

Enclosure 46

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME (Last, First, Middle Initial) FORBES MICHAEL J.	2. DATE OF BIRTH (YYYYMMDD) 19680412	3. SOCIAL SECURITY NUMBER 188 547907
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD) 2023 01 19 - 2023 02 28	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> BOTH	

SECTION II - DISCLOSURE

6. I AUTHORIZE WOMACK ARMY MEDICAL CENTER TO RELEASE MY PATIENT INFORMATION TO:

(Name of Facility/TRICARE Health Plan)

a. NAME OF PERSON OR ORGANIZATION TO RECEIVE MY MEDICAL INFORMATION Michael J. Forbes	b. ADDRESS (Street, City, State and ZIP Code) 612 NORTHAMPTON Rd. FAREFVILLE NC 28505
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)

PERSONAL USE CONTINUED MEDICAL CARE SCHOOL OTHER (Specify)

INSURANCE RETIREMENT/SEPARATION LEGAL

8. INFORMATION TO BE RELEASED
"EDSAPR" POSSIBLY ENLIGHTENMENT DEPARTMENT BR. HEALTH FINAL REPORT. ATTACHED ATTORNEY MEMO. (CAARAS) 4TH REQUEST (2ND FORMAL)
 EMAIL: **pax mas 2007 @ yahoo.com**

9. AUTHORIZATION START DATE (YYYYMMDD) 022 503 28 2024 03 28 2023 03 29	10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) 2024 03 28 <input type="checkbox"/> ACTION COMPLETED
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SECTION III - RELEASE AUTHORIZATION

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524.ss

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE 	12. RELATIONSHIP TO PATIENT (If applicable) SELF	13. DATE (YYYYMMDD) 2023 03 29
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SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
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17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE	SPONSOR NAME: Michael J. Forbes SPONSOR RANK: SFC (P) FMP/SPONSOR SSN: NIA BRANCH OF SERVICE: RA PHONE NUMBER: 910 336 5966
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AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

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SECTION I - PATIENT DATA

DOD: 1295918507

1. NAME (Last, First, Middle Initial) FORBES, MICHAEL J	2. DATE OF BIRTH (YYYYMMDD) 19680412	3. SOCIAL SECURITY NUMBER 188-54-7907
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD) 20230118 - 20230223	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> BOTH	

SECTION II - DISCLOSURE

6. I AUTHORIZE <u>Womack Army Medical Center</u> TO RELEASE MY PATIENT INFORMATION TO:	
<i>(Name of Facility/TRICARE Health Plan)</i>	
a. NAME OF PERSON OR ORGANIZATION TO RECEIVE MY MEDICAL INFORMATION MICHAEL J. FORBES	b. ADDRESS (Street, City, State and ZIP Code) 614 NORTHHAMPTON RD FAYETTEVILLE, NC 28303
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)	
<input checked="" type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL	
8. INFORMATION TO BE RELEASED ALL BH RECORDS	
9. AUTHORIZATION START DATE (YYYYMMDD) 20230329	10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) 20240329 <input type="checkbox"/> ACTION COMPLETED

SECTION III - RELEASE AUTHORIZATION

I understand that:

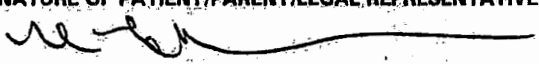
a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE 	12. RELATIONSHIP TO PATIENT (If applicable) SELF	13. DATE (YYYYMMDD) 20230329
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SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		SPONSOR NAME: <u>Michael J. Forbes</u> SPONSOR RANK: <u>SFC (P)</u> FMP/SPONSOR SSN: <u>MA 188547907</u> BRANCH OF SERVICE: <u>RA</u> PHONE NUMBER: <u>9103365966</u>

11:25

11:35 am - SFC Forbes returned with another request - As advised by Mr. Castillo to give him his written document to him. SFC Forbes stated he did not want the document - He put on his paperwork that he gave us this MFC

REPORT OF MENTAL STATUS EVALUATION

For use of this form, see AR 40-66; the proponent agency is OTSG

SECTION I - REASON FOR BEHAVIORAL HEALTH EVALUATION

Select Reason for MSE

Other:

SECTION II - BEHAVIORAL HEALTH DISPOSITION DETERMINATION

- SM shows no evidence of an impairing behavioral health (BH) condition. SM is cleared for advanced military training.
- No duty limitations due to behavioral health reasons. SM currently meets behavioral health medical retention standards (IAW AR 40-501).
- BH condition meets retention standards but may require waiver for deployability within specific areas of operation.
- SM is on a Profile which expires _____ See Profile for details.
- SM currently does NOT meet medical retention standards, has reached medical retention determination point, and a Disability Evaluation System referral is:
 indicated or has already occurred.
- Further assessment is needed to determine behavioral health medical readiness status.

For Ch. 5-13/17, AR 635-200

- SM meets criteria for Ch. 5-13/17 administrative. SM currently meets medical retention standards.
- Yes No SM deployed to an imminent danger pay area IAW MEDCOM Policy 19-001 (YES Requires OTSG-Level approval using BHAR).
- There is no evidence of a documented change in diagnosis from a boardable to a non-boardable condition within the past 90 days.
- The condition is of sufficient severity to interfere with the SM's ability to function in the military. The SM is not amenable to BH treatment and is unlikely to respond to Command efforts at rehabilitation.

SECTION III - PERTINENT FINDINGS ON MENTAL STATUS EVALUATION

- Screening performed: Post-Traumatic Stress Disorder Depression Traumatic Brain Injury Substance Misuse Sexual Trauma
- COGNITION: Not Impaired Impaired
- BEHAVIOR: Normal Abnormal
- PERCEPTIONS: Not Impaired Impaired
- IMPULSIVITY: Normal Abnormal
- BH RISK FOR HARM TO SELF: Not Elevated Low Intermediate High
- BH RISK FOR HARM TO OTHERS: Not Elevated Low Intermediate High
- Positive Screens/Findings/Elevated Risks (Use further Comment section if space is needed):

SECTION IV - DIAGNOSES

(ONLY REPORT DIAGNOSES REQUIRED FOR SUPPORTING SECTION II FINDINGS)

BH DIAGNOSES:

R45.89 OTHER SYMPTOMS AND SIGNS INVOLVING EMOTIONAL STATE

OTHER MEDICAL DIAGNOSES:

SECTION V - FOLLOW-UP RECOMMENDATIONS

- No follow-up needed Follow-up recommended (see below) Follow-up as already scheduled (see below)

Clinic:	Phone:	Location:	Date:	Time:

- Recommend Command referral to: Family Advocacy Program Substance Use Disorder Evaluation Other:

PATIENT INFORMATION

Patient Name: FORBES, MICHAEL J	Rank/Grade: SFC	Status: AD
Prefix: 20	DOB (YYYYMMDD): 19680412	Sponsor DOD ID: 1295918507
	MTF: MCXC	Date: 20230119

SECTION VI - RECOMMENDATIONS AND COMMENTS FOR COMMANDER

- No safety precautions are indicated.
- Yes No SM can understand and participate in administrative proceedings and appreciate the difference between right and wrong.
- Yes No SM's behavioral health condition was likely a mitigating factor in the alleged behavior leading to administrative separation.
- Ch. 10, 14 & Officer elimination: The effects of PTSD and TBI likely constitute matters in extenuation that relate to the basis for separation. Yes No
- Ensure SM attends all follow-up appointments.
- Prohibit use of alcohol. Alcohol can interfere with medication, decrease rational judgment, and increases risk for impulsive behavior.
- Increase leader/supervisory support with intent of keeping SM engaged with unit members and other sources of support.
- Consider placement of Service member in barracks for increased support and potentially reduced access to weapons.
- Encourage SM to use gun locks and gun safes or temporarily secure personal weapons with MPs, unit arms room, or other trusted source.
- Restrict access to or disarm all military weapons and ammunition. No range duties.
- Consider no contact order between Service member and _____ to limit risk of harm to self/others.
- If Service member shows concerning changes in mood, behavior, or safety, then Command should call: Name: 3RD SFG EBH
Phone: 908.2256 during duty hours. After hours, Command should escort Service member to the nearest emergency room.
- The Service Member has a condition that is likely to impair his/her judgment or reliability to protect classified information. (If checked, Commanders will ensure prompt notification to the Army Central Clearance Facility IAW AR 380-67 DA Personnel Security Program, by providing an incident report via the Joint Personnel Adjudication System (JPAS) or its successor.

For Recruiting Command Assessments:

- The Service member's current needs can be met in geographically dispersed environment. Recommend USAREC assignment.
- The Service member's current needs cannot be met in geographically dispersed environment. Recommend Behavioral Health reevaluation no earlier than Month _____ Year _____
- The Service member's historical and current needs cannot be met in a geographically dispersed environment. USAREC assignment is not recommend.

For CID Candidate Assessments:

- The Service member appears suitable for CID assignment at this time.
- The Service member is not suitable for CID assignment at this time.
- The Service member has been treated for a behavioral health condition and has demonstrated stability _____ (months/years), per the requirements outline in the CID applicant matrix. Recommend consideration of a behavioral health waiver for CID assignment.

For Positions of Significant Trust and Authority:

SHARP VAs, SARGs, Drill Sergeants, AIT Platoon Sergeants, Army National Guard Recruit Sustainment Program Cadre.

At the time of evaluation, the Service member does not have a BH condition of sufficient severity to impair his/her judgment and reliability or that otherwise prevent him/her from serving in the assigned or nominated position. This evaluation is neither capable of nor intended to detect the predilection towards sexual or other violence or other unethical or illegal conduct. These conclusions are made solely on the SM's current BH status. He/She is cleared for assignment to this position of significant trust and authority.

Further Comments:

SM exhibits no current evidence of significant risk of harm towards self or others. Further evaluation may be obtained, if warranted, through 3RD SFG EBH to address other behavioral issues (e.g., Administrative Separation, Fitness-for-Duty, etc).

Command representative contacted:

Name: CPT DAVID KORISTA	Duty Position: COMMANDER	Phone: (315) 486-9235
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BEHAVIORAL HEALTH PROVIDER SIGNATURE(S)

Behavioral Health Provider's Signature <i>[Signature]</i>	Date 20230119	Behavioral Health Supervisor Signature (if needed):	Date
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PATIENT INFORMATION

Patient Name: FORBES, MICHAEL J	Rank/Grade: SFC	Status: AD
Prefix: 20	DOB (YYYYMMDD): 19680412	Sponsor DOD ID: 1295918507
	MTF Code: MCXC	Date: 20230119

Patient Name Forbes, Michael Jeffrey
 Birth Date 4/12/1968

Patient MRN: 144693000001
 Financial Number 5073916

* Auth (Verified) *

Rapid Triage Check In Sheet			
***Refer to DEM SOPs for specific guidelines on when to activate standing orders ***Do not delay bed placement to completed standing orders in triage			
Patient Name:		Male	Female
Forbes, Michael		<input checked="" type="radio"/>	<input type="radio"/>
Chief Complaint:		Age: 54	
BH eval			
Subj: Comm and directed			
Rapid Triage Assessment			
Appearance: <input checked="" type="radio"/> Alert, Well Appearing		Respiratory: <input checked="" type="radio"/> Even and Unlabored	
Comprehensive Triage:			
Weight (kg):		<input checked="" type="radio"/> Routine (BLUE)	<input type="radio"/> Expedited (RED)
10min EKG		EKG Requested (Time):	
<input type="radio"/> Yes <input checked="" type="radio"/> No		EKG Completed (Time):	
		EKG Provider Reviewed (Time):	
Behavior Health Patient			
Unit Guard Present: <input checked="" type="radio"/> Yes <input type="radio"/> No		Unit Guard Name/Phone #: Mrs. Emily Ginn 630-748-4575	
Security Brief Completed: <input checked="" type="radio"/> Yes <input type="radio"/> No			
Comments:			
Forbes, Michael Jeffrey DOB: 04/12/1968 Male / 54 Yr DDS: 04/12/2023 Ref ID: 125218507 FIC: 5073916		Nurse Stamp/Signature: AB Date: 1-13-23 Time:	

Facility Display 0089A

Page 10 of 10

Federal EHR/MHS GENESIS

Date	Document Title	Document Type	Site
Jan 19, 2023	Details ED BH Consultation	Behavioral Health Note-Not in Pt Portal	FEHR

Document Reference

Patient Name: Forbes, Michael Jeffrey

Document Type: Behavioral Health Note-Not in Pt Portal

Document Category: Clinical Note

Document Title: ED BH Consultation

Service End Date: Jan 19, 2023 7:28 A.M. CST

Document Status: Final

Verifying Provider: LANIER, BRIAN DARRELL, LCSW.

NOTE ATTACHMENT #1 of 1

0089A-AMC Womack-Bragg
 3500 100th Rolly Rd
 Bldg 42817
 Fort Bragg, NC 28310-5000

Patient Name: Forbes, Michael Jeffrey
 MRN: 14469930000001
 FIN: 50073916
 DOB/Age/Sex: 4/12/1968 54 years Male

Date of Service: 1/18/2023
 Provider: ANDERSON, CHRISTOPHER A, MD

Confidential Documents

Document Type: Behavioral Health Note-Not in Pt Portal
 Service Date/Time: 1/19/2023 08:28 EST
 Result Status: Auth (Verified)
 Perform Information: LANIER, BRIAN DARRELL, LCSW (1/19/2023 08:30 EST)
 Sign Information: LANIER, BRIAN DARRELL, LCSW (1/19/2023 08:30 EST)

**WAMC Department of Behavioral Health
 Emergency Department Behavioral Health Consult**

This note was completed by the undersigned

Service: Army	Unit: HHC, 528TH SB
Rank: SFC	Commander's name & phone: CPT David Korlsta 315.486.9235
MOS: 35F	

Session duration	50m
Client seen on	19Jan23

Reviewed Patient Rights and Confidentiality Statement and Privacy Act	21
Reviewed Chaperone policy for minors with guardian and emphasized the guardian's right to request a chaperone and/or to be present in the room.	20

Referral source

- 20 Self
- 21 Command
- 21 Emergency Department
- 20 Medical
- 20 Legal
- 20 Other

Report Request ID: 313354587

Page 1 of 7

Print Date/Time: 3/29/2023 14:42 CDT

0089A-AMC Womack-Bragg

Patient Name: Forbes, Michael Jeffrey
MRN: 14469930000001
FIN: 50073916
DOB/Age/Sex: 4/12/1968 54 years Male

Date of Service: 1/18/2023
Provider: ANDERSON, CHRISTOPHER A, MD

Confidential Documents

History of presenting issue (HPI):

SM presented to the ED for Emergent CDBHE. He was accompanied by NCO escort (MSG Grix). SM denied SI/HI at triage but acknowledged that he was at ED for BH evaluation. He received medical evaluation and routine labs (e.g., UDS, ETOH) were collected and reviewed. He was negative for all tested substances. BH consultation was requested once he was deemed medically cleared to r/o immediate safety concerns and to assist in establishing f/u tx as needed. SM initially arrived without FB 1462 but one was completed by the commander on instructions of this provider and this document was reviewed prior to assessment. Review of records indicate that he has not received BH tx but was previously seen for CDBHE on 14AUG2017

Collateral information was obtained from Commander (CPT Korista 315.486.9235) face-to-face and through documentation on FB 1462. Commander indicates that SM has exhibited increasing paranoia and erratic behavior. He reports that additional concerns were noted by senior leadership and CDBHE was being requested to address any potential safety issues. Commander was advised of limitations of Emergent CDBHE and informed that he would be provided feedback via DA 3822 in signed/sealed envelope delivered by NCO escort. He was also advised that further evaluation may be obtained, if warranted, through 3RD SFG EBH to address other behavioral issues (e.g., Administrative Separation, Fitness-for-Duty, performance problems, etc.)

SM was advised of LOC and the need to provide formal feedback to his commander. He readily engaged with this provider acknowledged the circumstances that led to him coming to the ED. He reports that he is currently struggling with distress associated with complicated occupational situation. Situation involves allegation of a physical assault perpetrated against him by another SM. SM explains that this incident occurred in the context of an attempt by him to address perceived electronic/physical security concerns in his workplace. He describes the incident as abusive and complains he was humiliated and professionally undermined. He has since initiated formal grievance process and believes that he is now being retaliated against via counseling statements, reassignment, and official investigations targeting him.

Despite this situation, SM maintains that he is coping relatively well and is utilizing appropriate strategies for addressing his concerns. He adamantly denies SI and cites multiple reasons to live including children, spouse, and optimistic outlook for the future. He denies significant depressive sx and/or substance misuse. He declines BH tx at this time but is aware of how to access tx if needed in the future.

0089A-AMC Womack-Bragg

Patient Name: Forbes, Michael Jeffrey
 MRN: 14469930000001 Date of Service: 1/18/2023
 FIN: 50073916 Provider: ANDERSON, CHRISTOPHER A, MD
 DOB/Age/Sex: 4/12/1968 54 years Male

Confidential Documents

MENTAL STATUS EXAM

Orientation	Alert and oriented in all domains. He did not appear to be under the influence at the time of evaluation.
Attn/concentration	WNL and SM remained focused throughout interview
Appearance	Appropriate attire and hygiene. SM is dressed in hospital scrubs per SOP.
Behavior	Client was cooperative and calm. He appeared forthcoming with information.
Psychomotor	WNL, no tics, tremors noted
Speech	WNL. Normal rate, rhythm, tone, and volume throughout the evaluation.
Mood reported	"okay but tired" congruent with affect
Affect	Euthymic, appropriate for mood
Thought process	Linear and goal-directed; logical associations
Thought content	No obsessions/compulsions; no delusions; no evidence of perceptual disturbances.
Insight	Adequate
Judgment	Adequate, No evidence of impulsive or risky behavior.

Physical pain: 0/10

RELEVANT MEDICAL SCREEN

Behavioral health history:

SM admits to hx of CDBHE in 2017 and attributes this to occupational conflict. He denies further action and did not engage in tx.

Psychotropic medications (including changes in past 6 months):

None

SUBSTANCE/ALCOHOL/HABITS

Item	Yes	No	Explanation of positive responses
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0089A-AMC Womack-Bragg

Patient Name: Forbes, Michael Jeffrey
 MRN: 14489930000001
 FIN: 50073918
 DOB/Age/Sex: 4/12/1968 54 years Male

Date of Service: 1/19/2023
 Provider: ANDERSON, CHRISTOPHER A, MD

Confidential Documents			
Current illicit drug use	20	21	SM denies and UDS today was negative for all tested substances.
History of illicit drug use	20	21	
Current alcohol use	21	20	He describes infrequent use, 1-2 drinks
History of alcohol use	21	20	Consistent with above
History of ARIs, DUIs, SUDC-C, etc.	20	21	SM denies

RISK ASSESSMENT

Item	Yes	No	Explanation of positive responses
History of suicidal ideation	20	21	
History of suicidal intent	20	21	
History of suicidal planning	20	21	
History of suicidal self-directed violence	20	21	
History of interrupted self-directed violence	20	21	
History of suicide attempts	20	21	
Close friends or family members who have attempted or died by suicide	20	21	
History of intentionally hurting anyone or intentionally destroying property	20	21	
History of being arrested for violent behavior	20	21	
Current intentions or urges to engage in any above behaviors	20	21	

0089A-AMC Womack-Bragg

Patient Name: Forbes, Michael Jeffrey
 MRN: 14469930000001 Date of Service: 1/18/2023
 FIN: 60073918 Provider: ANDERSON, CHRISTOPHER A, MD
 DOB/Age/Sex: 4/12/1968 54 years Male

Confidential Documents			
History of impulsive or risk-taking behaviors	20	21	

CURRENT RISK FACTORS

Behavioral Health Risk Assessment Tool

BASIS24 Total score = 0 C-SSRS score = 0
 BASIS24 Ideation item (#11) = 0 PHQ9 Total score = 0
 BASIS24 Self-harm thoughts item (#20) = 0 PHQ9 Self-harm thoughts item (#9) = 0

The client presented with the following risk factors:
 | stressful events | male | ethnicity | access to lethal means | substance use

The following risk factors were considered but were not present:
 | history of suicidal behaviors | required higher care level | age | legal issues | sense of injustice/betrayal | barriers/unwillingness for treatment | impulsivity | isolation | hopelessness | feelings of guilt | abuse history | history of behavioral health disorder | family/friend loss by suicide | physical illness |

Assessed risk based on total score of 9 / 75: Low Acute Risk

The assessed risk level is based on risk factors alone and does not account for any protective factors endorsed below. The Risk Assessment Tool is one data point among several that informs the overall whole person risk assessment detailed below.

CURRENT PROTECTIVE FACTORS

21	Easy access to interventions	21	Support for help seeking	21	Family and community support	21	Support from medical/BH relationships
21	Skills in problem solving	21	Beliefs discouraging suicide	20	Sobriety	21	Meaningful reasons for living

0089A-AMC Womack-Bragg

Patient Name: Forbes, Michael Jeffrey
 MRN: 14469930000001
 FIN: 50073916
 DOB/Age/Sex: 4/12/1968 54 years Male

Date of Service: 1/18/2023
 Provider: ANDERSON, CHRISTOPHER A, MD

Confidential Documents

21	Evidence of resiliency	20	Evidence of medical compliance	21	Positive marital relations hip	21	Parenthood responsibilities
21	Evidence of impulse control						

RISK LEVEL FOR SUICIDE:

2No elevated	2Low	2Intermediate	2High
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RISK LEVEL FOR HOMICIDE:

2No elevated	2Low	2Intermediate	2High
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Safety plan:

SM was released under the supervision of Command. DA 3822 was provided to unit representative for delivery to commander.

DISPOSITION

Assessment:

SM is a 54yo male presenting to ED for Emergent CDBHE to r/o potential safety concerns stemming from observed behavior perceived as paranoid and erratic. SM exhibits significant emotional distress best explained as a reaction to recent occupational problems including an allegation of physical assault perpetrated against him by another SM and the belief that he is now a target for retaliation. SM adamantly denies SI and exhibits no evidence of risk towards self/others. He recognizes and appreciates the difference between right and wrong and can modify his behavior accordingly. No duty limitations are recommended due to BH reasons and he currently meets BH medical retention standards.

Diagnosis:

R45.89 OTHER SYMPTOMS AND SIGNS INVOLVING EMOTIONAL STATE

Diagnostic reconciliation:

Report Request ID: 313354587

Page 6 of 7

Print Date/Time: 3/29/2023 14:42 CDT

0089A-AMC Womack-Bragg

Patient Name: Forbes, Michael Jeffrey

MRN: 14469930000001

FIN: 50073916

DOB/Age/Sex: 4/12/1968 54 years Male

Date of Service: 1/18/2023

Provider: ANDERSON, CHRISTOPHER A, MD

Confidential Documents

N/A

Behavioral health measures administered at this encounter:

PHQ-9: 0 (No depressive symptoms detected)

C-SSRS: 0 (Past month suicidal ideation denied)

Interdisciplinary care/collaboration:

ED physician

Referrals:

None

Status:

This case is clinically closed to this provider and Acute Assessment Team.

Electronically Signed on: 01/19/2023 08:30 EST

LANIER, BRIAN DARRELL, LCSW

Report Request ID: 313354587

Page 7 of 7

Print Date/Time: 3/29/2023 14:42 CDT