

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays SUPPORTING EXHIBIT K-24 FACILITY: A (MIA)
NUMBER: 218101 LOCK: 3-214 DATE: 8-21-17

B. This Health Care Request is for the following (check one or more):
[] Health Record Copies [] Non-urgent
[] Dental [] Medication Refill [x] Medical [] Optometry [] Mental Health [] Urgent

C. I have the following problems/symptoms:
my jaw is in pain every day and
my head continues to hurt like headaches
my throat is still burning and very sore
on 8-21-17 I was supposed to be called out
but was refused by UNKNOWN NURSE
RYELT WHO STATED I DONT KNOW WHY

D NOTICE TO PRISONER
You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".
I really dont believe that's nothing
Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.
WIKONS WITH YOU

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: Throat You Date: Better Buy

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER
to heal your throat out
the more, I told them
I was on incident and
couldnt afford to self medicate
my slip and it was
medical staff job to help me

An appointment has been scheduled for you on: Date: when I cant help my
Signature: Title: Provider #: Date:

F COPAYMENT (to be filled out by health care):
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.
Care that is:
[x] requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
[x] for injuries that are work-related as documented by the prisoner's work supervisor
[x] requested for testing for HIV, STD's, infestations, or reportable communicable diseases
[x] requested for evaluation, consultation, or treatment of a mental health need
[x] prompted by a medical emergency (see Section I of the policy, if self-inflicted)
[] I have reviewed the visit of _____ Date _____ and certify none of these exceptions apply.
Signature: Title: Provider #: Date: Post

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office
got no \$\$\$ for me that
Exam with self
ON 5-25-17

EXHIBIT K-24 1191492

Stack Due to bringing
Paint by

she exercised
the treatment
no would she
call a doctor
about my
sore burning
throat

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: MARY SUPPLEMENTARY EXHIBIT K-25 FACILITY: HUK
NUMBER: 218101 LOCK: 3-214 DATE: 6-24-17

B. This Health Care Request is for the following (check one or more):
 Health Record Copies Non-urgent
 Dental Medication Refill Medical Optometry Mental Health Urgent

C. I have the following problems/symptoms: ON 6-21-17 I WAS SUPPOSE TO HAVE BEEN CALLED OUT BY NURSING PERKINS + KENDRICK BY WINDOWED NURSE RYSLIN WHO TOLD ME TO BUY SOME CUSH PADDS WHILE PASSING OUT UNDER ON 6-21-17 FOR A RECIPE TO TAKE A PAINKILLER WITH THROAT

D NOTICE TO PRISONER You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: ANDERSON AND P... Date: ...

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER Puttios what tasted like DISINFECTED CLEANER IN MY FOOD ON 5-25-17 IS CONSIDER CRUEL AND UNUSUAL PUNISHMENT NOT ONLY DID SHE TELL ME TO SEEK + GET MY STEAK BUY SOME CUSH PADDS BUT SHE TOLD ME I HAVENOT GOT

An appointment has been scheduled for you on: Date: NOTHING FOR YOU MARYS
Signature: Title: Provider #: Date:

F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.
Care that is:
♦ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
♦ for injuries that are work-related as documented by the prisoner's work supervisor
♦ requested for testing for HIV, STD's, infestations, or reportable communicable diseases
♦ requested for evaluation, consultation, or treatment of a mental health need
♦ prompted by a medical emergency (see Section I of the policy, if self-inflicted)
 I have reviewed the visit of _____ and certify none of these exceptions apply.
Signature: Date: Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office
I DON'T CARE WHAT THE NURSE YOU TELLING FOR I ASK TO SEE
DOCTOR CAN I SET
DOCTOR STATED THAT THEY
WIKES IS BURNING AWAY OR MY
PROBLEMS HE STATED NO

I set
up
PERSONS
about
this
52-7
110198A

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: MAXS SUPPORTIVES ENLIGHTENED FACILITY: AINA
NUMBER: 218021 LOCK: 3-214 DATE: 6-30-17

B. This Health Care Request is for the following (check one or more):
 Dental Medication Refill Medical Optometry Mental Health Health Record Copies Non-urgent Urgent

C. I have the following problems/symptoms: ON 6-21-17 I WAS RECEIVED TREATMENT BY MS. UNKNOWN NURSE RYDIA WHO TOLD ME TO BUY SOME COUGH DROPS ABOUT MY CONTINUOUS BRONCHITIS WITHOUT DUE TO HER FELLOW PRISONERS AND CO-WORKERS OFFICERS PYTHONIN AND TO ANDERSON PUTTING DISTRICT CLEANER IN MY POH AND POTATOES

D NOTICE TO PRISONER FOOD TRAY AT LUNCH TIME ON 5-25-17

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. POISONING MY FOOD ASH RESULT I WAS GIVEN SPITTING UP SPECKLES OF BLOOD AND NEVER TASTED FOR THE PROBLEM

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: ON HEAD INJURIES HAD SUFFERED DATE: JUNE 17 2017

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER FOR A TRAINED NURSE WHO TOOK ME TO PROTECT A PRISONER FROM SUCH DANGEROUS INJURIES, THEN KNEW HE NEEDED MEDICAL TREATMENT IS CONSIDER CRUEL AND UNUSUAL PUNISHMENT I ASK COULD THEY ORDER ME SOME THROAT MEDICATION LIKE SOME

An appointment has been scheduled for you on: Date: SECRET THROAT LOZENGES
Signature: Title: Provider #: Date:

F COPAYMENT (to be filled out by health care): SHE TOLD ME TO BUY COUGH DROPS WHICH I

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

- Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted)

I have reviewed the visit of _____ and certify none of these exceptions apply.

Signature: Title: Provider #: Date:

White - Health Services, Canary - Prisoner, Pink - Business Office

EXHIBIT X-26

How can you tell...
...himself...
...the...

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

| | | | |
|-----------------------|---------------------------|------------|----------|
| Patient Name | MARCUS MAYS | Age | 53 Years |
| Date Received | 06/30/2017 | | |
| Time Received | | | |
| Taken By | Elizabeth M. Corrigan, RN | | |
| Date Initiated | 06/30/2017 | | |

SUPPORTING
EXHIBIT K-27

Other

Reason: I am being denied medical treatment. I asked for some throat medication to be prescribed for my burning throat like secret throat lozenges..

Details: lock 3-214.

Comment: You were seen by both nursing and the doctor. Throat lozenges and cough drops are available through the prisoner store for purchase. They are not prescribed. If you need to be scheduled a nurse visit, please rekit stating clearly what you need to be seen for, a \$5 copay will apply..

EXHIBIT K-27

they don't sell throat lozenges
the store further
more I'm
on urgent

these people continue
to refuse to treat
my sore burning throat
I can't see no antibiotics
no throat no
medical treatment what
so ever is from the
RN Elizabeth Corrigan

3-214

MAYS, MARCUS
218101
03/25/1964

HEALTH CARE REQUEST

30 PROBLEMS EXHIBIT K-28

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays FACILITY: ANK
NUMBER: 218101 LOCK: 3-214 DATE: 7-5-17

B. This Health Care Request is for the following (check one or more):
 Health Record Copies Non-urgent
 Dental Medication Refill Medical Optometry Mental Health Urgent

C. I have the following problems/symptoms: MY THROAT CONTINUES TO BURN FROM
SORE THROAT HEALTHCARE RN, ELIZABETH M. COOPERSON
CONTINUOUSLY TO DENY ME MEDICAL ATTENTION AND ANNA
MAYQUIST ALSO CONTINUOUSLY TO DENY ME MEDICAL ATTENTION
FOR MY SORE BURNING THROAT DUE TO OFFICERS PUTTING
WATER I THINK WAS DISINFECTED IN MY FOOD TRY

D NOTICE TO PRISONER AT APPROX TIME ON 5-25-17 THE ONLY THING

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".
Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. EXCEEDED PAIN

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: medication for my continued MIGRAINE HEAD Date: ACHES

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER WHICH HELPS A LOT FOR MY ONGOING
HEADACHE PAIN RN, ELIZABETH RESPOND
YOU PEOPLE KNOW THEY BY TELLING ME IN KITE RESPONSE DATED
DO NOT SELL 6-30-17 AND WHILE PASSING OUT
THROAT NEEDS ON 7-5-17 AS TO SELF TREAT MY BURNING
SORE THROAT DUE TO MY FOOD POISON BECAUSE
LOZENSEL IN THE

An appointment has been scheduled for you on: the P.A. MS MAYQUIST AND SHE Date: THIS IS HOW
Signature: Stole Title: PROVIDER #: Date: THIS IS HOW

COPAYMENT (to be filled out by health care): ARE NOT SOCIOS TO PRESCRIBE
Note: If none of the exceptions listed below apply, check the box and a copay will be charged. ME ANYTHING
are that is:
♦ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) EVERY DAY FOR MY THROAT SHE STATED
♦ for injuries that are work-related as documented by the prisoner's work supervisor SHE DIDNT CARE
♦ requested for testing for HIV, STD's, infestations, or reportable communicable diseases IF IT IS BURNING
♦ requested for evaluation, consultation, or treatment of a mental health need AND SORE ON
♦ prompted by a medical emergency (see Section I of the policy, if self-inflicted) HOW MANY SACKS OF BLOOD I
 I have reviewed the visit of _____ and certify none of these exceptions apply. WAS SPREADING UP
Signature: _____ Title: _____ Provider #: _____ Date: _____

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office WHEN THEY POSSIBLY ME
PROB TRYING SHE STATED MEANS YOU SHOULD A
CALCULUS ON ME I BETTER TO BE GRAD TO GET THE

EXHIBIT K-28

MICHIGAN DEPARTMENT OF CORRECTIONS
HEALTH CARE REQUEST

SUPPORTING EXHIBIT # 29

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays FACILITY: A111
 NUMBER: 218001 LOCK: 3-214 DATE: 7-10-17

B. This Health Care Request is for the following (check one or more):
 Health Record Copies Non-urgent
 Dental Medication Refill Medical Optometry Mental Health Urgent

C. I have the following problems/symptoms: you people continued to smoke
my sore bunions throat, and pressure headaches
while consistent 2 to 3 times daily and
my I have blisters in my nose which bleeds
and drains. Also I think I may need X-Rays
for my head I may have brain injury.

D NOTICE TO PRISONER due to my constant headaches
 You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".
 Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: _____ Date: _____

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER
PLEASE READ

An appointment has been scheduled for you on: _____ Date: _____
 Signature: _____ Title: _____ Provider #: _____ Date: _____

F COPAYMENT (to be filled out by health care):
 Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.
 Care that is:
 ♦ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
 ♦ for injuries that are work-related as documented by the prisoner's work supervisor
 ♦ requested for testing for HIV, STD's, infestations, or reportable communicable diseases
 ♦ requested for evaluation, consultation, or treatment of a mental health need
 ♦ prompted by a medical emergency (see Section I of the policy, if self-inflicted)
 I have reviewed the visit of _____ Date _____ and certify none of these exceptions apply.

Signature: _____ Title: _____ Provider #: _____ Date: _____

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

got this signed back
 11/9/17 X-28

EXHIBIT # 29

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: *mays SUPPLIES EXHIBIT K-30* **FACILITY:** *AMF*
NUMBER: *218121* **LOCK:** *3-214* **DATE:** *7-12-17*

B. This Health Care Request is for the following (check one or more): Health Record Copies Non-urgent *S-251*
 Dental Medication Refill Medical Optometry Mental Health Urgent

C. I have the following problems/symptoms: *I've put in continuous request for medical treatment due to my burning throat the very sore my bites are being issued and when they were answered I was refused medical treatment from nurse Elizabeth Collins not only is my throat still burning but my nose is*

D NOTICE TO PRISONER *bleedings which have blisters sores inside*

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. *I've had several messages*

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: *who told me to buy* **Date:** *some cough drops*

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER

note conditions that cause pain or discomfort is a violation on the constitution
throat lozenges out of the store which the prison store dont sell, they only sell cough drops which as it indigent prisoners cant afford esp on a every day basis
A's health care obligation to treat prisoners who in need of medical treatment to ask

An appointment has been scheduled for you on: **Date:**

Signature: *the doctor* **Title:** *president* **Provider #:** *A* **Date:** *to see*

F COPAYMENT *(to be filled out by health care):*

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

- Care that is:
- ♦ requested by a QHP. (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
 - ♦ for injuries that are work-related as documented by the prisoner's work supervisor
 - ♦ requested for testing for HIV, STD's, infestations, or reportable communicable diseases
 - ♦ requested for evaluation, consultation, or treatment of a mental health need
 - ♦ prompted by a medical emergency (see Section I of the policy, if self-inflicted)

I have reviewed the visit of _____ and certify none of these exceptions apply.

Signature: _____ **Title:** _____ **Provider #:** _____ **Date:** _____

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

EXHIBIT K-30

WHICH IS... DELIVERED

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

| | | | |
|-----------------------|------------------|------------|----------|
| Patient Name | MARCUS MAYS | Age | 53 Years |
| Date Received | 07/10/2017 | | |
| Time Received | 00:00 | | |
| Taken By | Dawn M. Coon, RN | | |
| Date Initiated | 07/10/2017 | | |

SUPPLIES EXHIBIT
K-31

Action & Resolution

| <u>Date</u> | <u>Time</u> | <u>User</u> | <u>Detail</u> |
|-------------|-------------|------------------|--|
| 07/11/2017 | 4:34 AM | Dawn M. Coon, RN | Reason: Sore throat and "constant" headaches, "...blister in my nose which bleeds and drains". Call details: You have been previously placed on the call-out for this and will be seen this week. Comment Lock 3-214 |

Other

Reason: Sore throat and "constant" headaches, "...blister in my nose which bleeds and drains"..

Details: You have been previously placed on the call-out for this and will be seen this week..

Comment: Lock 3-214.

EXHIBIT K-31

ON 7-12-17 I was denied
 medical attention on my
 sheet by nurse
 Elizabeth Corrigan
 DUNES ROUTINE MEDICAL ROUNDS