State of California – Department of State Hospitals
Department of State Hospitals - Coalinga
24511 W. Jayne Avenue
Coalinga, California 93210

Gavin Newsom, Governor

COALINGA STATE HOSPITAL
HEALTH INFORMATION MANAGEMENT DEPARTMENT

REQUEST FOR ACCESS TO MEDICAL RECORDS
FORM RETURNED

Date: 4/22/2021

Name: [redacted]

CO #: 000404-4

Unit #: 9

You're Request for copies of Medical Records:

- ☐ Form is incomplete.
- ☐ Form has not been reviewed / completed by treatment team member.
- ☐ Specific dates and/or document titles must be provided for copy requests.
- ☐ Request for medical record access may be submitted only once every 30 days. You may submit a request after _____
- X Other: This letter is being sent to you for the reason of: The History and Physical reports dated 2021, 2020, and 2019 that you are requesting were not found in your Chart. You may submit another Copy request or Request for a Chart Review.

NO ANNUALS OR QUARTERLYS

Thank you,

Health Information Management Department

PATIENT # 404-4

STATE OF CALIFORNIA — DEPARTMENT OF STATE HOSPITALS EDMUND G. BROWN JR., GOVERNOR

COALINGA STATE HOSPITAL
P. O. Box 5000
24511 West Jayne Avenue
Coalinga, CA 93210

REQUEST FOR ACCESS TO MEDICAL RECORDS

DOB
8/19/75

Date: 04/28/2021

Name: [redacted]

CO#: 001367-2

Unit: 09

HIMD was not able to locate all documents you requested copies of:

☐ Form is incomplete.

☐ Form has not been reviewed / completed by Treatment Team member.

☐ Specific dates and / or document titles must be provided for copy requests.

☑ Other: 2021 DSH-C 183: Annual/Quarterly Review PPN/History and Physical not yet available in unit chart. DSH-C 183 requested 2020 and 2019 not found in unit chart or overflows.

Thank you,
Health Information Management Department

NO ANNUALS OR QUARTERLYS

PATIENT #1367-2

COALINGA STATE HOSPITAL
P. O. Box 5000
24511 West Jayne Avenue
Coalinga, CA 93210

REQUEST FOR ACCESS TO MEDICAL RECORDS

Date: 02/25/2021

Name: [redacted]

CO#: 000805-2

Unit: 109

HIMD was not able to locate all documents you requested copies of:

☐ Form is incomplete.

☐ Form has not been reviewed / completed by Treatment Team member.

☐ Specific dates and / or document titles must be provided for copy requests.

☑ Other: FORM DSH-C183 as requested is not found in medical records.

Thank you,
Health Information Management Department

NO ANNUALS OR QUARTERLYS 1/1/20 - 2/1/21

PATIENT # 805-2

State of California – Department of State Hospitals
Department of State Hospitals - Coalinga
24511 W. Jayne Avenue
Coalinga, California 93210

Gavin Newsom, Governor

DSH

COALINGA STATE HOSPITAL
HEALTH INFORMATION MANAGEMENT DEPARTMENT

REQUEST FOR ACCESS TO MEDICAL RECORDS
FORM RETURNED

Date: 02/24/2021

Name: [redacted]

CO #: 001944-8

Unit #: 309

You're Request for copies of Medical Records:

- ☐ Form is incomplete.
- ☐ Form has not been reviewed / completed by treatment team member.
- ☐ Specific dates and/or document titles must be provided for copy requests.
- ☐ Request for medical record access may be submitted only once every 30 days. You may submit a request after _____.
- X Other: ~~This~~ letter is being sent to you for the reason of. The report you are requesting. Annual/Quarterly Physical exam DSH C-183) ~~not~~ found in your chart. follow up with your treatment team ~~or~~ request a chart review to look for records that you are ~~looking~~ for. Thank you

NO ANNUALS OR QUARTERLYS 1/1/20 - 2/1/21

Thank you,

Health Information Management Department

PATIENT # 1944-8

CONFIDENTIAL

INDIVIDUAL'S COPY

COALINGA STATE HOSPITAL
P. O. Box 5000
24511 West Jayne Avenue
Coalinga, CA 93210

REQUEST FOR ACCESS TO MEDICAL RECORDS

Date: 04/26/2021

Name: [redacted]

CO#: 000255-0

Unit: 09

HIMD was not able to locate all documents you requested copies of:

☐ Form is incomplete.

☐ Form has not been reviewed / completed by Treatment Team member.

☐ Specific dates and / or document titles must be provided for copy requests.

☑ Other: DSH-C 183 for 2021 is not yet available in Unit Chart. DSH-C 2018 not found in overflow charts.

Thank you,
Health Information Management Department

NO ANNUAL 2018

PATIENT #255-0

VERIFICATION OF COMPLETED MEDICAL RECORD REVIEW AND/OR RECEIPT OF COPIES

SECTION 1: (Complete at the time of patient record review)

Date: _____

☐ I verify that I have received a review of my medical record as requested on the date listed above. I understand that I will not receive another review of my medical record for a minimum of 30 days according to Department of State Hospitals - Coalinga policy.

Copies Requested: Yes No (Circle One) Total # of Pages Requested: _____

Patient Signature: _____

Treatment Team Member Signature: _____

HIMD Staff Member Signature: _____

SECTION 2: (HRT to complete at time of delivery of requested records)

Date: _____

Description of Requested Documents: _____

ND
QUARTERLIES
X 2 YEARS

Documents received by: Patient Unit Staff Member (Circle One)

Print Name: [redacted]

Signature: [redacted]

(Unit staff member agrees to deliver documents to patient at earliest possible availability)

PATIENT #255-0

RECORD REVIEW VERIFICATION

File under Patient Input tab

White: Medical Record
Yellow: Patient

DSH-C 075 (Rev. 09/2017)

ADDRESSOGRAPH

[redacted]

Department of State Hospitals - Coalinga

NOTE Print and sign all entries with first and last name, and title Circle Yes or No to indicate if patient was seen face to face. Circle CPT Code to indicate the type of care and services provided. *Use SOAPE format.*

Date: 11-27-19 Time: 1010 Focus: 6 Unit: 14 Patient seen face to face? (circle one) YES NO

S: Pt c/o episodic watery diarrhea, typically related to high stress events - 1-2x/yr, ØHA, brief vomiting ØFC or chills/sweats, Øother sx @ some time Øpain @ hernia site

O: Central [illegible] reducible umbilical hernia

2/C/8 IBS vs Abdominal Migraine

Cont Phenergan

Add Immodium prn

[illegible] Power 21068

12-9-19 1195 6 14

Pt offered annual exam - Refused

[illegible] Power 21068

FAISIFIED

CONFIDENTIAL
DIVIDUAL'S COPY

CPT CODE
Subsequent Hospital Care (MA-1-MA-2)
99231 (15 mins)
99232 (25 mins)
99233 (35 mins)
Subsequent Nursing Facility Care (ICF-RRU)
99307 (10 mins)
99308 (15 mins)
99309 (25 mins)
99310 (35 mins)
Emergency Services By Complexity (UCR Only)
99281 (Straightforward)
99282 (Low)
99283 (Moderate Expanded)
99284 (Moderate Detailed)
99285 (High)
OTHER CPT CODES
NO CHARGE
SOAPE FORMAT
S: Subjective
O: Objective
A: Assessment
P: Plan
E: Education

PHYSICIAN PROGRESS NOTE
FEE FOR SERVICE

Confidential Patient Information
See W & I Code Section 5328

File in PPN section

ADDRESSOGRAPH

PATIENT 396-2

Original Medical Record
Yellow Send to HIMD when complete

DSH-C 040 (Rev. 01/2018)

State of California – Department of State Hospitals Gavin Newsom, Governor

Department of State Hospitals - Coalinga
24511 W. Jayne Avenue
Coalinga, California 93210

COALINGA STATE HOSPITAL
HEALTH INFORMATION MANAGEMENT DEPARTMENT

REQUEST FOR ACCESS TO MEDICAL RECORDS
FORM RETURNED

DOB 3/10/73 Age 48

Date: 04/26/2021

Name: [redacted]

CO #: 000477-0

Unit #: 309

You're Request for copies of Medical Records:

- ☐ Form is incomplete.
- ☐ Form has not been reviewed / completed by treatment team member.
- ☐ Specific dates and/or document titles must be provided for copy requests.
- ☐ Request for medical record access may be submitted only once every 30 days. You may submit a request after _____.
- X Other: This letter is being sent to you for the reason of. DSH-C/183 Annual/Quarterly review- For 2020-2021. Not found in your chart.

NO ANNUAL 2020

Thank you,

Health Information Management Department

PATIENT # 477-0

VERIFICATION OF COMPLETED MEDICAL RECORD REVIEW AND/OR RECEIPT OF COPIES

SECTION 1: (Complete at the time of patient record review)

Date: _____

☐ I verify that I have received a review of my medical record as requested on the date listed above. I understand that I will not receive another review of my medical record for a minimum of 30 days according to Department of State Hospitals - Coalinga policy.

Copies Requested: Yes No (Circle One) Total # of Pages Requested: _____

Patient Signature: _____

Treatment Team Member Signature: _____

HIMD Staff Member Signature: _____

HE CLAIMS SEVERAL FALSIFIED CLAIMS HE REFUSED TO BE PRESENT

SECTION 2: (HRT to complete at time of delivery of requested records)

Date: _____

Description of Requested Documents: _____

Documents received by: Patient Unit Staff Member (Circle One)

Print Name: [redacted]

Signature: [redacted]

(Unit staff member agrees to deliver documents to patient at earliest possible availability)

PATIENT #477-D

RECORD REVIEW VERIFICATION

File under Patient Input tab

White: Medical Record
Yellow: Patient

DSH-C 075 (Rev. 09/2017)

ADDRESSOGRAPH

[redacted]

Department of State Hospitals - Coalinga

Patient seen face to face (circle): YES NO

Quarterly / Annual (circle one) Examination

Date of review: 2-21-18 Time: 0805 Unit: 8 CPT Code: 78222

Chief Complaints: 44yo AAMY Declined Exam. Decline eval due to Exh use yesterday

Medications Reviewed: Yes No

PT → Denies

Medical Fact: 1. See pg 5 of 6

2.

3.

4

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

Allergies: Nut, seed products Sulfamethoxazole (TR)

Alcohol: 11X

Tobacco: [illegible]

Illicit Drugs: [illegible]

Labs: Yes____ No____
5/29/17 CBC

X-rays: Yes____ No____
EKG 8/3/17
MRI [illegible] Abu Den (12/29/17)

Consults: Yes____ No____
Dental 11/6/17
Pain clinic 10/8/17

ANNUAL/QUARTERLY REVIEW
Physician Progress Note / History & Physical

Confidential Patient Information
See W & I Code Section 5328

File under PPN

ADDRESSOGRAPH

PATIENT #477-D

[redacted]

DSH-C 183 (Rev. 12/2012)

Department of State Hospitals - Coalinga

Patient seen face to face (circle): YES NO

Quarterly / Annual (circle one) Examination

Date of review: 7/10/16 Time: 0915 Unit: 18 CPT Code:

Chief Complaints:

Patient requested to be evaluated for his quarterly/annual examination

PT DENIES

Medications Reviewed: Yes No

Medical Foci:	1. Headaches	9. Onychomycosis	
	2. Benign skin lesions	10. Seborrheic Dermatitis	
	3. Benign GI cysts	11. Tinea Cruris	
	4. Vit D deficiency	12. Tinea Pedis	
	5. Chronic Pain	13. Non Compliance	
	6. Anemia	14. Hepatomegaly	
	7. Hyperlipidemia	15.	
	8. Osteopenia	16.	

Allergies: Bactrim/Trimethoprim, Sulfamethoxazole

Labs: Yes ____ No ✓

Alcohol: 0

X-rays: Yes ____ No ✓

Tobacco: 0

Consults: Yes ✓ No ~~✓~~

Illicit Drugs: 0

Dental.

ANNUAL/QUARTERLY REVIEW

Physician Progress Note / History & Physical

Confidential Patient Information
See W & I Code Section 5328

File under PPN

ADDRESSOGRAPH [redacted]

PATIENT #477-0

DSH-C 183 (Rev. 12/2012)

Department of State Hospitals - Coalinga

Patient seen face to face (circle): YES NO — Quarterly / Annual Examination (circle one)

Date of review: 1/31/2019 Time: 1307 Unit: 1C CPT Code:

Chief Complaints: Patient not available for Scheduled Sick Call appt

Medications Reviewed: Yes No

Medical Foci:			
1.	6.18 V.t.D Def	9.	
2.	6.25 Chronic Pain Osteopenia	10.	
3.		11.	
4.	6.28 Osteo Arthritis	12.	
5.	6.29 Hyperlipidemia	13.	
6.		14.	
7.		15.	
8.		16.	

Allergies:

Labs: Yes____ No✓

Alcohol: 0

X-rays: Yes____ No✓

Tobacco: 0

Consults: Yes____ No✓

Illicit Drugs: 0

PATIENT #477-0

ANNUAL/QUARTERLY REVIEW
Physician Progress Note / History & Physical

Confidential Patient Information
See W & I Code Section 5328

File under PPN 1/31/19

ADDRESSOGRAPH

[redacted]

DSH-C 183 (Rev. 12/2012)

epartment of State H. ...tals - Coalinga

Patient seen face to face (circle): YES NO

Quarterly / Annual Examination (circle one)

Date of review: 10/20/17 Time: 1005 Unit: 18 CPT Code:

Chief Complaints: Patient referred to be evaluated for annual examination

Medications Reviewed: Yes No

Medical Foci:	1.	9.	
	2.	10.	
	3.	11.	
	4.	12	
	5.	13.	
	6.	14.	
	7.	15.	
	8.	16.	

Allergies: Bactrim

Labs: Yes ✓ No

Alcohol: 0

UDS ordered

X-rays: Yes No ✓

Tobacco: 0

Consults: Yes No ✓

Illicit Drugs: 0

ANNUAL/QUARTERLY REVIEW
Physician Progress Note / History & Physical

Confidential Patient Information
See W & I Code Section 5328

File under PPN

ADDRESSOGRAPH

PATIENT 477-0

DSH-C 183 (Rev. 12/2012)

COALINGA STATE HOSPITAL
HEALTH INFORMATION MANAGEMENT DEPARTMENT

REQUEST FOR COPIES OF MEDICAL RECORDS
FORM RETURNED

DOB.
3/6/54

Date: 04/23/21

Name: [redacted]

CO #: 000061-9 CORRECT ID 66-1

Unit #: 9

Your Request for copies of Medical Records:

☐ Form is incomplete.

X Form has not been reviewed / completed by treatment team member.

DSH 183 (2021, 2020)

☐ Specific dates and/or document titles must be provided for copy requests.

☐ Request for medical record access may be submitted only once every 30 days. You may submit a request after _____.

X Other: The following documents were not found: ~~DSH 183 Quarterly/Annual 2021~~ and 2020. The Quarterly/ Annual for 2019 and 2018 are in the envelope delivered.

PATIENT STATES THAT HIS PREGNANCY WAS FALSIFIED ON 2 ANNUALS.

* NO QUARTERLIES FOUND

Thank you,

Health Information Management Department

PATIENT #61-9

PATIENT'S Correct ID # 66-1

Pt refused to be seen, refused H+P, refused interview, Chart review completed Department of State Hospitals - Coalinga

Patient seen face to face (circle): YES **NO**	**Quarterly / Annual** (circle one) Examination
Date of review: 05/07/2019 Time: 16:30 Unit: 9	CPT Code: 99309

Chief Complaints: POLST form full code, adv directive updated 11/14/18 per last review -> update is not in the chart and apparently pt did not meet with social worker to update the adv directive. The 07/2016 adv directive will remain valid unless the patient updates it or invalidates it. Last POLST reflects a 2010 adv directive.

Medications Reviewed: **Yes** No

Medical Foci:

1. 1. type 2 DM
   2. hyperparathyroid
   3. IBS
   4. Vit D Def
2. 5. neurodermatitis
   6. linea pedis
   7. constipation
   8. hypothyroid
3. 9. proteinuria
   10. h/a
   11. BPH
   12. overactive bladder
4. 13. pain unspecified
   14. pain unspecificed, flank pain
   15. dyspepsia
   16. CKD III
5. -17.GI upset syndrome/ IBS
   18. migraine headaches - combine with h/a
   -19. chronic pain
   20. hyperlipidemia
6. 21. fall risk
   22. lumbar stenosis
   23. groin rash
7.
8.
9.
10.
11. xrays:
    12/11/18 - MRI brain - mod central, mild peripheral cerebral atrophy
    12/05/18 - sinus, artifact in exg, no baseline
    09/18/18 mri brain - mild atrophy, moderate chronic small vessel ischemic changes
    07/20/18 cxr neg
12. 03/23/18 c-spine xray - moderate DDD
    3/6/18 mri lumbar spine - severe centreal L3/4 moderate formainal stenosis L4/5
    4/4/17 dexen scan osteopenia
13. consults:
    03/20/19 - opto - pt refused
    3/14/19 - neuro - pt no showed
    3/1/19 - nephro - cont to follow ckd
    01/30/19 - opto - glasses issued
14. 02/1/2019 - nephro - ckd cont to follow
    12/4/18 - nephro - ckd cont to follow
    11/28/18 - opto - no show
    10/11/18 neuro - no changes to tx plan
    10/5/18 nephro - ckd III likely due to NSAIDS
15. 9/28/18 phy tx - pt requested d/c phy tx
    8/7/18 cane as recommended by Phy tx - pt not using ny obs
    8/2/18 Endocrinology
    5/15/18 neuro sx - laminnectomy recommended
    5/20/18 neuro sx request for f/u after sx - pt refused
16. 04/23/18 colonoscopy -> ct if still has symptoms, pt no longer c/o symptoms
    03/28/18 opto

Allergies: PCN, Sulfa	Vaccinations tdap 2015 flu shot refused
	Labs: Yes x No____
Alcohol: UK	4/26/18 - CBC wnl, CMP glc 203, BUN 29, Creat 1.55, EGFR 48.05, mag 2.2, ck 97.0, microalbumin - 7.3, intact pth 36.4, UA neg. 11/15/18 microalbumin 6.0, intact pth 34.9, cbc - wnl, cmp - wnl except glc and renal function, egfr 54.11, ck 102, A1C 6.1, mag 1.9
	X-rays: Yes x No____
Tobacco: UK	See Above
	Consults: Yes x No____
Illicit Drugs: UK	See above

ANNUAL/QUARTERLY REVIEW
Physician Progress Note / History & Physical

Confidential Patient Information
See W & I Code Section 5328

File under PPN

ADDRESSOGRAPH

[redacted]
CO: 000066-1
DOB: 03/06/1954

#66-1

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INDIVIDUAL'S COPY

Pt refused to be seen, refused H+P, refused interview, Chart review completed

Department of State Hospitals - Coalinga

Patient seen face to face (circle): YES **NO**

Quarterly / Annual Examination (circle one)

Date of review: 11/16/2018 Time: 14:30 Unit: 9 CPT Code: 99309

Chief Complaints: POLST form full code, adv directive updated 11/14/18 , unable to update polst d/t pt refuses to meet. The adv directive is up-to-date and 07/2016 still valid per 11/2018 update.

Medications Reviewed: **Yes** No

Medical Foci

1. type 2 DM
2. thyrotoxicosis -> hyperparathyroid
3. ~~IBS~~
4. ~~Vit D Def~~
5. neurodermatitis
6. tinea pedis
7. constipation
8. ~~hypothyroid~~
9. proteinuria
10. h/a
11. ~~BPH~~
12. overactive bladder
13. pain unspecified
14. pain unspecificed, flank pain
15. dyspepsia
16. ~~CKD III~~

xrays:
~~09/18/18 mri brain - mild atrophy, moderate chronic small vessel ischemic changes~~
~~07/20/18 cxr neg~~
~~03/23/18 c-spine xray - moderate DDD~~
~~3/6/18 mri lumbar spine - severre centreal L3/4 moderate formainal stenosis L4/5~~
~~4/4/17 dexan scan osteopenia~~

consults:
~~10/11/18 neuro - no changes to tx plan~~
~~10/5/18 nephro - ckd III likely due to NSAIDS~~
~~9/28/18 phy tx - pt requested d/c phy tx~~
~~9/7/18 care as recommended by Phy tx, - pt not using by obs~~
~~8/2/18 Endocrinology~~
~~5/15/18 neuro sx - laminnectomy recommended~~
~~5/20/18 neuro sx request for f/u after sx - pt refused~~
~~04/23/18 colonoscopy -> ct if still has symptoms, pt no longer c/o symptoms~~
~~03/28/18 opto~~

Allergies: PCN, Sulfa

tdap 2015
flu shot refused

Alcohol: UK

Labs: Yes x No

11/15/18 microalbumin 6.0, intact pth 34.9, cbc - wnl, cmp - wnl except glc and renal function, egfr 54.11, ck 102, A1C 6.1, mag 1.9

Tobacco: UK

X-rays: Yes x No

See Above
no EKG in the Chart

Illicit Drugs: UK

Consults: Yes x No

See above

ANNUAL/QUARTERLY REVIEW
Physician Progress Note / History & Physical

Confidential Patient Information
See W & I Code Section 5328

File under PPN

ADDRESSOGRAPH

[redacted]
CO 000066-1
DOB 03/06/1954

DSH-C 183 (Rev 12/2012)

CONFIDENTIAL INFORMATION
COPY