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Egyptian Human Rights Authority
Report of Findings
Horizon Healthcare
HRA# 23-110-9014
May 30, 2024

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations in the care provided to a recipient at Horizon Healthcare in Fairfield, IL. The specific allegations are as follows:

Discrimination Based on Disability
Inadequate Medical Care

If the allegations are substantiated, they would violate protections under: The Mental Health and Developmental Disabilities Code (405 ILCS 5/2 et al.); the Medical Patient Rights Act (410 ILCS 50/3); and Hospital Regulations (77 Ill. Admin. Code 250).

Complaint Summary

The complaint alleged that Horizon Healthcare provided inadequate care and treatment to the recipient by dismissing medical complaints as Post Traumatic Stress Disorder (PTSD) saying that the complaints were all in the recipient's head. Allegedly, Horizon Healthcare failed to provide diagnostic tests and treatment for medical conditions that were discovered after the recipient switched to a new physician.

Interviews

The recipient was a patient at Horizon Healthcare which is a part of Fairfield Memorial Hospital. The recipient saw a primary care physician (PCP) and a therapist at Horizon. After the primary physician learned the recipient had PTSD, the PCP believed all of the recipient's concerns were due to PTSD. The PCP did not run labs or other diagnostic testing to rule out medical issues according to the complaint. The recipient had complaints of heart and blood pressure issues, vertigo, bulging veins, blue toes, and tachycardia. The recipient explained to the HRA that after the first Covid-19 vaccination the recipient had vertigo, after the second dose, the recipient had "zig zags" in her vision, numb hands and that is when the recipient noticed bulging veins and blue toes. The recipient looked up a vaccination support group online and several others were having similar symptoms after vaccination. During one office visit the recipient was trying to explain all of this to the PCP and why the recipient felt their symptoms were a result of the Covid 19 vaccine. The recipient stated they did not have any of these issues prior to getting the shot, but the PCP was dismissive which upset the recipient. The PCP left the room and did not return, after 15 minutes the recipient left. The recipient reviewed the note in the chart from this office visit which stated the recipient stormed out of the room and was verbally abusive to the PCP, which the recipient said was untrue. The recipient wrote a letter to the Director stating that the recipient felt discriminated against and asked if the recipient needed a lawyer. The recipient then received a notification from Horizon Healthcare dismissing the recipient as a patient from both the PCP and the therapist. The recipient was unaware of why the therapist's services were terminated as they had a good rapport. The recipient called the therapist's supervisor who did not know anything about the termination. The recipient called the Director, and a meeting was scheduled about a month later. The outcome of the meeting was that the recipient could see a new Psychiatrist at Horizon Healthcare, but the recipient could no longer see the PCP or the therapist.

When the recipient went to a different PCP at another facility, that PCP reportedly ordered labs and referred the recipient to oncology and hematology due to white marrow cells being abnormal. The recipient reported that the PCP wanted to rule out leukemia. The PCP also ordered a test which showed reflex loss in the recipient's right leg. As per the recipient, the recipient has been diagnosed with Multiple Sclerosis, vascular and small vessel disease, lesions on the brain, high cerebral fluids, and Raynaud's Disease, which causes fingers to turn colors in response to stress or cold and causes a pins and needles sensation. The heart specialist reportedly has told the recipient that they believe the recipient's heart issues are a result of the vaccine. The Psychiatrist at Horizon Healthcare said that the recipient's physical health was affecting the recipient's mental health according to the recipient. The recipient voiced interest in returning to the therapist at Horizon as they had a good bond built up and the recipient's new therapist can only see the recipient once a month. The recipient informed the HRA that she never asked to be transferred from the therapist at Horizon Healthcare, just asked for a reference after the recipient was dismissed.

The HRA met with the administration and Primary Provider at Horizon Healthcare. Horizon is a provider based rural healthcare provider offering primary care services, behavioral health, and psychiatry services. Approximately 600 individuals are served in the behavioral health program. The recipient began as a patient in 2009 with various visits through November 2015. In November she called to cancel most of the upcoming appointments. There was another appointment in December 2015 where "noncompliance with appointments" was addressed with her social worker. Care was transferred after December 2015 and reestablished in August 2016. In November 2016, a transfer-not accepting back letter was mailed to patient for medical care services due to noncompliance with appointments but behavior health was not included. In January 2021 a records transfer request was received to send records to another provider. In October 2021, behavioral health services were reestablished with Horizon Healthcare. In July 2022 the recipient asked to transfer care from her PCP. A new patient appointment was sent to another PCP at Horizon Healthcare. Care was transferred from the Horizon Healthcare PCP in December 2022 as detailed in the next paragraph.

The recipient had abdominal symptoms and met with a PCP. The PCP had started the examination when the recipient began showing the PCP things on her phone she had looked up relating to other issues she was having. The recipient was trying to get the PCP to look at her veins and blue toes. She had read about "covid toes" and thought she had symptoms of that. The recipient was very tangential about what she wanted to talk about. One minute it was her abdomen, then she would move on to the vein issue, then the toes. The PCP had diagnosed the recipient with Somatic Disorder (where an individual imagines/escalates thing in their mind). The therapist mentioned this to the recipient and the recipient became fixated on that and believed that her other concerns were being ignored, but they were not. The PCP had provided other diagnoses too. The recipient had PTSD from a traumatic event in 2013 (confirmed by psychiatrist) but that would not have prevented them from treating other conditions. The PCP had reviewed several prior tests and also ran some tests of her own. The PCP had referred the recipient to urology, for a colonoscopy, for an ultrasound, Cat Scans of her abdomen and head, an MRI for her back, for a lumbar puncture and neurology. The PCP wanted to discuss those things with the recipient. The PCP would have run more tests for her even, but she left before they could finish the appointment. They had planned on prescribing GERD medicine for her abdominal issue. The recipient was convinced she had a lump in her stomach, but it was the end of her rib point, not a lump. The PCP determined this after examination, so no other abdominal scans were ordered because it was not clinically indicated. The PCP could not get the recipient to focus on one issue at a time and the recipient became angry when the PCP was not looking at the other issues. The recipient "mocked" the PCP's Indian accent and made fun of the way the PCP pronounced some words. The PCP said she was going to step out and let the recipient calm down. The PCP went to the Director's office to discuss the problems and asked how to get the recipient to listen and understand the orders she was trying to convey. The Director was going to come and speak with the recipient; however, while they were meeting together, the recipient left abruptly, said she would never be back and did not schedule a follow up appointment. The recipient sent a letter on December 14th which the HRA reviewed. The letter stated that the recipient was going to seek out a lawyer because they cannot refuse a person for treatment based on a mental health issue. If a patient states they are getting an attorney, Horizon Healthcare's process is

to cease direct communication and notify the hospital attorney. They notified the recipient of this policy via a 12/14/22 letter which the HRA reviewed.

The recipient later called and requested a meeting with the COO at the end of January and sent a letter February 3, 2023. The Director, CEO and COO met with the recipient and her spouse. The recipient said she was not coming back to the facility because the PCP did not take her concerns seriously. The recipient wanted to continue seeing the therapist, but the therapist was concerned because the recipient had a history of an eating disorder. Due to recent weight loss, the therapist wanted to have some tests done to make sure there were no medical issues causing other mental health symptoms. The therapist had tried different options to progress the PTSD treatment and wanted to get the recipient to a therapist who could address an eating disorder and PTSD because she felt it was outside of the scope of her practice. The recipient was not in favor of that and wanted to see her. The recipient left the therapist's office abruptly after that discussion. The therapist felt she had hit a plateau because the recipient would not follow her recommendations. The therapist tried to explain she was unsure that an eating disorder was in the past and was no longer a concern. The recipient would not allow them to refer her to a higher level of care. The therapist felt she had reached a "stalemate" because once the recipient heard something she does not want to hear, and she regressed. The therapist tried working with her through the ups and downs, but after she saw the extensive weight loss and had a history of an eating disorder, she was concerned that she needed a higher level of care. The hospital decided they needed to stop the cycle since she had a history of leaving and coming back. At the meeting they informed the recipient that they had a new Psychiatrist if she would like to meet with him. The recipient was interested and met with him in March. Medication changes were recommended, but the recipient did not want to change medications and has not been back to the Psychiatrist.

The outcome of this grievance process was that the recipient met with the Psychiatrist which did not work out and a letter was sent by Horizon Healthcare in February 2023 notifying that she would not be scheduled back with the PCP or therapist due to repeated requests to transfer, but the recipient has accessed other providers with the hospital. There are alternative therapy services in nearby towns and locally at rural health. The therapist was willing to complete a referral and asked the recipient to sign a release form, but the recipient became angry and refused. The Psychiatrist agreed to provide his services on an as needed basis if the recipient chooses. The Director has been working at Horizon Healthcare since 2011 and believes it is the recipient's typical behavior; not following a treatment plan and switching providers if her current provider is not telling her what she wants to hear.

Record Review

Grievance Meeting Notes: The meeting occurred in February 2023 and lasted an hour. The recipient, spouse, CEO, COO and Director were all listed as present. The patient reiterated dissatisfaction with PCP and behavior health, expressing frustration that the PCP was not validating expressed medical concerns. The patient also expressed frustration with the therapist suggesting a higher-level care consultation for possible reoccurrence of a former eating disorder. The CEO recommended that the recipient seek a PCP and behavioral therapy services outside of Horizon Healthcare and recommended the recipient consider scheduling an appointment with the new Psychiatrist. It was noted the recipient was agreeable to scheduling that appointment and establishing primary and behavioral health care at other local healthcare clinics.

Medical records: The notes from the recipient's initial visit with the Horizon Healthcare PCP in September 2022 shows a treatment plan of obtaining a baseline blood panel and it was noted that a colonoscopy was scheduled. The recipient reported that she had been examined by an ENT (ear nose and throat) specialist, a neurologist and a urologist. Those specialist's findings were reviewed and summarized. The PCP gave a diagnosis of Somatic symptom disorder noting the recipient has had multiple extensive investigations performed in the last 6 months. After two ultrasounds of her neck, the recipient still had complaints of electric shock like sensations and concern for a lymph node that was present upon palpation. The ultrasounds showed no significant interval change in the nodule on her neck. The MRI of the spine showed multilevel degenerative changes with mild spinal stenosis. The PCP wanted to obtain a baseline blood panel before ordering further

tests since the recipient had multiple, extensive tests in the last 6 months. Another visit note a week later showed the recipient was examined for nodules on the upper abdomen. The PCP examined the abdomen and found no nodules and reassured the recipient there was no concern and what she felt was part of the bone. There was documentation that a phone call was made to the recipient notifying of normal lab results except for mildly elevated cholesterol. The recipient cancelled the appointment scheduled for October to review the lab results with the PCP and it was not rescheduled. The recipient was notified of the colonoscopy results and instructed to continue taking Proton Pump Inhibitors (PPI) medication.

There were several therapy case notes from December 6 through December 12 which discussed the therapist's concerns regarding the recipient and continuing treatment with her. The therapist met with the CEO expressing concern about an eating disorder as recipient stated she could not eat or drink but then also refuses to return to medical providers and follow their recommendations. The therapist was concerned she could not provide the care needed and suggested someone who specializes in eating disorders. It was decided to have a joint session with the PCP to get on the same page regarding treatment. A later note that day stated the Director had been informed that the recipient was non-compliant with service recommendations, so they had to terminate services. The therapist attempted to schedule an in-person meeting to discuss concerns. Once the recipient was reached, she was upset and worried that therapist was going to terminate her as a patient and stated she did not want to come in just to be terminated. The therapist called her another day to discuss this phone call and the recipient again expressed concern over being terminated. The therapist urged her to come in to discuss her anxiety in person, but the recipient denied having anxiety. The therapist stated that puts her in a position where it is difficult to explore possibilities of how that interplays with her physical health. The recipient stated, "then we are done here" and ended the call. On December 12 the recipient met with therapist. It was documented she was upset and crying most of the session, had admitted to self-injurious behavior to stop the physical pain but denied any intent or plan. The recipient expressed hesitancy to cooperate with a psychiatric evaluation due to fear of being placed in a psychiatric hospital despite her presenting to the emergency department several times that month and never meeting the criteria for admission. The therapist noted that due to the increasing complexity of medical and mental health conditions, the therapist attempted to discuss consultation and transition to new therapeutic services, but the recipient refused to sign the release of information. The recipient left upset requesting to cancel all further appointments and refusing to receive any further information regarding other potential providers. The therapist documented that "due to lack of progress and patient's complex needs, this therapist felt further assistance from a specialized therapeutic provider was in order. Patient took this as a rejection referencing previous therapist transfers and refused further assistance with transition to a new therapist."

The Psychiatrist visit in March 2023 documented medical and psychiatric history and that the patient had discussed changing a psychotropic medication with her PCP due to ineffectiveness, but the physician referred her to specialists to address her "multitude of medical problems." It also documented that therapist services had been discontinued out of concern for an eating disorder and need for a higher level of care. The recipient stated her appetite was intact and weight was stable again. The psychiatrist's plan was to wean the patient off of the psychotropic medication she was on due to it being "contraindicated in PTSD." Another psychotropic medication was recommended to try to help address remnants of flashback episodes and to help with sleep. It was explained that the continued use of the medication "increases the risk for bouts of depression which she has experienced over the years as well." It was also discussed that it causes cognitive decline which the recipient had reported in the form of memory and cognitive deficits. It was documented that the recipient "has heard all of this but is not ready to make a change and so will continue to take Klonopin as she has been receiving from her PCP. She understands that at some point if she decides to take me upon my recommendations she is certainly welcome to come back and do so." The Psychiatrist noted a follow up appointment was not scheduled, but it was left open if the recipient should choose to make changes in her medication treatment.

The New PCP records were reviewed with a release from the recipient. The recipient established care in late December 2022 with complaints of inability to walk and bulging veins. It was noted she had not been to this medical clinic since October 2021 and was a new patient for this PCP. Upon review of the digital chart, the new PCP found notes that the recipient felt providers were not taking her seriously/providing appropriate care.

The recipient had reported several neurological complaints after receiving the COVID-19 vaccine. The recipient told the new PCP "nobody can figure out what's going on or says it's stress related." The recipient reported she has had "multiple tests" that showed something was wrong, but "nobody is doing anything." The recipient stated she had "multiple brain MRI's" that "showed something concerning for multiple sclerosis." The recipient described the bulging veins stating they are not always present but did show the PCP a video of spasming and went on to describe other concerns she had in addition to the bulging veins. The recipient requested a referral to another neurologist for a second opinion and reported she was aware of others who had seen this neurologist for COVID-19 vaccine injuries, and he was able to help them. The PCP ran a lab panel which showed elevated myelocytes. According to WebMD, this can indicate an infectious disease like mononucleosis or autoimmune disease like lupus. Additional labs were ordered by the PCP for the joint pain to rule out causes. To treat the other health problems the PCP requested a release of records from previous PCP's before additional referrals would be made. The PCP also cautioned that recipient that several changes of PCP's and referrals can be a red flag for insurance and may delay treatment in some instances. For the neurological concerns, the PCP made the referral as requested by the recipient but noted in the chart "I do agree with previous assumptions that some aspects of her current s/s [signs/symptoms] are psyche related." For the recipient's mood disorder/PTSD the recipient "declines psyche referral/medications. Patient stated she will find her own counselor." Finally, regarding the bulging veins, it was documented that no abnormalities were seen during the visit that day. The video showed "looked to be a muscle spasm of the foot/ankle with visible veins (veins didn't look pathological). Vein pictures showed by patient to this provider looked to be possible filtration of the muscles making the veins look larger upon visualization." The PCP ran several tests which included Urinalysis, comprehensive metabolic panel (CMP), Vitamin D test, scleroderma diagnostic profile and creatine kinase. The lupus test results showed conflicting information which the PCP noted might be a false positive and ordered a follow up with the specialist. It was noted the PCP said it was ok to call the recipient and let her know all rheumatology testing performed was negative and they have pretty much exhausted labs that can be ran through family medicine. Recipient should follow up with all specialists. This was signed electronically by the PCP on 2/22/23. Other referrals were made after this including CT scan of neck, ultrasound of the neck, hand and knee, colonoscopy, thyroid testing, and pulmonary function test. All tests were unremarkable except for the addition of a new medication for an ulcer in the stomach and a new medication was ordered. There was a note from a 1/16/23 visit where the recipient presented to obtain an exemption for a flu vaccination for her new employer. The PCP documented that "Patient has previously had hypersensitivity reactions to vaccines including the COVID-19 vaccine. Patient is currently seeing several specialists regarding this. Patient got a job at [employer] and requests exemption for the Flu vaccine." The PCP gave a note requesting exemption. The history prior to this PCP visit documented that the recipient had been referred to several specialists with no remarkable findings except "mild small vessel disease."

The notes from the neurologist visit, which was completed in January 2024, documented complaints the recipient has had including migraines, Raynaud's syndrome (for which she had received "extensive and appropriate rheumatologic workup"), skin conditions, lumps (that were tested for cancer) and neurologic issues (including "brain fog") and negative cardiology evaluations. The neurologist documented that "we discussed the frustrating reality of post-COVID and post-vaccine issues for which no clear etiology is found. I congratulated her on moving ahead with her life, education and career planning, and supported this approach to life seeking to maximize what is possible, and use rational treatments only … I did not insist on therapy, but suggested if there were a neurologic explanation from some of her sx [symptoms] that are intermittent, a migraine like mechanism might be most plausible, and is supported by her visual report … we discussed openness from learning from testing, but I don't recommend other neurologic testing based on her exam at present as well as the extensive prior testing. She certainly has a story consistent with functional features, but she has heard this from others, and is not comfortable with this as an adequate explanation for the experience she is observing. I will honor this perception with the most rationale therapeutic recommendation I can construct." A medication was ordered to help with migraines and a year follow up was recommended after a 2 week check in.

The recipient was also seeing a therapist at the new provider who was treating PTSD, anxiety and depression with cognitive behavioral therapy and medication. The notes also noted the recipient presented as "well nourished" with no mention of eating disorder concerns and no suicidal ideation.

Policy Review

The Patient Rights and Responsibilities handbook used by Horizon Healthcare is the same that is followed by the hospital. The rights include receiving care in a safe setting, freedom from abuse or harassment, right to privacy concerning your own medical care, right to participate in developing and implementing your plan of care and making decisions about your care. The patient responsibilities include asking questions when you do not understand your care, cooperating with staff providing care, giving complete details about past illnesses, allergies, complaints and other matters relating to your health. The handbook also states that patients are responsible for their actions if they refuse treatment or do not follow their physician's instructions. Regarding the resolution of complaints, the policy states "If you have a problem or conflict about your care, you have the right to talk to the person(s) in charge or request to speak with the Ethics Committee of Fairfield Memorial Hospital. This will in no way affect your care or treatment. If you wish to file a complaint or express a complaint, you may call Administration at [phone number]. Your concern will be handled promptly." The contact information for the Illinois Department of Public Health and The Joint Commission Office of Quality Monitoring were also included.

The Patient Complaints Policy states that its purpose is to resolve patient or patient representative complaints/grievances in a timely manner with corrective action implemented with timeliness. Once a complaint is received, a form is completed, and the complaint is addressed as soon as possible by the Director of physician practice or office coordinator. Once the initial department manager resolution has been implemented the form is forwarded to the risk manager for review and follow up. Complaints are to be addressed within 48 hours.

The Dismissal/Transfer No Appointment Letter procedure states that when it is requested that a patient be dismissed or the patient has verbalized a transfer request, documentation from the provider or nurse is required. This is usually in the form of a note in the patient's chart which states the reason. This is reviewed by the Nurse Manager, Director, Medical Director and Administration. If approved, then a no appointment letter is sent to the patient. The patient is given 30 days' notice with acute care being provided in the interim.

Statutes

Hospital Regulations relating to psychiatric services (77 Ill. Adm. Code 250.2280) state that *"a) The 'Mental Health and Developmental Disabilities Code shall apply to the care of patients."*

Hospital Regulations (77 Ill. Adm. Code 250.2220) state: *"In licensed general hospitals without an approved psychiatric service, psychiatric care to patients with a primary diagnosis of mental illness may be rendered on an emergency basis by appropriate members of the medical staff as determined by the hospital. Psychiatric consultation shall be available and utilized appropriately as determined by the hospital. Adequate and acceptable sources for transfer of psychiatric patients shall be documented and arranged within 72 hours unless the determination by a psychiatrist is such that the patient's condition no longer requires transfer to a licensed psychiatric unit or hospital."*

Hospital Regulations (77 Ill. Adm. Code 250.260) states "*d) Patient Discrimination*
1) Discrimination Grievance Procedures. Upon receipt of a grievance alleging unlawful discrimination on the basis of race, color, or national origin, the hospital must investigate the claim and work with the patient to address valid or proven concerns in accordance with the hospital's grievance process. At the conclusion of the hospital's grievance process, the hospital shall inform the patient that such grievances may be reported to the Department if not resolved to the patient's satisfaction at the hospital level."

The Medical Patient Rights Act (410 ILCS 50/3) establishes the following rights *"(a) The right of each patient to care consistent with sound nursing and medical practices, to be informed of the name of the physician responsible for coordinating his or her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment to the extent permitted by law, and to privacy and confidentiality of records except as otherwise provided by law…"*

The Medical Patient Rights Act (410 ILCS 50/5) requires that "*Each patient admitted to a hospital, and the guardian or authorized representative or parent of a minor patient, shall be given a written statement of all the rights enumerated in this Act, or a similar statement of patients' rights required of the hospital by the Joint Commission on Accreditation of Healthcare Organizations or a similar accrediting organization. The statement shall be given at the time of admission or as soon thereafter as the condition of the patient permits... (c) The statement shall also include the right not to be discriminated against by the hospital due to the patient's race, color, or national origin where such characteristics are not relevant to the patient's medical diagnosis and treatment. The statement shall further provide each admitted patient or the patient's representative or guardian with notice of how to initiate a grievance regarding improper discrimination with the hospital and how the patient may lodge a grievance with the Illinois Department of Public Health and the Illinois Department of Human Rights regardless of whether the patient has first used the hospital's grievance process."*

Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-100(a) *"No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services."*

The Code (405 ILCS 5/2-102) states "*A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient."*

Americans with Disabilities Act (ADA) regulations (28 CFR 35.130) "*(a) No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity."*

ADA regulations (28 CFR 36.201*)* prohibit discrimination on the basis of disability and in the receipt of services and states *"No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any private entity who owns, leases (or leases to), or operates a place of public accommodation."*

Conclusion

It was alleged that Horizon Healthcare provided inadequate care and treatment and displayed discrimination based on a PTSD diagnosis. Allegedly, once learning of the recipient's PTSD diagnosis, the Primary Care Physician (PCP) failed to provide proper care and testing for physical/medical concerns dismissing it as being a result of PTSD. This resulted from a PCP visit where there was a misunderstanding between the recipient and physician. The recipient felt the physician was ignoring her concerns, the physician felt the recipient was not listening about current issues before moving onto new issues. The PCP stated the recipient was disrespectful and made fun of her accent, so the PCP left the room to discuss with her supervisor how best to proceed and to allow time for the recipient to calm down. Before they returned, the recipient had left the appointment stating she did not want to reschedule. The recipient denies being disrespectful to the PCP but admitted to leaving the appointment early, though not "storming out" as had been documented in her record. The PCP had diagnosed the recipient with Somatic Disorder (imagining/escalating things in your mind) with which the recipient disagreed. The recipient's therapist also terminated services with the recipient. The recipient was not sure why. Upon reviewing records, the HRA discovered it was because the therapist was concerned that the recipient needed a higher level of care since she suspected an eating disorder. The HRA also reviewed therapist visit

notes which documented that these concerns were discussed with the recipient. The therapist informed the recipient that she wanted to transition the recipient to a higher level of care, but the recipient took this as a rejection and became upset and did not allow the therapist to assist with transitioning to another provider. The recipient wrote a letter to the Director voicing her disagreement with termination of services and stated she was going to hire an attorney. After the statement about obtaining legal counsel, communication ceased with the recipient, as per company policy when an attorney is involved. Rather than hiring an attorney, the recipient requested a grievance meeting with the Director of the facility to discuss termination of services. The result of the grievance was that the recipient agreed to meet with a new psychiatrist at Horizon Healthcare, but all other care, outside of emergency, would be sought elsewhere. This was due to the recipient's history of frequently changing providers and the Director, PCP and Therapist feeling as though treatment was at a "stalemate" with the recipient.

The HRA reviewed the new PCP records to see what treatment was provided for the recipient after leaving Horizon Healthcare. This PCP ran several tests and made referrals to different specialists but also noted that the recipient had previously seen several specialists and had numerous tests ran. This PCP agreed that some aspects of her current symptoms were psyche related. The HRA reviewed notes from a neurologist visit which also documented that extensive testing had been done with no findings. There was some indication of concern for post vaccination injury as the new PCP made a recommendation that she not be required to take a flu vaccination for employment and the neurologist made note that he discussed the frustrating reality of post vaccination issues with no etiology. However, the HRA found nothing to prove that the PCP at Horizon Healthcare was not taking medical issues seriously. The PCP had reviewed several prior tests and also ran some tests of her own. The PCP had referred the recipient to urology, for a colonoscopy, for an ultrasound, CT Scans of her abdomen and head, an MRI for her back, for a lumbar puncture and to neurology. The PCP wanted to discuss those things with the recipient at this appointment, but the recipient left before the treatment plan could be discussed. The PCP had also planned on prescribing GERD medicine for her abdominal issue. The Egyptian HRA finds this allegation is **unsubstantiated**.