

RECORDS

Applicant/Plaintiff	Floreen Rooks		
Case No.	SIF7024643, SIF10825285,SIF7024645		
Defendant	Dveal Family & Youth Services		
Date of Injury	11/10/2007		
File/Claim Num	00	Date Published	9/22/2020
Records of	SCPMG/KFH		
Location Copied	10740 4TH ST, 2ND FLOOR RANCHO CUCAMONGA, CA 91730		
Type of Records	Psychiatric		

Records delivered to:

Control Num 21-21912-6 (15) C1

1 Customer

Natalia Foley, Esq
Workers Defenders Law Group
5753 E Santa Ana Cyn Rd Ste G #616
Anaheim, CA 92807
Attn: Natalia Foley, Esq.

Med-Legal, LLC

955 Overland Ct, Suite 200, San Dimas, CA 91773 (800) 244-3495

WORKERS' COMPENSATION APPEALS BOARD

Floreen Rooks
DOB: 06/20/49
AKA:
File:

Claimant/Applicant,

vs.

Dveal Family & Youth Services

Employer/Insurance Carrier/Defendant.

Case No. SIF7024643, SIF10825285, SIF7024645

(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after January 1, 1990 and before January 1, 1994, subpoena will be valid without a case number, but subpoena must be served on claimant and employer and/or insurance carrier.

See instructions below.*

The People of the State of California Send Greetings to: SCPMG/KFH

WE COMMAND YOU to appear before A Deposition Officer – Med-Legal, LLC

at 955 Overland Ct, Suite 200, San Dimas, CA 91773, Phone 800-244-3495

on the 09/14/20 day of _____, at 10:00 o'clock AM., to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records.

See Attachment for a list of records to be produced subject to this subpoena, to make available for inspection and copying or transmit/transfer electronically.

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 08/24/20

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA



Secretary, Assistant Secretary, Workers' Compensation Judge



***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990,
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE
[SUBPOENA INVALID WITHOUT DECLARATION]**

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

DWC WCAB 32 (Side 1) (REV. 06/18)

HIPAA Compliant Request

Control #: **21-21912-3**

Do not appear! Simply call (800) 244-3495 and somebody will copy the records for you at your office.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. SIF7024643, SIF10825285, SIF7024645

STATE OF CALIFORNIA, County of Los Angeles

The undersigned states: That Med-Legal, LLC has been authorized to obtain records by

Natalia Foley, Esq Workers Defenders Law Group

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That SCPMG/KFH

has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

Based on the information and belief to resolve any dispute in the above referenced case.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of declaration below. See instructions on front of subpoena.)

I declare under penalty of perjury that the foregoing is true and correct

Executed on 08/24/20, at San Dimas, California.

Signature

955 Overland Court, Suite 200, San Dimas, CA 91773

Address

(626) 653-5160

Telephone

Victor Landero, Operations

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of Los Angeles

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

<u>Name of Person Served</u>	<u>Date</u>	<u>Place</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury that the foregoing is true and correct

Executed on _____, at _____, California.

Signature

Control #: 21-21912-3

DWC WCAB 32 (Side 2) (REV. 06/18)

SCP000003

Attachment

Re:

Patient/Applicant: Floreen Rooks
AKA:

Social Security #: 000-00-0000
D.O.B.: 06/20/49

Ordered By:

Natalia Foley, Esq
Workers Defenders Law Group
5753 E Santa Ana Cyn Rd Ste G #616
Anaheim, CA 92807

Records to produce:

Deponent's file #:
Exclusions (if any):

Date Range (if any):

For each injury alleged by the Applicant named on the Subpoena, produce the following:

A signed "Declaration of Custodian of Records" must accompany the records.

The **entire contents** of all **Psychiatric/Mental Health** files in your possession or under your control, for all dates of injuries or illness or for any purpose, whether industrial or non-industrial, including but not limited to all:

- Files,
- Charts,
- Reports (which have not been previously served upon the requesting party)
- Notes, writings, and diagrams,
- Forms,
- Printouts,
- Test results,
- Lab results,
- All correspondence and telephone conversation notes to and from all sources, including but not limited to other medical facilities and doctors, and to and from any representative of any insurance company, employer, investigator and attorneys.

Notice: For Subpoenas of claim files, you are to send the claim file directly to Med-Legal only. Sending the claim file to other than Med-Legal will be considered to be in non-compliance of the subpoena.

If any of the documents described above that are in your possession or control are not being produced then a detailed list of each withheld document must be included with the records production or listed on your declaration.

Where used, the terms "writing", "record", "document" and other words of similar meaning include (but are not limited to) electronically maintained image files, documents, notes, faxes, emails and other similar types of electronically held information. If the subpoenaed records exist in paper they are to be provided for inspection and copying. If the subpoenaed records exist electronically then they are to be provided either electronically through our Internet portal at upload.getrecords.com or on CD.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Natalia Foley, Esq
 Workers Defenders Law Group
 5753 E Santa Ana Cyn Rd Ste G #616
 Anaheim, CA 92807

TELEPHONE NO.: 310-707-8098

FAX NO.: 310-626-9632

ATTORNEY FOR (Name):

NAME OF COURT: Workers' Compensation Board

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/ PETITIONER: Floreen Rooks

CASE NUMBER:

SIF7024643,

SIF10825285,SIF7024645

DEFENDANT/ RESPONDENT: Dveal Family & Youth Services

NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION

(Code Civ. Proc., §§ 1985.3, 1985.6)

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): Floreen Rooks

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):** Natalia Foley, Esq SEEKS YOUR

RECORDS FOR EXAMINATION by the parties to this action on (specify date) 09/14/20

The records are described in the subpoena directed to **witness (specify name and address of person or entity from whom records are sought):**SCPMG/KFH A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED IN ITEM a. OR b. BELOW:

a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.

b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should not be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR**

3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 08/24/20

Prepared by Victor Landero, Operations for

Natalia Foley, Esq

(TYPE OR PRINT NAME)


(SIGNATURE OF REQUESTING PARTY ATTORNEY)**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**

1. I object to the production of all of my records specified in the subpoena.
2. object only to the production of the following specified records:
3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(Proof of service on reverse)

Case Name: Floreen Rooks v. Dveal Family & Youth Services

Case Number: SIF7024643, SIF10825285, SIF7024645

PROOF OF SERVICE BY MAIL

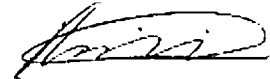
Notice of Copying , Deposition Notice

I declare that I am employed in the County of Los Angeles, over the age of 18 years and not a party to this action. My business address is: 955 Overland Court, Ste. 200 San Dimas, California 91773.

On 8/25/2020 I caused to be served, at my direction and following ordinary business practices, true copies of the document(s) referenced above for collection and mailing in a sealed envelope and addressed to the parties listed below. I am readily familiar with the business practices of Med-Legal, LLC for collection and processing of correspondence for mailing. The document was set for same day mail processing and collection, with postage fully paid, for delivery by the United States Postal Service or private delivery service following ordinary business practices.

SIBTF SACRAMENTO
160 PROMENADE CIRCLE, SUITE 350
SACRAMENTO CA 95834

I declare under penalty under the penalty of perjury under the laws of the State of California, the foregoing is a true and correct statement. Executed on 8/25/2020 at San Dimas, California.



/s/ Roderic B. Davis
Business Document Manager
Med-Legal, LLC
21-21912-3

APPLICANT/PLAINTIFF/PETITIONER: Floreen Rooks DEFENDANT/RESPONDENT: Dvcal Family & Youth Services	CASE NUMBER: SIF7024643, SIF10825285, SIF7024645
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PROOF OF SERVICE OF DEPOSITION SUBPOENA FOR PRODUCTION OF BUSINESS RECORDS

1. I served this *Deposition Subpoena for Production of Business Records* by delivering a copy to the person served as follows:

Personal Delivery
 Certified Mail
 Regular Mail
 Via Facsimile

a. Person served (name): SCPUG/BFH

b. Address where served: 10740 4TH ST, 2ND FLOOR RANCHO CUCAMONGA, CA 91730

c. Date of delivery: AUG 26 2020 Time of delivery: _____

d. Deposition date is: _____ 09/14/20

e. (1) Witness fees were paid.
 Amount: _____ \$ 1500 Check Number: 3268248

(2) Copying fees were paid.
 Amount: _____ \$ _____

f. Fee for service: _____ \$ _____

2. I received this subpoena for service on (date): AUG 26 2020

3. Person serving:

- a. Not a registered California process server.
- b. California sheriff or marshal
- c. Registered California process server.
- d. Employee or independent contractor of a registered California process server.
- e. Exempt from registration under Business and Professions Code Section 22350(b).
- f. Registered professional photocopier.
- g. Exempt from registration under Business and Professions Code section 22451.

4. Name, address, telephone number, and, if applicable, county of registration and number: **Med-legal LLC LA. CO #7235**

955 Overland Ct, Suite 200, San Dimas, CA 91773, Phone 800-244-3495

Jonathan A.
 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
 I certify that the foregoing is true and correct.

Date: AUG 26 2020

Date: _____

Jonathan A.
 (SIGNATURE)

 (SIGNATURE)

982(a)(15.2) (Rev. January 2000)

PROOF OF SERVICE DEPOSITION SUBPOENA FOR PRODUCTION OF BUSINESS RECORDS



Control Number: :21-21912-3



Records Order Form

08/24/20

Notice of Copying to:

SIBTF SACRAMENTO
160 PROMENADE CIRCLE, SUITE
350
SACRAMENTO, CA 95834

Case Information

Applicant: Floreen Rooks
Employer: Dveal Family & Youth Services
Case #: SIF7024643, SIF10825285, SIF7024645
DOI: 11/10/07 **SS#:** 000-00-0000
Claim #: Not Supplied by Carrier
Ordering party: Natalia Foley, Esq

Record Location:

SCPMG/KFH

Records of the Injured Worker are being produced at the above record location and delivered to the opposing party. You may receive copies of the records by selecting one of the following:

Title 8, CCR § 9982 Allowable Services. (A)... services for records relevant to an injured worker's claim, except services under a contract between the employer and the copy service provider.

Electronic Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

CD Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

Send records:

Same as above

E-mail addresses required for the electronic sets:

Bill to My Office (Invoice will be sent to the address on this notice.)

Bill to the Insurance Carrier

_____ (Print your name)

_____ (Sign your name) **Control #: 21-21912-3**

(Signature required)

Med-Legal, LLC

Photocopy Reg #/County x-423/Los Angeles
Tax ID # 45-4424177

955 Overland Court, Suite 200, San Dimas, CA 91773, (800) 244-3495 FAX (800) 962-4896

There was no violation of California Labor Code Section 139.32 with respect to the services described herein.
SCP00008

DECLARATION OF CUSTODIAN OF MEDICAL RECORDS

Patient Name: ROOKS,FLOREEN
Date of Birth: 06/20/1949 **Kaiser Permanente Medical Record Number:** 8796702
Plaintiff: ROOKS,FLOREEN **Defendant:** DVEAL FAMILY & YOUTH SERVICES
Case or Reference Number: SIF7024643;SIF10825285;SIF7024645

Says as follows (checked sections apply):

The declarant is the duly authorized Custodian of Medical Records for **Kaiser Foundation Hospital-Southern California and Southern California Permanente Medical Group**, and has the authority to certify said records.

The copy or original of the medical records attached to this declaration is a true copy of the records described in the subpoena duces tecum, court order, or other request, that are permitted to be disclosed by law, and include the following record types:

Electronic: Medical office Hospital Mental health Addiction medicine Pharmacy

Paper: Medical office Hospital Mental health Addiction medicine

These records are:

Limited to the dates, or date range of: _____

Limited to specific provider(s) or department type: _____

Paper records have been ordered to be retrieved from storage and are pending.

The following requested records that are permitted to be disclosed by law do not exist; have been destroyed;

could not be located after an exhaustive search:

Electronic Records: Medical office Hospital Mental health Addiction medicine Pharmacy

Paper: Medical office Hospital Mental health Addiction medicine

Paper records may exist. The following paper records that were requested, and are permitted to be disclosed by law may exist but were not produced:

Paper: Medical office Hospital Mental health Addiction medicine

A new request is not needed to obtain these paper records. Just **send an email to address shown above within 30 days of the date of this declaration**, and provide the specific date range of the required paper records. If you wait more than 30 days after the date of this declaration to request any paper records, you must submit a new request with a \$15 payment.

The records were prepared by the personnel of the hospital, staff physicians, or persons acting under the control of either, in the ordinary course of business at or near the time of the act, condition, or event.

Pursuant to state and federal law, records which contain information pertaining to the treatment of inpatient psychiatric, chemical dependency, and HIV testing are subject to strict confidentiality and may not be disclosed in response to a routine subpoena. Such material may be obtained only upon a special court order or specific written authorization that meets federal or state guidelines.

I, Michelle Ollerton, declare under penalty of perjury that the foregoing is true and correct.

Signature of Declarant

Date: 09/14/2020

Start of Records
SCP000010

Patient Demographics

Patient Name Rooks, Floreen S (000008796702)	Sex Female	DOB 6/20/1949			
--					
Date Of Birth 06/20/1949	Gender Identity Female	Race Black/African American	Ethnicity Non Hispanic/Non Latino	Preferred Spoken Language English	Preferred Written Language English

Patient Demographics

Address 125 N ALLEN AVE APT 321 PASADENA CA 91106	Phone 626-354-4900 (Home) *Preferred* 626-354-4900 (Work) 626-354-4900 (Mobile)	E-mail Address flohappy@yahoo.com
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Emergency Contacts

No emergency contacts on file.

Social History

Tobacco History

Smoking Status Former Smoker	Quit date 10/9/2017	Smoking Frequency 0.2 packs/day for 43 years (8.6 pk yrs)	Smoking Tobacco Type Cigarettes
Smokeless Tobacco Use Never Used			
Tobacco Comment 3 a day average.			

KAISER PERMANENTE

4700 SUNSET MEDICAL
OFFICES U
4700 W SUNSET BLVD
LOS ANGELES CA 90027-
6082
AMB ENC ROI Legal Record

Rooks, Floreen S
MRN: 000008796702, DOB: 6/20/1949, Sex: F
Visit date: 2/20/2020

TELEPHONE - MH/BH
2/20/2020

Floreen S Rooks
MRN: 000008796702

Visit and Patient Information**Patient Demographics**

Patient Name	Sex	DOB
Rooks, Floreen S (000008796702)	Female	6/20/1949

Patient Demographics

Address	Phone	E-mail Address
125 N ALLEN AVE APT 321 PASADENA CA 91106	626-354-4900 (Home) *Preferred* 626-354-4900 (Work) 626-354-4900 (Mobile)	flohappy@yahoo.com

Contact Information

	Provider	Location	Encounter #
2/20/2020	RHIANA R ROQUE MD, M.D.	4700 SUNSET MEDICAL OFFICES U- L27U	790983247

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
2/20/2020 1:34 PM	Roque, Rhiana R (M.D.), M.D.	PSYCHIATRY 4700 MOD 1	323-783-2600	790983247

Reason for Call/Visit

PERSONAL PROBLEMS emergency

Call Documentation**Dawkins-Williams, Londone at 2/20/2020 1:34 PM**

Status: Signed
Sensitive Note

Caller:Floreen S Rooks

Patient identification verified: yes

Relationship to Patient: patient

ROI on file? Yes

Call back telephone #:

Home Phone 626-354-4900

Work Phone 626-354-4900

Mobile 626-354-4900

TEXT OPT OUT 000-000-0000

Preferred time to call back: Anytime

KAISER PERMANENTE

4700 SUNSET MEDICAL
 OFFICES U
 4700 W SUNSET BLVD
 LOS ANGELES CA 90027-
 6082
 AMB ENC ROI Legal Record

Rooks, Floreen S
 MRN: 000008796702, DOB: 6/20/1949, Sex: F
 Visit date: 2/20/2020

Call Documentation (continued)

Dawkins-Williams, Londone at 2/20/2020 1:34 PM (continued)

May Kaiser leave a detailed message in response to your message: yes

Message Details: Patient wanted to speak to Dr. Roque. Per patient argue with me about sending message and she's never been seen by Dr. Roque. Kindly assist.

Social History

Tobacco History

Smoking Status	Quit date	Smoking Frequency	Smoking Tobacco Type
Former Smoker	10/9/2017	0.2 packs/day for 43 years (8.6 pk yrs)	Cigarettes
Smokeless Tobacco Use			
Never Used			
Tobacco Comment			
3 a day average.			

OB/Gyn Status

LMP: Unknown
 OB/Gyn Status: Menopause

TJA Printable PreOp Pain Scales Encounter Information

No data filed

TJA Printable Status Pain and Surgery Satisfaction Scales Encounter Information

No data filed

Progress Notes

Dawkins-Williams, Londone at 2/20/2020 1:34 PM

Author Type: — Status: Signed
 Sensitive Note

Caller:Floreen S Rooks

Patient identification verified: yes
 Relationship to Patient: patient

ROI on file? Yes

Call back telephone #:

Home Phone 626-354-4900

Work Phone 626-354-4900

Mobile 626-354-4900

Kaiser Permanente

KAISER PERMANENTE

4700 SUNSET MEDICAL
OFFICES U
4700 W SUNSET BLVD
LOS ANGELES CA 90027-
6082
AMB ENC ROI Legal Record

Rooks, Floreen S
MRN: 000008796702, DOB: 6/20/1949, Sex: F
Visit date: 2/20/2020

Progress Notes (continued)

Dawkins-Williams, Londone at 2/20/2020 1:34 PM (continued)

TEXT OPT OUT 000-000-0000

Preferred time to call back: Anytime

May Kaiser leave a detailed message in response to your message: yes

Message Details: Patient wanted to speak to Dr. Roque. Per patient argue with me about sending message and she's never been seen by Dr. Roque. Kindly assist.

Encounter Messages

No messages in this encounter

Diagnoses

None.

Orders**All Orders and Results**

No orders and results found

Final Spectacle Rx

Click to see and print Final Spectacle Rx

Final CL Rx

Click to see and print Final Contact Lens Rx

Audit Trail for Eye Care Forms

MEDICATIONS**Medication Administration Report for Rooks, Floreen S**

All administrations

No administration data available

PATIENT INSTRUCTIONS**Social Documentation as of 2/20/2020**

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

KAISER PERMANENTE

4700 SUNSET MEDICAL
OFFICES U
4700 W SUNSET BLVD
LOS ANGELES CA 90027-
6082
AMB ENC ROI Legal Record

Rooks, Floreen S
MRN: 000008796702, DOB: 6/20/1949, Sex: F
Visit date: 2/20/2020

KAISER PERMANENTE

4700 SUNSET MEDICAL
OFFICES U
4700 W SUNSET BLVD
LOS ANGELES CA 90027-
6082
AMB ENC ROI Legal Record

Rooks, Floreen S
MRN: 000008796702, DOB: 6/20/1949, Sex: F
Visit date: 2/20/2020

Miscellaneous

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

{^EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

4700 SUNSET MEDICAL
OFFICES U
4700 W SUNSET BLVD
LOS ANGELES CA 90027-
6082
AMB ENC ROI Legal Record

Rooks, Floreen S
MRN: 000008796702, DOB: 6/20/1949, Sex: F
Visit date: 2/20/2020

Miscellaneous (continued)

END OF ENCOUNTER

END OF REPORT
