

Reply 4dyj

Sigard ~

Just rec'd yer Persona comm tonight.
You'll see more of my game design if you consider the
CLOWN definition in your Dictionary of Symbols.

Stupid idol worshippers always confuse the
apparentness for actual reality, which serves to
give me the advantage, you see?

All I need is anything which produces a
point of view — and its corresponding motion —
to help establish conditions to play with.

Pretty soon no symbols will be necessary for me
— and I'll do it purely by thought!

Enclosing latest mystery motion.

UBG.

Patient: **GOEHLER, WILLIAM ROBERT**
DOB/Age/Sex: 2/15/1963 55 years Male
Encounter Date: 5/22/2008
Attending:

CDCR #: K77832
PID #: 11123924
Referring:

Mental Health Documentation

Document Type: MHPC Consult Routine Progress Note
Document Subject: MH PC Note
Service Date/Time: 6/8/2018 11:38 PDT
Result Status: Auth (Verified)
Perform Information: Owen,Kelli Social Worker (6/12/2018 16:02 PDT)
Sign Information: Owen,Kelli Social Worker (6/12/2018 16:02 PDT)
Authentication Information: Owen,Kelli Social Worker (6/12/2018 16:02 PDT)

Inmate's Program and Level of Care
A-Yard/GP @MCSP

Subjective/History of Present Illness
Consult Routine 1:!

New Issues/Complaints

On 6/08/18, I/P was seen as a consult routine 1:1 and this PC could not find the original reason for the consult in his file. I/P denies submitting a 7362. PC noted that I/P has several refusals for routine medical check ups and explained to the I/P that his MD may have wanted him to be evaluated to rule out any mental health reasons for his refusals. I/P appeared irritated and said in a loud voice, "I think this is just a numbers game. They create their own jobs. I told that doctor that in all the years I've been in prison not once was I ever requested to get a six-month check up." I/P went on to say, "I just told him that I'm not doing a check up and I have the right to refuse." PC agreed that some of the new procedures are getting redundant and I/P added, "Well I think I'll 602 that doctor for putting me through all this." PC informed the I/P that she was not positive that this consult was coming from his MD and I/P said, "Yea, I'm sure it is... that's okay." I/P began talking about how he is running the Scientology Group and went on and on about their philosophy, which appears to be something that provides him with much joy and a positive attitude, often using a sense of humor to talk about it and to talk about himself. I/P denied any mental health distress and denied SI/SIB/Hi/Plan/Intent at this time.

Problem List/Past Medical History

Ongoing
Hepatitis C
Historical
No qualifying data

IPOC Goals
No qualifying data available

Mental Status

Irritated mood and affect at first but quickly became euthymic mood and affect within minutes. Good eye contact; Speech clear and coherent; Engaged enthusiastically; H&G WNL (Long hair, shirt tied up to show belly, beard/long hair; tall/large frame, etc.); Bx calm, alert, cooperative; TP linear/logical/organized; No observable psychosis; OX4 and denied SI/SIB/Hi/Plan/Intent at this time.

Scales and Assessments Interpretations
(for assessments without interpretations, please manually enter one here)
No results documented

Endorsed Suicide Documentation
I/P denied SI/SIB/Hi/Plan/Intent on 6/8/18

Plan/Disposition

Continue with his GP Program.

Electronically Signed on 06/12/2018 04:02 PM PDT

Owen, Kelli Social Worker, Social Wor

AUTHORIZATION FOR RELEASE OF INFORMATION

YOUR INFORMATION			
Last Name: <i>Goehler</i>	First Name: <i>William</i>	Middle Name: <i>Robert</i>	Date of Birth: <i>2/5/63</i>
Address: <i>MCSP</i>	City/State/Zip: <i>LONG BEACH CALIFORNIA 95640</i>	CDC #/A Number: <i>KT1832</i>	

Person/Organization Providing the Information	Person/Organization to Receive the Information
Name: <i>W.R. Goehler #KT1832</i>	Name: <i>BetweenTheBars.org</i>
Address: <i>MCSP</i>	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone #: (____) _____	Phone #: (____) _____
Fax Number: (____) _____	Fax Number: (____) _____

[45 C.F.R. § 164.508(c)(1) (iii) & Civ. Code § 56.11(e), (f)]

Description of the Information to be Released (Provide a detailed description of the specific information to be released) [45 C.F.R. § 164.508(c)(1)(i) & Civ. Code §§ 56.11(d) & (g)]		
<input type="checkbox"/> Medical	<input checked="" type="checkbox"/> Mental Health	<input type="checkbox"/> Genetic Testing
<input type="checkbox"/> Dental	<input type="checkbox"/> Substance Abuse/Alcohol	<input type="checkbox"/> Communicable Disease
<input type="checkbox"/> HIV	<input type="checkbox"/> Psychotherapy Notes	<input type="checkbox"/> Other (Please Specify)
<i>6/8/18 Social Worker Consult / Documentation</i>		
For the following period of time: From _____ (date) to _____ (date)		

Description of Each Purpose for the Use or Release of the Information (Indicate how the information will be used) [45 C.F.R. § 164.508(c)(1)(iv)]		
<input type="checkbox"/> Health Care	<input type="checkbox"/> Personal Use	<input type="checkbox"/> Legal
<input type="checkbox"/> Other (please specify) <i>BetweenTheBars.org Blog Post</i>		
<i>http://betweenthebars.org/blogs/420/william-goehler</i>		

Will the health care provider receive money for the release of this information?

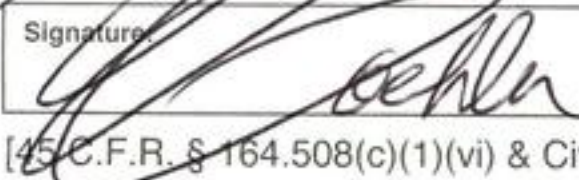
[45 C.F.R. § 164.524 (c) (4) (i), (ii)]

Reasonable fees may be charged to cover the cost of copying and postage.

This authorization for release of the above information to the above-named persons/organizations will expire on: in perpetuity (date). [45 C.F.R. § 164.508(c)(1)(v) & Civ. Code § 56.11(h)]

I understand:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary. [45 C.F.R. § 164.508(c)(2)(i)]
- I have the right to revoke this authorization by sending a signed notice stopping this authorization to the health Records department at my current institution. The authorization will stop further release of my health information on the date my valid revocation request is received in the Health Records department. [45 C.F.R. § 164.508(c)(2)(i) & Civ. Code § 56.11(h)]
- I am signing this authorization voluntarily and that my treatment will not be affected if I do not sign this authorization. [45 C.F.R. § 164.508(c)(2)(ii)]
- Under California law, the recipient of the protected health information under the authorization is prohibited from re-disclosing the information, except with a written authorization or as specifically required or permitted by law. **If the organization or person I have authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.** [45 C.F.R. 164.508(c)(2)(ii)] *So released! W. Boehler 6/21/18*
- I understand I have the right to receive a copy of this authorization. [Civ. Code § 164.508 (c)(4) and Civ. Code § 56.11(i)]

Signature: 	CDC/YA Number: <u>KT7632</u>	Date: <u>6/21/18</u>
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[45 C.F.R. § 164.508(c)(1)(vi) & Civ. Code § 56.11(c)(1)]

Representative:	Relationship:	Date:
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[45 C.F.R. § 164.508(g)(1) & Civ. Code § 56.11(c)(2)]