE EFFECTIVE DATE FOR AN UPDATE OR CORRECTON

128-130

(114) 3 DISCIPLINE

1-NONE	5-PSYCHOLOGY
2-MH WORKER	6-PSYCHIATRY
3-NURSING	7-OTHER
4-SOC WORK	

(115) 4 DEGREE

1-NONE	5-PH.D/PSY.D/ED.D
2-ASSOCIATE	6-M.D.
3-BACHELORS	7-OTHER
4-MASTERS	

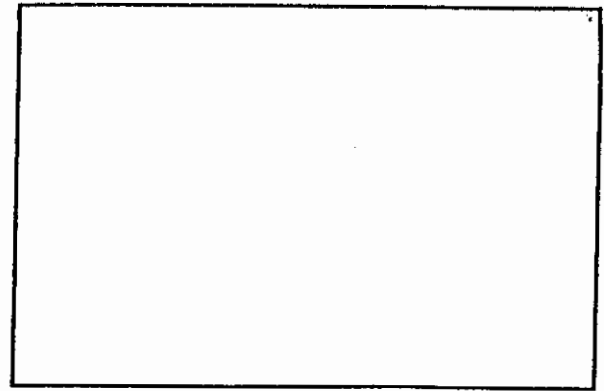
ADMISSION				B	I
EFFECTIVE DATE OF UPDATE OR CORRECTION	122-127	MM	DD	YY	
UPDATE TO ADMISSION				B	U
CORRECT ADMISSION INFO.					
CORRECT UPDATE INFO.					

NAME OF REPORTER

Francisco Victor RN

DENVER HEALTH AND HOSPITALS
RIGHTS OF PATIENTS
C.R.S. 27-10-103, 27-10-116, AND
27-10-117, as amended

To Simon J. Gonzalez Patient



1. **YOUR TREATMENT:** You will be examined to determine your mental condition; We believe that if you understand and participate in your evaluation, care, and treatment, you may achieve better results. The staff has a responsibility to give you the best care and treatment possible and available and to respect your rights.
2. **NO DISCRIMINATION:** You have the right to the same consideration and treatment as anyone else regardless of race, color, national origin, religion, age, sex, political affiliation, financial status or disability.
3. **YOUR LAWYER:** You have the right to retain and consult with an attorney at any time. If you are here involuntarily, the court will appoint an attorney for you (at your own expense, if you are found able to afford one).
4. **TELEPHONES:** You have the right to ready access to telephones, both to make and receive calls in privacy.
5. **LETTERS:** You have the right to receive and send sealed letters. No incoming or outgoing letters shall be opened, delayed, held or censored by the personnel of the facility.
6. **WRITING MATERIALS:** You have the right to have access to letter writing materials, including postage. They will be provided, if needed. If you are unable to write, members of the facility will assist you to write, prepare, or mail correspondence.
7. **VISITORS:** You have the right to frequent and convenient opportunities to meet visitors. The facility may not deny visits at any time by your attorney, clergyman, or physician.
8. **REFUSAL OF MEDICATIONS:** You have the right to refuse to take medications, unless you are an imminent danger to yourself or others or the court has ordered medications.
9. **CERTIFICATION:** If you are an involuntary patient, you have the right to a review of your certification of treatment by a judge or jury, and you may ask the court to appoint an independent professional person (psychiatrist or psychologist) to examine you and to testify at your hearing.
10. **CLOTHING AND POSSESSIONS:** You have the right to wear your own clothes, keep and use your own possessions and keep and be allowed to spend a reasonable sum of your own money.
11. **SIGNING IN VOLUNTARILY:** You have the right to sign in voluntarily, unless reasonable grounds exist to believe you will not remain a voluntary patient.
12. **LEAST RESTRICTIVE TREATMENT:** You have the right to receive medical and psychiatric care and treatment in the least restrictive treatment setting possible, suited to meet your individual needs.
13. **TRANSFERS:** If you are certified, you have the right to twenty-four (24) hour notice before being transferred to another facility unless an emergency exists. You also have the right to protest to the court any such transfer, the right to notify whom you wish about the transfer, and the right to have the facility notify up to two persons designated by you about your transfer.
14. **CONFIDENTIALITY:** You have the right to confidentiality of your treatment records except as required by law.
15. **ACCESS TO MEDICAL RECORDS:** You have the right to see your medical records at reasonable times.
16. **FINGERPRINTS:** You have the right not to be fingerprinted, unless it is required by law.
17. **PHOTOGRAPHS:** You have the right to refuse to be photographed except for hospital identification purposes.
18. **VOTING:** You have the right to the opportunity to register and vote by absentee ballot with staff assistance.
19. **RESTRICTIONS:** If you abuse the rights regarding telephones, letters, writing materials, visitors or clothing and possessions, these rights may be restricted by the professional person (physician or licensed psychologist) providing treatment, but you must be given an explanation as to why the right is to be restricted. Restricted rights shall be evaluated for therapeutic effectiveness every seven (7) days.



- 20. Denver General's policy on the use of restraints is conspicuously posted in the Emergency Room and on all psychiatric units. Copies of this policy are available on request.
- 21. **GRIEVANCES:** Grievances or complaints should be directed to the DHH:
 - Patient Advocate _____ 436-6599
 - Director of Nursing _____ 436-7500
 - Director of Psychiatry _____ 436-7777
 - Nursing Supervisor _____ 436-5805

Grievance or complaints may also be submitted to the Colorado Department of Health 331-4930, Colorado Division of Mental Health 762-4088, or Legal Center Serving Persons with disabilities 722-0300.

CERTIFICATION OF SERVICE

I certify that on 06-16-96, 1996, I read the contents of the foregoing to the above named patient. A copy of this Patients' Rights Statement was given to the patient.

Art Young
 Name of Staff Member

A. Young-HCT
 Signature of Staff Member

[Signature]
 Signature of Patient

POLICE EMERGENCY MENTAL ILLNESS REPORT

Name Simon J. Gonzales Respondent Date: 6/16/96 Time: 12:15 PM

Address 1201 S. Quivas St. D.O.B. 11/19/68

Place of Contact: SAME

Previous Psychiatric Care NONE FORMAL

Person Reporting Condition of Respondent (Where) JESSICA (When) GONZALES

Address: 1201 S. Quivas St Phone Number: 727-9083

APPEARANCE AND GENERAL BEHAVIOR (Circle items that apply):

DRESS - (Neat) Untidy, Dirty, Eccentric. POSTURE - Erect, Tense, Relaxed, Lying Down.

FACIAL EXPRESSION - Fixed, Changing, Angry, Perplexed, (Sad) Happy, Suspicious.

PHYSICAL ACTIVITY - (Normal) Underactive, Overactive.

EMOTIONAL REACTION (Circle items that apply): ATTITUDE - (Composed) Polite, Cooperative, Reserved, (Indifferent)

(Silent) Scared, Sad, Happy, Carefree, Cocky, Hilarious, Excited, Angry, Sarcastic, Antagonistic, Suspicious, Insulting, Profane, Combative, Sleepy.

TALK: FORM - Logical, Conversational, Illogical, Rambling, Nonsensical. N/A

RATE - Normal, Over-talkative, (Under-talkative)

QUALITY - Controlled, Humorous, Dramatic, Forceful, Shouting, Screaming, (Mumbling)

EXPRESSIONS: Ideas of Being persecuted. Feels People are Watching Him - Talking about Him. Ideas of Grandeur. Strange or Bizarre Physical Complaints. Very Self-Critical. Hearing Voices. Seeing Things. Homicidal Thoughts. (Suicidal Thoughts) Unusual Sexual Ideas.

DOES PATIENT KNOW - Who he is? (Yes - No) Where he is? (Yes - No) Date? (Yes - No) How he feels? (Yes - No)

N/A

Count from 20 to 1 Backwards - Result: Good. Fair. Poor.

GENERAL KNOWLEDGE - President? (Yes - No) Governor? (Yes - No) Mayor? (Yes - No)

Nearest Relative JESSICA GONZALES Address 1201 S. Quivas Phone 727-9083

Description of Emergency Circumstances leading to detention and Reasons for Officer's belief that subject is mentally ill and is an imminent danger to others or to himself gravely disabled.

THE SUBJECT UPSET OVER SEPARATION FROM WIFE, WENT INTO GARAGE AREA - STOOD ON TWO STEP LADDER, TIED A SCORD AROUND HIS NECK. SUBJECT HAD A PAIR OF SCISSORS IN HIS HAND UPON ARRIVAL OF POLICE, WIFE WAS SUPPORTING SUBJECT ON STEP LADDER WHEN POLICE ARRIVED.

List any property owned by subject which may be jeopardized by his detention:

N/A

Officer A.E. M. John Serial No. 8217 Officer _____ Serial No. _____
(Signature required) (Signature required)



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DENVER HEALTH AND HOSPITALS

ADPES Medication Sheet

DATE / TIME	ROUTINE MEDS	TIME:

000097

38 31 24 SLW
 GONZALES, SIMON M
 006804 11/19/68

DR

Hand to hand
 Simon Gonzales 11-19-68

DATE/TIME ADMITTED: 11/19/68 1230

MEDS: Vitamin

ALLERGIES: Penicillin - Sulfas - Erythromycin
OBS ORDERS

DATE AND TIME

DX:

LEGAL STATUS: PMH.

DIET:

VS:

TREATMENTS:

BR. ETOH: *J*

DENVER HEALTH AND HOSPITALS

PROGRESS RECORD

081075

1 78 31 24 SLW
 GONZALES, SIMON M
 9006804 1/19/68

DR

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
6/16/68	1230		W/m - brought in by DLS on PM 4/11 Client has been upset over separation from wife. Today he went into garage stood on step ladder tied cord around his neck. Subject also had a pair of scissors in his hand. Wife was supporting subject on step ladder. Client is comatose didn't notice any marks - was able to swallow. Contractions for safety of self & others - to answered - - Client etc 70% bench - to answered
6/16/68	1330		Transferred to Aurora Beh. Health - per Aurora note. Transferred by AMK - paramedic is signed
6-16	1750		to hospital pt's valuables total \$65.57 (pt refused to sign val)

ATTENDING PHYSICIAN'S NOTE:

Date: _____ Signature: _____ , M.D. ATTENDING

