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May 4, 2015

Dr. Zaina El-Isa
Golden Valley Health Center
2101 Tenaya Drive
Modesto, CA 95354

RE: Todd Michael Giffen; DOB: 3/13/1985

Dear Dr. El-Isa:

I am sending you a copy of the psychological evaluation that I conducted at the request of Mr. Todd Michael Giffen. Mr. Giffen has signed a release with me to do so. The evaluation was requested by Mr. Giffen and also his case worker Sheri Padilla of MHN for Health Net Medicaid for the purpose of referring him to the Neurology Clinic of UC Davis to investigate possible brain damage (Traumatic Brain Injury). Mr. Giffen has been diagnosed with posttraumatic stress disorder (PTSD) and also has symptoms of TBI. I have seen Mr. Giffen on 5 different occasions and evaluated him on several neurocognitive assessments including assessment for ADHD, depression and PTSD. Mr. Giffen came positive with the symptoms of PTSD and also symptoms of TBI/brain pathology. Mr. Giffen needs treatment for his PTSD and also needs rehabilitation for his organic brain pathology/TBI.

Please keep contact with me as you may need to write to the Neurology Clinic of UC Davis in the event of their denial to see Mr. Giffen.

Thanking you,

Sincerely,

Purna C. Datta, Ph.D., QME
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Office of Admissions
Department of Neurology
Attention: Cathleen Baynes, M.D.,
University of California Davis
4860 Y Street
Sacramento, CA 95817

April 29, 2015

RE:	Name of Patient:	Todd Michael Giffen;	Date of Birth:	03/13/1985
	Address:	[REDACTED]	SSN:	[REDACTED]
	Insurance Carrier:	MHN for Health Net Medicaid	Insurance ID#:	[REDACTED]
	Dates of Evaluation:	3/11/15 -4/21/15	Date of Report:	4/29/2015

Dear Dr. Baynes:

The above patient is being referred to the UC Davis Neurological Clinic for the purpose of an extensive neurological examination possibly using fMRI and/or dMRI to detect the extent of organic brain damage that he has sustained due the traumas related extensive physical, chemical (psychotropic medications), food deprivation, environmental deprivation/manipulation, sexual, emotional and other abuse on him in the past (starting from 1 year of age and exacerbating at or after age 19). I have discussed the possibility of admitting him at the Neurological Clinic with the Admission's office and I have been given your name as the contact neurologist. As you can see in the history of abuse stated below, it is likely that Mr. Giffen has sustained organic brain damage (traumatic brain injury (TBI) in addition to PTSD) that has caused his current disability.

Mr. Giffen was referred to me by his Case manager Sheri Padilla of MHN for Health Net Medicaid as someone who needed treatment for his depression, anxiety and memory problem related to organic brain traumas. She wanted to know if I was a neuropsychologist who could perform a neuropsychological evaluation for the purpose of a brain scan referral. The Case manager was informed that I was a clinical psychologist and not an ABPP in neuropsychology. Yet Ms. Padilla and Mr. Giffen wanted to see me for an assessment and referral for a neurological investigation and possible therapy. At the intake, Mr. Giffen showed mild level of depression on BDI-II, but no suicidal ideation. He did not show any evidence of thought disorder and his mood and affect were within normal limits. However, he complained about memory problem (lapses) and at times inability to remember simple things. This was also apparent on the 'Attention' subtest of the COGNISTAT. The current report will describe the type of memory problem that Mr. Giffen has and this appears to be different from the memory lapse/loss observed in the PTSD patients. Hence, the issue of differentiating TBI from PSTD will be a matter of interest for the Neurology Department of the UC Davis.

Records Reviewed:

The records reviewed were all supplied by Mr. Giffen. The records included the evaluation reports of (i) Dr. Misty Getrich and Dr. Cynthia Vincent, clinical psychologists in Modesto on 10/8/14, (ii) Dr. Stephen M. Harold, Chiropractic Neurologist of Portland, Oregon, on 2/13/14, (iii) Dr. Daniel Hardt, Lane County, Oregon, on 4/15/13, (iv) Ron Unger, LCSW of the Center for Family Development on 12/11/13 and (v) Cathy Meadows, Clinical Psychologist, California, on 8/22/13.

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Dr. Getrich and Dr. Vincent said in their joint report of 10/08/2014 that the main issues of treatment were 'anxiety, depression, numbness and emotional detachment, feelings of hopelessness and helplessness, psychosomatic concerns and physical symptoms related to previous injuries and traumas'. Mr. Giffen told them about significant abuse in the past originating in childhood, maltreatment while in Oregon State Hospital (OSH), physical assault from law enforcement staff and being a 'targeted individual'. He was placed in the hospital when he did not have any severe mental illness. He once 'faked suicidal behavior' to get away from the house of his abusive paternal grandmother and brandished a knife; this led to his jail time and hospitalization at OSH (where he was abused by forceful assault, gang assault, by psychotropic medication using mechanical and chemical restraints and other abuse techniques), for five years. Dr. Getrich and Dr. Vincent gave him the diagnosis of PTSD, chronic (DSM-IV Code 309.21) and Generalized Anxiety Disorder (DSM-IV code 300.02). They recommended for treatment of PTSD, sleep problem, anxiety and improving social and coping skills. The psychologists did not see any evidence of psychosis in Mr. Giffen.

Dr Harold stated on 2/13/14 that Mr. Giffen presented a history of symptoms consistent with "CTE (chronic traumatic encephalopathy), a pathophysiological condition of immune excitotoxicity resulting from repetitive insults to the brain causing priming of microglia cells that then over react to future insults, be that physical or chemical insults" Dr. Harold further added, "CTE causes diffuse injury to neurological networks, with greatest vulnerability in the frontal lobes, hippocampus, basal ganglia and limbic areas causing a wide variety of both physical and neuropsychological symptoms". He said that according to the patient's report, he suffered 'neuroleptic malignant syndrome, new dystonia and drug induced dyskinesias as well as another episode of severe dysautonomia brought on by the medical treatments in the hospital, which his medical records from OSH could verify'.

Dr Daniel Hardt, a neurologist, wrote about Mr. Giffen on 4/15/13 that "At the age of 21, while being at Oregon State Hospital, he was diagnosed as having neuroleptic syndrome, primary symptoms that he recalls were hair-loss, narcolepsy, difficulty focusing and concentration on his tasks at hand. His primary complaint this day are the head pressure, anxiety, poor focus, muscle flaccidity". Dr. Hardt gave the diagnosis of Post Concussion Syndrome in addition to Anxiety, Poor Nutrition and Adjustment Disorders.

Mr. Unger's mental health assessment report on 12/11/13 indicated that Mr. Giffen had been admitted at the OSH three or four times and was inappropriately diagnosed as being 'psychotic' and placed under heavy doses of psychotropic medication along with the mechanical restraints and isolation lockups. However, he did finish the court mandated time and volunteered to receive treatment for his problems. He reported depression, with little energy, trouble relaxing, trouble concentrating all of which made it hard to get on with his life. He also reported to Mr. Unger that he sustained brain and neuromuscular injury due to torture at the OSH. Mr. Unger gave him the DSM-IV Axis I diagnosis (309.81) of Posttraumatic Stress Disorder (PTSD). The mental health staff Cheryl Haun was going to try the use of EMDR on Mr. Giffen to treat his PSTD, but he left for California at that time.

Cathy Meadows on 8/22/13 reported that Mr. Giffen was a victim of abuse most of his life. However, he does not show any symptom of mental illness and has a history of imprisonment in mental hospital for five years during which time he was treated with enormous amounts of psychotropic medications such as Haldol, Seroquel, etc. and was placed on mechanical and chemical (drug injection) restraints. Ms. Meadows stated that Mr. Giffen did not attend school in early life starting from 7th grade due to

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his fear of school and abuse at home, but when he sat for the GED test at age 20, he received 99th percentile in science and 88th percentile in overall test. This indicated that he was a bright young man who did not do well due to lack of opportunity and apparent abuse on him by the care takers. Ms. Meadows did not use any assessment and did not talk about any diagnosis of Mr. Giffen except mild Anxiety.

The purpose for this current assessment has been to evaluate Mr. Todd Giffen for the claimed brain injury (possible TBI) and associated psychiatric injury (extent and severity of PTSD) during the course of his abuse in childhood and also while being imprisoned in OSH.

Purpose of the Evaluation: As stated earlier, the purpose of this evaluation was to determine (i) if Mr. Giffen has been suffering from traumatic brain injury (TBI), and if so to what extent, (ii) if he has been suffering from post-traumatic stress disorder (PTSD), (iii) if he has been suffering from major depression or any other psychiatric illness, and (v) if the evaluation generates need for treatment of his symptoms revealed by this examination (and amount/extent of treatment), if any.

Current situation:

Mr. Giffen has been currently living with his mother Stacy Giffen in Modesto since the middle of last year. He has been receiving SSI benefits for being disabled and unable to work. Mr. Giffen is a well mannered young man and has been having a positive attitude toward life. He has not been taking any medication (even for pain from previous injuries) except fish oil. He has a good sense of time and keeps his appointments without a failure. He has the sense of responsibility and helps his mother to look after his maternal grandmother. However, he wants to move out if he gets a cheap housing accommodation. He came to this practice for help to see what is wrong with his brain and if he can be helped to lead a normal life. He sees a General Practitioner (Dr Zaina El-Isa) of the Golden Valley Health Centre in Modesto who has kept contact with this evaluator. Dr. El-Isa also is supporting this referral for the neurological examination at the UC Davis.

Current Evaluation Methods and Procedures:

The following procedures/tests were used in the current evaluation: Mental Status Examination (MSE), COGNISTAT the Neurobehavioral Status Examination, Rey-15 Item Memory Test (to rule out possibility of malingering/faking/exaggerating symptoms), Bender Gestalt Visual Motor Test (BGVMT to assess possible organicity/organic brain damage), Wechsler Adult Intelligence Scale-Revised (WAIS-R, to verify the verbal and performance IQ differences as possible indicator of organicity), Trail Making Test (TMT, to evaluate possible organicity), Benton Visual Retention Tests (BVRT, to evaluate possible organicity), Beck Depression Inventory-II (BDI-II to assess his level of mental depression, suicidal thoughts, if any), and post-traumatic diagnostic scale (PDS) of Dr. Edna Foa to evaluate the presence and severity/chronicity of PTSD symptoms.

Background Information:

Developmental and Family History:

The following history was provided by Mr. Giffen in four different sessions and the consistency of his reports was remarkable. Mr. Todd Giffen was born on 3/13/1985 at Cottage Grove Hospital, Cottage Grove, Oregon, to the marital relationship of his mother (Stacy Giffen, now age 49 and living in Modesto, California) and his father (Donald Giffen, age 49 and living in Phoenix, Arizona with his girl friend). As far as Mr. Giffen knows and heard from his grandmother and mother that the delivery was normal and his

developmental milestones were also normal. He had no serious injury or sickness as a child. His parents were married until Mr. Giffen was one year old when his mother left the family. Mr. Giffen then went to live with his paternal grandmother Arlene Giffen and lived with her in Cottage Grove until he was 4 years old. After separation, his father moved on with a girlfriend called Paula Masters and had a daughter, Mr. Giffen's half sister, Tiffany Giffen (age 28) who now is married, an RN by profession and lives in North Carolina. Mr. Giffen lived with his father and Paula Masters until age 5 when Pamela Masters left the family. Then his father got another girlfriend called Janet Hanson and married her to have a son, Mr. Giffen's half brother, Statson Giffen who is now age 23 and lives on his own in Oregon. His stepmother Janet Hanson had two other sons from a previous relationship and Mr. Giffen was raised by his father and Janet until he was 9 years old (in the 4th grade). It was Janet who regularly abused Mr. Giffen, starved him, put him under the house (basement room) whenever someone came in the house. One day, Janet took the children from swimming and mercilessly beat him for not listening to her to walk in rough terrain to reach the waters. She brought her home and put him on diapers and fed him baby food. Also she kept him naked if he did not want the diaper. His father oneday came home and saw this and called the police. The police decided that Mr. Giffen goes back to his paternal grandmother. He became settled at his grandmother's house and started going to the school, but about 3 months later his father and Janet came and took him back to their house. Soon after this, Mr. Giffen's father and stepmother Janet divorced and he was sent to his biological mother Stacy Giffen (whom he saw first at age 4) in Baker City, Oregon. He lived with his mother for 3 months only and then went back to his father as his mother was associating with people of gang affiliation and he told that to his father. His father at this time started living with another girlfriend Carol Garver and moved to Phoenix, Arizona. Carol did not like Mr. Giffen (for his immaturity in his own words) and started abusing him emotionally first and then physically. She would not let him go to school and then called his father at work to tell him that Todd refused to go to school. One day, his father came and pushed a soap bar in his mouth and made him walk to school. His father then sent him to live with father's sister Brenda Sunkler in Eugene, Oregon; he was in the 6th grade at this time. Brenda's husband Butch Sunkler was a truck driver and was also very abusive to the children including their daughter Ashley. Butch was hitting on his face causing bleeding; oneday, he was spitting out blood at school and the school Principal called police. At age 12 (7th grade), Mr. Giffen was sent back to his grandmother in Springfield, Oregon. By this time, Mr. Giffen developed the symptoms of PTSD and was scared to being beat up even in school and refused to go to school. He was placed in a special school program for the disturbed children and he attended classes, but he did not learn anything there as they taught at the lower grade level. His grandparents called his father as he was refusing to go to school; his father came and beat him up and asked him to leave the house. He went out and stayed out 5-7 days in a backyard shed of a neighbor's house. His sister and cousin brought food for him as far as he remembers. Then he went back to his grandmother's house and attended the violent kids' special education program at the school for a while. In the 8th grade (age 13), he saw a school counselor for two days and also saw a doctor (Dr. Frank Stragar) who placed him on Zoloft for two months.

Mr. Giffen was first arrested at age 13 after his grandmother called the police and had 6 hours of detention. This happened when he refused to go to school and grandparents were pushing him out of the house telling him to go to a homeless shelter. At age 18, Mr. Giffen had been suffering from pain due to TMJ, could not get any treatment as there was no Medicaid; he was crying and thinking of killing self. His grandmother took him to the emergency of Sacred Heart Medical Center in Springfield and he was placed on Prozac for about a month. After this, as Mr. Giffen turned 19, he became more desperate for treatment and staged a 'fake suicidal behavior' by brandishing a knife at his grandmother and at himself. Grandmother called the police and he was arrested and taken to Lane County Correctional Center.

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He went to the court, got a serving time of 1 year and 6 months, but in a week at the Jail, he became suicidal. He was then transferred to the OSH for the first time in 6/04 and was released back to jail in 12/04. He was then placed in a homeless shelter for 3 months in 3/05. He was placed in a group home called Willam Ware House in 6/05 and stayed there until 11/05. At the group home Mr. Giffen was placed on five different drugs and he could not move his body. He went back to his grandparent's house and shortly after he swallowed a bottle of Zoloft pills that he collected from the group home. He was taken to the local hospital emergency where they pumped out from his stomach and after a week sent him to OSH. This is the time when the alleged sexual abuse and harassment by a female staff took place at the OSH and he was subjected to severe physical assault and mechanical and chemical restraints took place. The abuse started after he wrote letters to the Superintendent and to outside. He was released from OSH in 3/10 after PSRB expired, in the words of Mr. Giffen. He went to a serviced apartment in Springfield Oregon in 3/10. In 2/11, he moved with his grandfather for a month and was arrested in 3/11 for assault charges against grandfather. He said that while arresting him two police officers physically assaulted him, punched him on his face and head and broke his nose and teeth causing bleeding. He went to jail and was again admitted to OSH on 5/20/11. He was released back to jail in 3/12. After spending 6 months in jail, Mr. Giffen went back to the OSH for another evaluation in 10/11; he was complaining about body pain, brain pain and had high blood CPK counts. After about a year in 1/13, he was released to jail from OSH for passing their 'release test'. On 6/6/13, he was released from the court to his grandfather in Springfield. On 9/13/13, he was again arrested for assault on his grandfather and was admitted to OSH in 10/13. The case was dismissed on 2/20/14 and went to live with a friend in the homeless shelter for a month. He contacted his mother in Modesto who offered him a room on the condition of good behavior and helping her to look after his handicapped maternal grandmother. Mr. Giffen agreed and came to live with his mother on 4/20/14. Until this date there has been no problem in living with his mother and helping her to look after her mother.

Mr. Giffen has no previous work experience except working in the manufacturing jobs at the OSH in 2008. He said that he has trained himself how to do computer programming and website designing, but he has not earned any money by doing any work for others. He has been receiving social security benefits for his disability since 6/06. The reports of various doctors stated above indicated that Mr. Giffen had been feeling extremely distressed and voluntarily sought treatment for improving his condition and living a better life.

History of Psychotropic medication: There is an extensive history of psychotropic medication on Mr. Giffen by various medical practitioners starting at age 8 when he was placed on Ritalin 20 mg. He was receiving Ritalin 20 mg SR and Cylert 77.5 mg SR between the ages of 9 and 11, according to his records. There is also a letter from one Gregory Hemsley, MD of Valley Children's Clinic in Springfield, Oregon, written to Mr. Giffen's father which stated that 'Todd was getting suboptimal care due to changes in caretakers and changes in living arrangement'. The doctor wanted Todd to be in treatment and receive good social and other care. During this period (ages 8-12), Mr. Giffen used to get severe stomach pain, coughed up blood and also his nose often bled. There was no consistency in the use of Ritalin and then there was the use of Cylert SR 77.5 mg to start with. This was stopped and again Ritalin was started. When Mr. Giffen was with stepmother Carol, she refused to give him the medication and also refused to let him go to school. This story went on until he was returned to his grandmother. At age 13, he was placed on Zoloft for a few weeks, but that was stopped as he started therapy with Happy Shaw Trapp, a school counselor. He was placed on Prozac for a while when he staged a 'fake suicidal behavior' at age 19 in 2003.

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In 2004, at the OSH, Mr. Giffen was placed on Paxil 20 mg. Following this, he was assaulted and injected with Haldol, Ativan and Benadryl. This was the beginning of psychotropic medications on him. He started having panic attacks and nightmares. The unit physician Dr. Meyer diagnosed him with psychosis and started with Zyprexa 20 mg. Another doctor started Ritalin and changed Paxil to Celexa. Zyprexa continued until he gained 100 pounds and then the doctor stopped Zyprexa and started Abilify 20 mg. The doctors tried with Lithium, Valium 40 mg and Xanax for panic attacks and shifted from Celexa to Lexapro to Wellbutrin to Lexapro. They also tried Lamectal and Buspar on him; he does not remember their dosages. To help him to sleep the doctors gave him Trazodone and then started high dosages of Seroquel. Mr. Giffen said that he had a severe attack of neuroleptic malignant syndrome (NMS) in 12/06 (due to Seroquel 400 mg/4 times a day totaling 1600 mg/day and on and off Haldol injections); the symptoms subsided in 4/07, when the Seroquel dosage was reduced. Mr. Giffen said that he was thinking that he was dying. He had high temperature, had muscle spasms and his neck and body were stiff. He said that still now he feels chills in his head and feels that his brain is swollen. He said that he experienced some sexual dysfunction from excessive use of SSRI; he said that Effexor was used upto 300mg/day.

Mr. Giffen stated that his sister also was very depressed, had PTSD from abuse, but she apparently did well and became a RN and also got married and living in North Carolina. He said that his parental grandmother Arlene (who also abused him) was also suffering from depression and received Zoloft. He said that his half-brothers also suffered from PTSD and received treatment.

Mr. Giffen said that he used to have nightmares before, but they stopped some years ago and he does not have anymore dreams.

Mr. Giffen denied abusing any street drugs. He said that he never associated with gang members and drug abusers.

Findings of the Present Examination:

Behavioral Observations and Mental Status Examination:

The current assessment took place on 3/11/15, 3/18/15, 3/25/15, and 4/15/15. Mr. Giffen came to this practice by self and on time on each day. He said that the Health Net has a 'ride service' which he avails of to come from Modesto. Mr. Giffen appeared to be walking without gait and most of the time had a smile on his face. He understood all instructions, had good eye contact during the assessment sessions and his speech was very clear and easily understandable. As the sessions progressed, he appeared more at ease and comfortable. He showed sadness on her face when he talked about his current disability and about his past physical, emotional, sexual and other abuse since his early life. Mr. Giffen was evaluated on BDI-II in the first session and he showed mild level of depression (scored 17). Mini Mental Status Examination was used daily and the COGNISTAT was also used in the first session. The COGNISTAT showed superior abstract reasoning (similarities), good level of consciousness, judgment, orientation and reasoning. However, his attention and memory were below average. Mr. Giffen said that he had been diagnosed with ADHD as a child and received Ritalin and Cylert. The average of MSE showed that Mr. Giffen is oriented to 4 X 0 and shows no evidence/ symptom of thought disorder. He denies of having auditory or visual hallucinations and denies of any delusional thoughts. He denies having suicidal or homicidal thoughts or ideation. His mood and affect are within normal limits. He has good eye contact, has a good repertoire of words, and his speech is clear and coherent and to the context. Mr. Giffen is at times anxious about the future and appears to be someone who has survived significant abuse and trauma in the past. He shows significant emotional expressions when he talks about the past abuse both as a child and as an adult; he appears to have enliven experiences of traumas. He said that still now he feels chills in

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his head and feels that his brain is swollen. He said that he experienced some sexual dysfunction from excessive use of SSRI; he said that Effexor was used upto 300mg/day. The total assessment session lasted for more than 7 hours on five different days at this office.

Rey-15 Item Memory Test: The Rey-15 Item Memory test is designed to evaluate immediate visual memory and also to assess one's effort to malingering symptoms of psychopathology (if any). Mr. Giffen received a perfect score of 15/15 on the Rey-15 Item Memory test suggesting his average immediate visual memory and absence of any effort to malingering symptom of psychopathology (malingering is indicated for a score of <9/15).

Bender Gestalt Visual Motor Test (BGVMT): The BGVMT was administered to assess Mr. Giffen's possible problem in perceptual motor coordination suggesting organic brain dysfunction/damage (if any). The BGVMT drawings of figures showed some perceptual motor problems (i.e., angular distortion in Figure 2 and embellishment in Figures 4 and 7, generating a score of 3), but did not indicate any gross perceptual motor problem. This score of 3 indicated that he has minor perceptual motor coordination problem and yet this falls in the upper normal limits, indicating absence of serious organic brain problem (normal range is 0-4; organic brain damage is indicated for a score >5).

Trail Making Test (TMT): The TMT of Halsted Reitan Battery of tests is used to assess one's possible neurological damage. Mr. Giffen scored the following: Part A = 22 seconds, PR90; Part B = 70 seconds, PR<50. Mr. Giffen struggled with Part B serial task and suggested possible problem in frontal lobe functioning.

Attention Deficit Scales for Adults (ADSA) Scale: The ADSA was administered if Mr. Giffen has been suffering from symptoms of adult ADHD. The 54 item scale generated a normal profile (PR 50) for Mr. Giffen. The only area that showed elevation (PR86) was Attention-Focus/Concentration.

Wechsler Adult Intelligence Scale-Revised (WAIS-R):

Verbal Subtests	Raw Score	Scaled Score	Performance Subtests	Raw Score	Scaled Score
Information	23	12	Picture Completion	19	16
Digit Span	15	10	Picture Arrangement	19	15
Vocabulary	62	13	Block Design	46	14
Arithmetic	17	14	Object Assembly	37	13
Comprehension	29	15	Digit Symbol	53	9
Similarities	26	15			

Total Verbal Score = 79 (Verbal I.Q.= 108); Total Performance Score = 67 (Performance I.Q. = 126); Total Full Scale Score = 146 (Full Scale I.Q. = 126). The above WAIS-R score difference between Verbal IQ and Performance IQ (18 points or above 1 SD) indicated presence of some diffused organic problem affecting his overall performances. This problem demands further neurological assessment. Mr. Giffen's digit span showed an interesting pattern, performing poorer in forward digit memory compared with memory for backward digits (most people do better in forward digits). The digit symbol also indicates possible organicity considering the other areas of cognitive functioning.

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Benton Visual Retention Test (BVRT): The drawings of Form C were done from memory after 10 sec exposure each. Mr. Giffen drew smaller circles in Figures 2, 3 and 4. He drew Figure 5 rectangle in place of square and he showed 90 degree rotation and Figure distortion. Figure 9 drawing showed 180 degree rotation of left part and Figure 10 showed distortion, 90 degree rotation and shape loss. Mr. Giffen received a score of 7.5 on the BVRT that placed him in the organic brain damage group. The BVRT has a corrected error score for the WAIS-R IQ. For an individual with an IQ of 110 should have 9 correct drawings of 10 figures. Mr. Giffen has generated 4 correct drawings out of 10 figures (his full scale IQ is 126). The BVRT results indicate that Mr. Giffen has brain pathology that has been affecting his memory, both visual and auditory, that is different from memory problem observed in PTSD patients. Hence, he needs further neurological evaluation and scanning to detect the nature and extent of his brain pathological condition.

Beck Depression Inventory-II (BDI-II): Mr. Giffen endorsed several depressive thoughts on BDI-II. He indicated that he feels sad much of the time, feels hopeless, feels like a failure, feels like being punished, does not feel guilty, does not cry and does not have suicidal thoughts. He feels low energy, has difficulty to make decision, and finds it hard to keep his mind on anything. He did not report any problem with sleeping or eating. He received a score of 17 indicating presence of mild level of depression (Mild depression range is 14-19 on BDI-II). It appears that his depression is stemming from or is related to his past traumas or PTSD.

Posttraumatic Stress Diagnostic Scale (PDS):

THE PDS was administered to verify the presence and severity of the symptoms of PTSD (Mr. Giffen received the diagnosis while being in Oregon). The PSD (developed and standardized by Dr. Edna Foa and copyrighted by National Computer Systems) is designed to assess one's severity of PTSD symptoms and compares the individual with the total population suffering from PTSD. Mr. Giffen endorsed several items that reflected experiencing severe traumatic situations in life. The number of positive symptoms endorsed was very high and the Symptom Severity score was 43/51 indicating presence of severe symptoms of PTSD, chronic in nature. Hence the DSM-IV diagnosis of PTSD chronic is appropriate. However, it should be kept in mind that similar symptoms of trauma (PTSD) are also observed in TBI patients.

Diagnostic Impression:

DSM-IV-TR Diagnosis

Axis I:	309.81	Posttraumatic Stress Disorder, chronic, severe
Axis II:	V71.09	No diagnosis on Axis II
Axis III:		Traumatic Brain Injury (TBI) to be examined History of Neuroleptic Malignant Syndrome Chronic Traumatic Encephalopathy (to be ruled out by examination)
Axis IV:		Psychosocial Stressors: Moderate to severe stressors related to his inability to 'get a job and support self', difficulty to remember simple things that makes him depressed.
Axis V:		Current GAF = 45 (moderate to severe adjustment problems in family, social and work life, has difficulty in occupation and social life).

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Brief Summary and Conclusions:

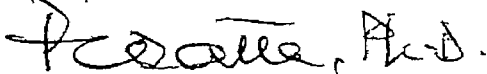
The current evaluation confirmed and showed that Mr. Giffen has been suffering from severe and chronic symptoms of PTSD and will need treatment (using CBT and EMDR) to reduce impact of the traumas.

The evaluation also suggested on the neurocognitive tests (i.e., TMT, WAIS-R and BVRT) that he has symptoms of TBI that have made his life miserable. He has been asking for help to evaluate the extent of his brain damage from past traumas/abuse and wants help to deal with the symptoms of PTSD and brain damage that made his life extremely difficult for him. He is a very intelligent young man and he can learn to do things very easily to earn a living, but the disability created by the symptoms of TBI and/or PTSD made it extremely frustrating for him. He has very negative experience with psychotropic medication (that induced NMS at OHS) and hence, he is against the use of any medication as an adjunct therapy.

Mr. Giffen will need an immediate referral for psychotherapy (using CBT and EMDR) after the completion of neurological examination involving fMRI and/or dMRI at your clinic.

Thanking you very much,

Sincerely,



Purna C. Datta, Ph.D., ICPP, QME, Diplomate
American Board of Forensic Medicine,
Clinical Psychologist
CA License#: PSY10808
NPI#: 1275646036

REFERRAL TO NEUROLOGY

AUTHORIZATION
OF RELEASE OF INFORMATIONBy signing this document, I, (name of patient) Todd Giffen (hereinafter "Patient") hereby authorize (name of provider), Purna C. Datta, MD

(hereinafter "Provider") to disclose mental health treatment information and records obtained in the course of Provider's treatment of Patient, including, but not limited to, Provider's diagnosis of Patient, to (name and functions of the person or entity to whom disclosure is made)

Dr. Cathlyn Dwyer, Dept. of Neurology
O.C. Dwyer
4860 Y Street, Sacramento CA 95817
(916) 734-3588, Fax (916) 703-5078I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. And, I also understand that such revocation must be in writing and received by Provider at (insert provider's address) 7510 Shoreline Drive
Suite A-6, Stockton, CA 95219 to be effective.This disclosure of information and records authorized by Patient is required for the following purpose: To refer patient to Neurology for
examination of brain damage (possible TBI)
and differentiate TBI from PTSD.

The specific uses and limitations on the types of medical information to be discussed are as follows: _____

Such disclosure shall be limited to the following specific types of information: Evaluation
Report on Psychological examination
preceding the neurological examination and possible
brain damage from trauma.

Provider shall not condition treatment upon Patient signing this authorization.

Patient has the right to refuse to sign this form.

Patient understands that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Federal Privacy Rule, although such information may be protected by applicable California law.

This authorization shall remain valid until: 180 daysTodd Giffen
Todd Giffen
Patient4/15/20154/19/2015

Date



Behavior Therapy and Counseling Associates

Purna C. Datta, Ph.D., QHE

Registrant #43436, National Register of Health Service Providers in Psychology

7510 Shoreline Drive

Suite A-6

Stockton, CA 95219

Phone (209) 406-6817

Fax (209) 951-7083

AUTHORIZATION OF RELEASE OF INFORMATION

By signing this document, I, (name of patient) Todd Giffen (hereinafter "Patient") hereby authorize (name of provider) Purna C. Datta Ph.D. (hereinafter "Provider") to disclose mental health treatment information and records obtained in the course of Provider's treatment of Patient, including, but not limited to, Provider's diagnosis of Patient, to (name and functions of the person or entity to whom disclosure is made)

Dr. Jaina Kh-isa Golden Valley Health Center
2101 Tenaya Drive, Modesto
CA 95354

Phone: (209) 576-5766 Fax: (209) 576-6770

I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. And, I also understand that such revocation must be in writing and received by Provider at (insert provider's address) 7510 Shoreline Drive Suite A-6, Stockton, CA 95219 to be effective.

This disclosure of information and records authorized by Patient is required for the following purpose: Medical treatment and Neurological follow up and referral for further neurological investigation

The specific uses and limitations on the types of medical information to be disclosed are as follows: Neurological examination

Such disclosure shall be limited to the following specific types of information:

Provider shall not condition treatment upon Patient signing this authorization.

Patient has the right to refuse to sign this form.

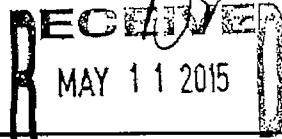
Patient understands that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Federal Privacy Rule, although such information may be protected by applicable California law.

This authorization shall remain valid until: 90 days

Todd Giffen Date: 4/15/2015
Patient

Check appropriate box
Stanislaus County
Locations

- ☐ GVHC Ceres
2780 Third St.
Ceres, CA 95307
(209) 556-5011
- ☐ GVHC Turlock
1141 N. Olive
Turlock, CA 95380
(209) 867-2749
- ☐ GVHC West Turlock
1200 West Main St
Turlock, CA 95380
(209) 688-5388
- ☐ GVHC Modesto Womens
1500 Florida Ave.
Modesto, CA
95350 (209) 574-
1365
- ☐ GVHC Modesto Florida
1510 Florida Ave.
Modesto, CA
95350 (209) 574-
1377
- ☐ GVHC Robertson Road
1121 Hammond St.
Modesto, CA
95358 (209) 576-
4437
- ☐ GVHC Hanshaw
1717 Las Vegas St.
Modesto, CA
95351 (209) 576-
4200
- ☐ GVHC West Modesto
1114 6th Street
Modesto, CA
95354 (209) 576-
2845
- ☐ GVHC Corner of
Hope
1130 6th Street
Modesto, CA
95354 (209) 491-
5468
- ☐ GVHC Westley
301 Howard Road
Westley, CA 95387
(209) 894-3141
- ☒ GVHC Modesto Tenaya
2101 Tenaya Drive
Modesto, CA 95364
(209) 576-6788
- ☐ GVHC Riverbank
4150 Patterson Road
Riverbank, CA 95387
(209) 668-5388
- ☐ GVHC Patterson
200 "C" Street
Patterson, CA 95363
(209) 892-8441



**GOLDEN VALLEY
HEALTH CENTERS**

BY: AUTHORIZATION FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION

Patient's Name Giffen Todd M
Last First Middle Initial

Date of Birth 3/13/1985 SSN [REDACTED]

I hereby authorize the use and disclosure of protected health information
about the above patient as follows:

Name of person or agency authorized to release the requested protected
health information Ph 406-6817
Fax 209 477 2935
Dr. Purna C Datta, neuropsychologist

Name of person or agency authorized to receive the protected health
Information: Dr. Zaina El-Isa, Golden Valley Health Center

Description of patient's protected health information to be disclosed:

All referral and collaboration on brain injury, tortious,
trauma, abuse, history, etc.

This release also specifically allows the release of the following
information (this information will not be released unless the appropriate
line is initialed):

- ☒ Any record of treatment received at Golden Valley Health
Center for Drug and/or Alcohol dependency or abuse;
- ☒ Any record of Mental Health treatment received at Golden
Valley Health Center;
- ☒ Any record of testing, care, treatment, reporting or research
pertaining to infection with HIV or related diseases received
at Golden Valley Health Center.

☐ Request for records to be provided electronically.

☒ Request for records to be provided in paper.

Patient's protected health information is being used for the following
purpose(s): Collaboration, getting help with

brain injury, going to UC Davis, etc. FMRI,

etc.

901 (10/12)

P 2/2

GVHC-Tenaya 209-576-6770 >> 2094772935

2015-04-07 15:44

I understand that I have the following rights with respect to this Authorization:

1. The recipient of the protected health information is prohibited from re-disclosing the information unless the recipient obtains another authorization from me or unless the discloser is specifically required or permitted by law.
2. I may not be required to sign this Authorization as a condition to obtaining treatment or payment or determine my eligibility for benefits.
3. Golden Valley Health Centers will provide me with a copy of this Authorization.
4. I may revoke this Authorization at any time by mailing or personally delivering a signed, written notice of revocation to Golden Valley Health Centers. Such a revocation will be effective upon receipt, except to the extent that the recipient has taken action in reliance on this Authorization.
5. I am entitled to notice if Golden Valley Health Centers will use or disclose the protected health information for marketing and receive payment for the use or disclosure of my protected health information.

This Authorization will expire on: April 2016 90 days

Todd Giffen

Signature of Patient/Personal Representative

Relationship of Personal Representative to Patient

Todd Giffen

Printed Name

Address and Telephone number of Personal Representative

4/6/2015

Date

FOR OFFICE USE ONLY

Do you plan to transfer your medical care permanently to the new GVHC location, that currently has your medical record will no longer have access to it? YES NO Do you understand the location important to get your medical care at one GVHC location? YES NO Do you understand it is YES NO

(If the answer to all questions is yes, the medical record can be transferred)

I request for my original medical record at _____ to be transferred to _____ I am
(Current GVHC location) (New GVHC location)
permanently transferring my medical care to this new GVHC location. I understand it is important to call this new GVHC location for all future medical care.

Patient/Parent/Guardian Signature

Date 901 (10/12)

P 3/3

GVHC-Tenaya 209+576+6770 <> 2094772935

2015-04-07 15:44