

Souttenders

From: cnazarian.ip@souttenders.com

To: morgainm@yahoo.com

Date: Monday, August 12, 2019, 12:19 PM PDT

Souttenders  
August 12 2019

Dear Morgain,

As per our phone conversation, I am unable to continue to provide care for you. I have provided referrals in your community to be linked for services. After consulting with your previous provider, I recommend a higher level of care as therapy in my setting will be a disservice for yourself. I am concerned that our group practice set up is not equipped to fully address your therapeutic needs. San Fernando Mental Health or another mental health facility in your area would be a better fit and an appropriate level of care.

San Fernando Community Mental Health Center for Family Living  
14545 Sherman Circle, Van Nuys, CA 91405  
(818) 901-4854  
Hours: Mon-Fri 8:30am-5:00pm,  
Walk-ins Mon-Thur 8:30am-4:30pm, Fri 8:30am-4:00pm

Didi Hirsch Mental Health Glendale  
1540 E. Colorado St., Glendale, CA 91205  
(818) 244-7257  
Hours: Mon-Thur 8:30am-6:00pm, Fri 8:30am - 5:00pm

MacDonald Carey East Valley Mental Health Center  
11631 Victory Blvd., Suite 203, North Hollywood, CA 91606  
(818) 908-3855  
Hours: Mon-Fri 8:00am-5:00pm, Walk-ins Mon-Fri 9:00am-3:00pm

Please see attached for further referrals.

Best,

Christine Nazarian, LMFT, AT-R (Art Therapy Registered)  
(818) 960-6939  
245 E. Olive Ave., Suite 400  
Burbank, Ca 91502  
[cnazarian.ip@souttenders.com](mailto:cnazarian.ip@souttenders.com)

NOTICE TO RECIPIENT: Although email is not a secure medium of communication, and confidentiality cannot be guaranteed, all of the information contained in and or attached to this electronic message is privileged and confidential and is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking any action in reliance on the content of this information is strictly prohibited. If you have received this copy in error, immediately notify the sender by e-mail and delete the information from your system. (W&I Code, Section, 5328, HIPAA 45 CFR 160 & 164).



Referral List Psychiatrists And Residential UPDATE.docx  
16.2kB

## RE: Souttenders' Appointment

From: cnazarian.ip@souttenders.com  
 To: morgainm@yahoo.com  
 Date: Monday, August 5, 2019, 01:07 PM PDT

2019 August

Hello,

This is Christine, your therapist from Souttenders. Please CONFIRM, by responding to this email, your intake appointment for Tuesday August 6, 2019 at 4PM.

The address is 245 E Olive Ave Suite 400, Burbank, CA 91502, my office is on the 4th floor. The previous email had the incorrect suite number, just come to the 4th floor waiting area. There is free 2-hour public parking behind our building in a structure.

If you need to cancel or reschedule please do so this evening to avoid fees.

If you cannot fill out the forms that were emailed to you, please let me know and arrive 15 minutes before your appointment to fill it out at the office.

Best,

Christine Nazarian, LMFT, AT-R (Art Therapy Registered)  
 (818) 960-6939  
 245 E. Olive Ave., Suite 400  
 Burbank, Ca 91502  
[cnazarian.ip@souttenders.com](mailto:cnazarian.ip@souttenders.com)

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----- Original Message -----

Subject: Souttenders' Appointment  
 From: "Cari Lu, AMFT" <[cari.l@souttenders.com](mailto:cari.l@souttenders.com)>  
 Date: Mon, August 05, 2019 12:31 pm  
 To: "morgainm@yahoo.com" <[morgainm@yahoo.com](mailto:morgainm@yahoo.com)>  
 Cc: "cnazarian.ip@souttenders.com" <[cnazarian.ip@souttenders.com](mailto:cnazarian.ip@souttenders.com)>

Good afternoon Morgain,

Your appointment is scheduled on: Tuesday, August 6<sup>th</sup> at 4 pm  
 With: Danielle Kouri, LMFT

Copay: \$0

The location of the appointment is: Souttenders Burbank 245 E. Olive Ave. Suite 303 Burbank, CA 91502

Attached you will find the intake document that you will need to print, fill out, and bring to the initial appointment. You will need to fill out the whole packet. If you cannot fill out the forms attached, please make sure to email your therapist (CC'd on this email) and arrive 15 minutes before your appointment to fill it out at the office.

Thank you!

Best,

Cari Lu, MA  
 Lead Intake Coordinator  
 Associate Marriage and Family Therapist #107997  
[cari.l@souttenders.com](mailto:cari.l@souttenders.com)  
 Supervised by Dr. Wendy Ludecke Selevitch, Ph.D (PSY 22818)

Souttenders  
 41 E. Foothill Blvd. Suite 102  
 Arcadia, CA 91006  
 626-701-4249

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Please do not use e-mail for emergencies. While I check my phone messages frequently during the day when I am in town, I do not always check my e-mails daily. I am out of the office on Saturdays and Sundays. If you are experiencing a life-threatening emergency, please contact 911.

**UCLA Health**  
**PHYSICIAN SERVICES**

PHYSICIAN SERVICES STATEMENT OF ACCOUNT

**QUESTIONS?**

**TO PAY ONLINE, VISIT: myUCLAhealth.org**  
 For billing questions or to make a payment, please contact us at 310.301.8860  
 Hours of operation: 7:00 a.m. to 7:00 p.m. PST weekdays (except holidays)

**MAIL PAYMENT TO:**

UCLA Medical Group Patient Pay  
 P.O. Box 748156  
 Los Angeles, CA 90074-8156

**ACCOUNT INFORMATION**

GUARANTOR NUMBER.....775392  
 STATEMENT DATE.....01-22-2018  
 FINANCIALLY RESPONSIBLE.....Morgain MC Govern  
 CHARGES.....\$406.00  
 PAYMENTS.....\$168.00-  
 ADJUSTMENTS.....\$0.00-  
 INSURANCE RESPONSIBILITY.....\$0.00

**YOUR RESPONSIBILITY TO PAY**  
**\$238.00 DUE: 02/10/2018**

PROVIDER	DATE OF SERVICE	PROCEDURE/DESCRIPTION	CHARGES	PATIENT PAYMENTS	INSURANCE PAYMENTS	ADJUSTMENTS	PENDING INSURANCE	YOUR RESPONSIBILITY
<b>For MC GOVERN MORGAIN at PCP EIMG Toluca Lake/EIMG TL Hillh Ctr</b>								
Laura E. Conley, MD	01/19/18	99213-OFFICE/OUTPT VISIT,	406.00	168.00-	0.00-	0.00-	0.00	238.00
		<b>Total For Patient</b>	<b>406.00</b>	<b>168.00-</b>	<b>0.00-</b>	<b>0.00-</b>	<b>0.00</b>	<b>238.00</b>

**All Amounts Owed 238.00**  
**Minimum Amount Due Now 238.00**

	Current	30 Days	60 Days	90 Days	Over 120 Days
<b>GUARANTOR RESPONSIBILITY</b>	238.00	0.00	0.00	0.00	0.00

**SOME CHARGES PENDING WITH YOUR INSURANCE ARE NOT SHOWN ON THIS STATEMENT**

*January 2018  
 Mental Health*

**ABOUT YOUR PHYSICIAN RELATIONSHIP**

If these charges are related to an Emergency Room physician and you are uninsured or have high medical costs, please contact Customer Service at 310-301-8860 for information on discounts and programs for which you may be eligible, including the Medi-Cal program. If you have coverage, please tell us so that we may bill your plan.

This balance is now your responsibility. Please, remit payment in full. An envelope is enclosed for your payment.

Use the activation code below to create your secure myUCLAhealth account where you can view your health and billing information.  
 Your Activation Code ..... 9S93S-KGPNW-BC3ZG  
 Your Medical Record Number ..... 3888386  
 The Activation Code will expire on ..... 03/19/2018

**PLEASE CONFIRM INFORMATION**  
 Please confirm that this information is correct.  
 If there are changes, and enter them on back of tear-off payment stub.

**PRIMARY**  
 INSURANCE NAME.....NONE  
 POLICY NUMBER.....NONE

**SECONDARY**  
 INSURANCE NAME.....NONE  
 POLICY NUMBER.....NONE

PLEASE DETACH AND RETURN BELOW PORTION WITH YOUR PAYMENT

**UCLA Health**  
 P.O. Box 240005  
 Village Station  
 Los Angeles, CA 90024

**TO PAY ONLINE, VISIT: myUCLAhealth.org**

Check this box if your address or insurance have changed. Indicate changes on the back of this page

GUARANTOR NUMBER 775392	STATEMENT DATE 01/22/2018	AMOUNT DUE \$238.00
<input type="checkbox"/> MORGAIN MC GOVERN	<input type="checkbox"/> MORGAIN MC GOVERN	MINIMUM DUE \$238.00
<input type="checkbox"/> MORGAIN MC GOVERN	<input type="checkbox"/> MORGAIN MC GOVERN	AMOUNT ENCLOSED
PLEASE PRINT CARDHOLDER NAME		
Card No.		Exp Date
Card Holder		

USE ENCLOSED ENVELOPE TO MAIL PAYMENTS TO THE ADDRESS BELOW:

ADDRESS:

UCLA Medical Group Patient Pay  
 P.O. Box 748156  
 Los Angeles, CA 90074-8156

\*13\*3743 1 AB 0.403\*\*\*\*\*AUTO\*\*ALL FOR AADC 913\*\*  
 Morgain MC Govern  
 15020 Vose St  
 Van Nuys CA 91405-2933

March 2018  
Mental Health



California Victim Compensation Program

Disability Statement for  
Income Loss Authorization

4/11/2018

Morgan McGovern  
15020 Vose St  
Van Nuys, CA 91405-2933

**MAIL COMPLETED FORM TO VICTIM COMPENSATION** / CaIVCP Application No.: A17-8709778

The CaIVCP may reimburse a victim/claimant for income loss due to a qualifying crime related injury. The victim's physician or mental health provider must complete the following information or submit a letter to the CaIVCP on the physician's or mental health provider's prescription pad or letterhead stationery that states:

1. The nature of the victim's qualifying crime related injuries;
2. The prescribed period during which the victim is unable to work;
3. Current diagnosis and prognosis for recovery;
4. Certification that the disability resulted directly from the qualifying crime.

To be completed by the Treating Physician or Mental Health Provider

Victim's Name (Please Print): <b>Morgan McGovern</b>	Date of Injury: <b>5/31/80 ; June 1/86</b>
Was this a crime related injury? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was this a work related injury? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was the patient able to perform modified work-related duties during this time period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Diagnosis With Code(s): <b>PTSD, F43.1</b> <b>Trichotillomania, F63.3</b>	
Prognosis: <b>good</b>	
Dates of disability period From: <b>8/1/14 to present</b>	
Physician's certification and signature (REQUIRED): I certify under penalty of perjury that, based on my examination, this Disability Statement truly describes the patient's disability and the estimated period of disability, if any.	
I further certify that I am licensed to practice in the state of: <b>California</b>	
Physician's Name (as shown on license) (Please Print): <b>Laura Conley, MD</b>	State License No. <b>California A98933</b>
Physician's Address and Telephone Number: <b>UCLA Toluca Lake, 4323 Riverside Dr. Burbank CA 91505</b>	
Physician's Signature: 	Date Signed: <b>4/20/18</b>

CALIFORNIA VICTIM COMPENSATION PROGRAM / VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD  
PO Box 3036 • Sacramento, CA 95812 • Phone: 800.777.3428 • www.vcp.ca.gov

VEN-0-LV-05F11 Disability Statement for Income Loss  
ORS Code - 10107  
Rev. 3/2012



Name: Morgain M. Mc Govern | DOB: 12/15/1973 | MRN: 3888386 | PCP: Laura E. Conley, MD

referral

August 2018  
PTSD  
treatment

To:  
Morgain M. Mc Govern  
From:  
YASMIN A SALDIVAR, MA  
Received:  
8/9/2018 3:47 PM PDT

Note:

Cannot reply to an expired message

Hello Ms. Mc Govern a message from Dr. Conley, Please let her know that this will be the last refill I can approve for her. I have put a referral thru for her to see the Psychiatrist that we have here. The psychiatrist will be able to manage her anxiety, medication-wise. If you have any questions please give us a call back, thank you

MyChart® licensed from Epic Systems Corporation © 1999 - 2016

2016 Mental Health treatment

**KAISER PERMANENTE**  
 Kaiser Foundation Health Plan, Inc.  
 Southern California Region

Prefix: **00** Medical Record No.: **0022063044** Date of Birth: **12 73**  
 Name: First M Last: **MORGAIN W MCCOY** Gender: **F**  
 For information about your Health Plan benefits: **1-800-464-4000/TTY 1-800-777-1370**  
 kp.org

**KAISER PERMANENTE** *Mary Lou*  
 Lorraine Grace, M.D. *Dr. Grace 2016*  
 Internal Medicine *#264 area*

Southern California Permanente Medical Group  
 North 3 Building  
 13652 Cantara Street  
 Panorama City, CA 91402  
 (888) 778-5000  
 www.kp.org

**KAISER PERMANENTE** *2016*  
 Janis R. Paster, LMFT  
 Department of Behavioral Health

Southern California Permanente Medical Group  
 18040 Sherman Way,  
 Reseda, CA 91335  
 (818) 758-1200 or (800) 700-8705  
 24 Hour Crisis Line (800) 900-3277

**KAISER PERMANENTE** *2016*  
 Christopher M. Vaughn, M.D.  
 Department of Behavioral Health

Southern California Permanente Medical Group  
 18040 Sherman Way,  
 Reseda, CA 91335  
 (818) 758-1200 or (800) 700-8705  
 24 Hour Crisis Line (800) 900-3277

Reported  
 my  
 child  
 sex  
 crimes  
 to  
 LAPD  
 +  
 to  
 these  
 Doctors/  
 Therapists

also received Mental Health  
treatment from  
therapist Adrienne at  
Under care of Ellen Bersch  
San Fernando Counseling  
Jan-July 2012

Ellen Bersch

San Fernando Counseling

818.341.0096

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