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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM JASPER COUNTY
Court of Common Pleas

H. Steven DeBerry, IV, Circuit Court Judge

Common Pleas Case Number 2022-CP-27-00109
Appellate Case Number 2023-000791

A.M.L., and J.J.L., by and through
their Next of Friend, John Doe,
R.D.M., by and through his Next of
Friend, Jane Snow, J.J.G., and S.T.S.,

Appellants,

v.

Wright Directions Family Services,
LLC,

Respondent,

RECORD ON APPEAL, VOLUME V (Page No. 2001-2500)

Robert J. Butcher
Deborah J. Butcher
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Charleston, South Carolina 29401
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R.D.M., J.J.G., and S.T.S.

Attorney for Wright Directions Family Services,
LLC

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The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

Respectfully submitted,

FOSTER CARE ABUSE LAW FIRM, PA

s/Robert J. Butcher

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Deborah J. Butcher - 74029

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Camden, South Carolina 29021

Telephone: 803.432.7599

rbutcher@camdensc-law.com

Camden, South Carolina
November 28, 2021

Name: J.J.L.J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6149650

Date of Service: 2/11/2014

Staff: Nichols, Nicki

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6155269

Date of Service: 2/18/2014

Staff: Nichols, Nicki

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1

Service: (90837HO) 1 Hour Individual Therapy

Consumer: [REDACTED]	Date of Birth: DOB	Location: Home - 12
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/18/2014	Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.
-----------------	---

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] identified her angry animal as a "coocooboorra", because she "is nice even when she is angry". She shared mostly getting angry when "she is pushed down at school" and shared she does "nothing". Healthy alternatives when angry were identified as "tell the teacher or take a time out away from person."

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:  2/21/2014
Nicki Nichols
MHP

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6155269

Date of Service: 2/18/2014

Staff: Nichols, Nicki

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]
Date of Service: 2/25/2014

Policy #: Insurance No.
Staff: Nichols, Nicki

DOB: DOB Note ID#: 6160580
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/25/2014	Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.
-----------------	---

DSM-V Diagnosis: N/A

Purpose of Contact

- 1) [REDACTED]
- 2) [REDACTED]

1) [REDACTED]
2) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Mrs Mitchell shares [REDACTED] is doing good with her modified homework and they have noticed improvements also. She shares she was proud of her for saying no to a sibling who asked her steal and also bc she told him he shouldn't do it either because it "isn't nice". Mom shares a new plan to Reward \$2/week for having good days 4/5 times at school. They wi then be taken to the store to spend money or have option to save it in acct.

Client Progress:

[REDACTED]

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6160590

Date of Service: 2/25/2014

Staff: Nichols, Nicki

Record #: 73

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols

MHP

[Handwritten Signature]

2/27/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6166013
Date of Service: 3/4/2014 Staff: Nichols, Nicki Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy

Consumer: [REDACTED] Date of Birth: DOB Location: Home - 12
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/4/2014 Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

Purpose of Contact [REDACTED]

Intervention/Activity (What you did) [REDACTED]

Assessment of Progress Towards Goal [REDACTED]
... She verbalized sharing her feelings when her hurt by other family members (when brother said something mean) and verbalized telling him this in a nice way.

Next Appointment: [REDACTED]

Signature/Credentials/Position: Nicki Nichols MHP [Signature] 3/5/2014

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6166013

Date of Service: 3/4/2014

Staff: Nichols, Nickl

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6167712
Date of Service: 3/6/2014 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1 Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/6/2014 Shift/Duration of Service: 3:00 PM - 3:15 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED] she was able to express her interest in coloring and drawing.
Progress: [REDACTED]
Plan: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP

Renee Sutton, MA, MHS

3/14/2014

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6167712

Date of Service: 3/6/2014

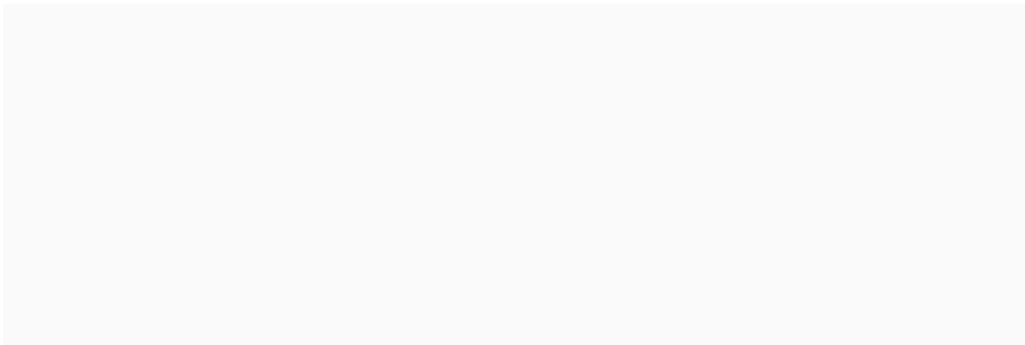
Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]



ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6170247
Date of Service: 3/10/2014 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: N/A - 999
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/10/2014 Shift/Duration of Service: 3:00 PM - 3:15 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: Yulanda said they take snacks to school every day. She offered to have kids select more snacks. She requested that weekday evenings and Saturday after 11am to be kept as family time.

Progress: [REDACTED]

Plan: am. [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Renee Sutton, MA, MHS 3/14/2014
Renee Sutton, MA, MHS

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6170247

Date of Service: 3/10/2014

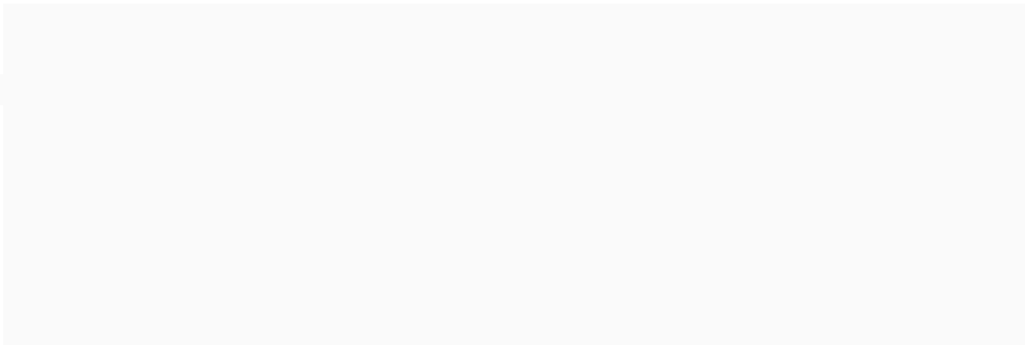
Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted signature area]



Name: [REDACTED]
Date of Service: 3/10/2014

Policy #: Insurance No.
Staff: Nichols, Nicki

DOB: DOB
Record #: 73
Note ID#: 6172056

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: Home - 12
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 3/10/2014	Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.
-----------------	---

DSM-V Diagnosis: N/A

Purpose of Contact

- 1) [REDACTED]
- 2) [REDACTED]
- 3) [REDACTED]

- 1) [REDACTED]
- 2) [REDACTED]
- 3) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6172056

Date of Service: 3/10/2014

Staff: Nichols, Nicki

Record #: 73

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Assessment of Progress Towards Goal

Mrs. Mitchell shared [REDACTED] is doing great in school and still using modified homework and progressing. She shared how [REDACTED] told on a sibling when they asked her to steal and how [REDACTED] told him he shouldn't do it and that she wasn't going to do it because it "wasn't nice".

[REDACTED]

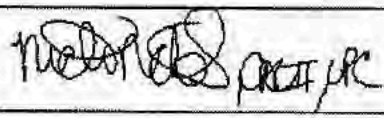
Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Nicki Nichols
MHP



3/14/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 4/23/2015

Medicaid # Insurance No.
Staff: Williams, Barbara

DOB: DOB Note ID#: 6726640
Record #: TCM1013

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 6
Service: (T1016) TCM - no travel

Consumer: [REDACTED]	Date of Birth: DOB	Location: Home - 12
Record #: TCM1013	Medicaid # Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 4/23/2015	Shift/Duration of Service: 1:30 PM - 3:00 PM	Total Time: 1 hrs. 30 min.
-----------------	--	----------------------------

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

1) [REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment: [REDACTED]

[REDACTED]

[REDACTED] She stated that everything was going well.

[REDACTED] she stated that all is well at time she and her siblings would get into a little disagreement, but other than that all was well.

[REDACTED] She stated that she basically stay off to herself for she has no friends.

[REDACTED] E. [REDACTED] state that it makes her sad but she knows that she has to move on.

Name: [REDACTED]

Medicaid # Insurance No.

DOB: **DOB**

Note ID#: 6726640

Date of Service: 4/23/2015

Staff: Williams, Barbara

Record #: TCM1013

Page 2 of 2

Effectiveness of Intervention/Activity

Support Team: [REDACTED] Mom stated that she is happy to say she has no issues from the child at home. That she has spoken with the child letting them know that they are not to take anything and they are not to ask for anything, for the school is just waiting for them to slip up so that they can call DSS. Mom stated that one of the children got in trouble at school for he asked the custodian for a pack of crackers and got a referral.

Mom stated that she informed the school to do what needed to be done for she has spoken with him time after time about not asking and not taking things. Mom feels that the school is so petit when it comes down to things like this. Mom stated that she refuses to go to the school and she is not taking any phone calls from them either.

[REDACTED]

Referral/ Follow-up: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Barbara Williams
CSP

Barbara Williams, MS, MHS

4/25/2015

Signature/Credentials/Position:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 7/1/2015

Medicaid # **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB** Note ID#: 6881660
Record #: TCM1013

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (T1016) TCM - no travel

Consumer: [REDACTED]	Date of Birth DOB	Location: Other Place of Service - 99
Record #: TCM1013	Medicaid # Insurance No.	
Face To Face: No		
Overall Affect: [REDACTED]		

Date: 7/1/2015	Shift/Duration of Service: 5:30 PM - 6:00 PM	Total Time: 0 hrs. 30 min.
----------------	--	----------------------------

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Effectiveness of Intervention/Activity

Support Team: [REDACTED]
Referral/Follow-up: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment:

[REDACTED]

Name: J.J.L.J.J.L.

Medicaid # Insurance No

DOB: DOB

Note ID#: 6881660

Date of Service: 7/1/2015

Staff: Williams, Barbara

Record #: TCM1013

Page 2 of 2

Signature/Credentials/Position:

Barbara Williams

CSP

Barbara Williams, MS, MHS

7/4/2015

Signature/Credentials/Position:

Name: J.J.L.J.J.L.
Date of Service: 7/9/2015

Medicaid #: Insurance No.
Staff: Williams, Barbara

DOB: DOB Note ID#: 6872995
Record #: TCM1013

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (T1016) TCM - no travel

Consumer: J.J.L.J.J.L. Date of Birth DOB Location: Other Place of Service - 99
Record #: TCM1013 Medicaid #: Insurance No.
Face To Face: No
Overall Affect: [REDACTED]

Date: 7/9/2015 Shift/Duration of Service: 2:30 PM - 3:00 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact
1) [REDACTED]

1) [REDACTED]

Intervention/Activity
(What you did)

Monitoring/Assessment: [REDACTED]

Effectiveness of
Intervention/Activity

Support Team: [REDACTED]
Referral/Follow-up: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Medical #: Insurance No.

DOB: DOB

Note ID#: 6872995

Date of Service: 7/9/2015

Staff: Williams, Barbara

Record #: TCM1013

Page 2 of 2

Signature/Credentials/Position:

Barbara Williams

CSP

Barbara Williams, MS, MHS

7/11/2015

Signature/Credentials/Position:

Name: [REDACTED] Medicaid #: Insurance No. DOB: [REDACTED] Note ID#: 6873071
Date of Service: 7/12/2015 Staff: Williams, Barbara Record #: TCM1013 Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (T1016) TCM - no travel

Consumer: [REDACTED] Date of Birth: [REDACTED] Location: Other Place of Service - 99
Record #: TCM1013 Medicaid #: Insurance No.
Face To Face: No
Overall Affect: [REDACTED]

Date: 7/12/2015 Shift/Duration of Service: 7:30 PM - 8:00 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment: [REDACTED]

Effectiveness of Intervention/Activity

Support Staff: [REDACTED]
Mom stated that she has adopted a sister to four of the five children she already has. Mom stated that she has been making trips to Ohio so that the children can visit, [REDACTED] Mom stated that she is still interested in the services for she is happy with what CM has already done for her and the children and taking the time to really sit down and talk with her keeping her in the loop about what is going on. Mom also share that she wanted to find out about the RBHS services for the children when the new school term starts. [REDACTED] Mom told CM that she could come and see the children on 7/13 for the weekly visit and then continue on a weekly basis as before.
Referral/Follow-up: [REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Medicaid # Insurance No.

DOB: DOB

Note ID#: 6873071

Date of Service: 7/12/2015

Staff: Williams, Barbara

Record #: TCM1013

Page 2 of 2

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams

CSP

Barbara Williams, MS, MHS

7/18/2015

Signature/Credentials/Position:

[Redacted]

Name: [REDACTED] Medicaid #: [REDACTED] Insurance No. [REDACTED] DOB: [REDACTED] Note ID#: 6873120
Date of Service: 7/13/2015 Staff: Williams, Barbara Record #: TCM1013 Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (T1016) TCM - no travel

Consumer: [REDACTED] Date of Birth [REDACTED] DOB [REDACTED] Location: Home - 12
Record #: TCM1013 Medicaid #: [REDACTED] Insurance No. [REDACTED]
Face To Face: No
Overall Affect: [REDACTED]

Date: 7/13/2015 Shift/Duration of Service: 11:00 AM - 11:30 AM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment [REDACTED]

Effectiveness of Intervention/Activity

Support Team: [REDACTED]
[REDACTED] that CM was here for the visit. Mom informed CM that she forgot about the visit and needed to reschedule. Mom was informed that the only time that CM has available is on Friday at 10:00 am. Mom stated that this is fine and that she will make sure that she is available for the visit.
Referral/Follow-up: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L

Medicaid #: Insurance No.

DOB: DOB

Note ID#: 6873120

Date of Service: 7/13/2015

Staff: Williams, Barbara

Record #: TCM1013

Page 2 of 2

Signature/Credentials/Position:
Barbara Williams
CSP
Signature/Credentials/Position:

Barbara Williams, MS, MHS

7/18/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Medicaid #: [REDACTED] Insurance No. [REDACTED] DOB: [REDACTED] Note ID#: 6878547
Date of Service: 7/17/2015 Staff: Williams, Barbara Record #: TCM1013 Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (T1016) TCM - no travel

Consumer: [REDACTED] Date of Birth [REDACTED] DOB [REDACTED] Location: Home - 12
Record #: TCM1013 Medicaid #: [REDACTED] Insurance No. [REDACTED]
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 7/17/2015 Shift/Duration of Service: 12:00 PM - 1:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment: [REDACTED]
[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.L.L.L.L

Medicaid # Insurance No.

DOB: DOB

Note ID#: 6878547

Date of Service: 7/17/2015

Staff: Williams, Barbara

Record #: TCM1013

Page 2 of 2

ROA Page No. 2025

Effectiveness of Intervention/Activity

Support Team: [redacted]
Mom spoke to CM letting her know that she still seem to be having some issues with the child and telling truth and making appropriate decisions in all situations. [redacted]

Mom stated that they help out in the home when asked to do so, but she just wish when she ask if they did something that they will own up to it.

Mom stated that she is always getting on them about brushing their teeth daily. Mom stated that she has to ask them every morning if they brushed and especially at night, she stated that she try to tell them when they take their bath they should brush their teeth this way they want forget.

Referral/Follow-up [redacted]

Client Progress: [redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams
CSP

Barbara Williams, MS, MHS

7/18/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Medicaid #: [REDACTED] Insurance No. [REDACTED] DOB: [REDACTED] Note ID#: 6990969
Date of Service: 9/21/2015 Staff: Alvarez, Michelle Record #: TCM1013 Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 4
Service: (T1016) TCM - no travel
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth [REDACTED] Location: Office - 11
Record #: TCM1013 Medicaid #: [REDACTED] Insurance No. [REDACTED]
Face To Face: No
Overall Affect: [REDACTED]

Date: 9/21/2015 Shift/Duration of Service: 2:00 PM - 3:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

1) [REDACTED]
dentist

Intervention/Activity (What you did)

[REDACTED]

Effectiveness of Intervention/Activity

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.J.L

Medicaid #: Insurance No.

DOB: DOB

Note ID#: 6990969

Date of Service: 9/21/2015

Staff: Alvarez, Michelle

Record #: TCM1013

Page 2 of 2

Name/Position/Signature:

Alvarez, Michelle

CSP

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

EXHIBIT 9

EXHIBIT 9

Part 1

Name: [REDACTED] Policy #: Insurance No. DOB: [REDACTED] Note ID#: 6552938
Date of Service: 1/22/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: [REDACTED] Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/22/2015 Shift/Duration of Service: 8:45 AM - 9:45 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED] and [REDACTED]

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

[REDACTED] followed through by stating that her brother and sister had to go to the eye doctor. [REDACTED] expressed to MHS that she saw something that she wanted but told herself that she was not going to take the item.

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/29/2015

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6552938

Date of Service: 1/22/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: **J.J.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6553073
Date of Service: 1/23/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: **J.J.L.** Date of Birth **DOB** Location: School - 3
Record #: 73 Policy #: **Insurance No.**
Face To Face: Yes
Overall Affect:

Date: 1/23/2015 Shift/Duration of Service: 8:45 AM - 9:45 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

J.J.L. responded to MHS morning greet by waving back. **J.J.L.** expressed to MHS that her hair had come untwisted in her sleep and that her mom did not re-twist the next morning.

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

1/30/2015

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6553073

Date of Service: 1/23/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6553188
Date of Service: 1/23/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: DOB Location: School-3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/23/2015 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

[REDACTED] expressed to MHS that her backpack with not too heavy being that she had the two snack bags in her actually backpack.
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/30/2015

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6553188

Date of Service: 1/23/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

Name: [REDACTED] Policy #: Insurance No. DOB: [REDACTED] Note ID#: 6553208
Date of Service: 1/23/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support

Consumer: [REDACTED] Date of Birth: [REDACTED] Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/23/2015 Shift/Duration of Service: 4:00 PM - 4:15 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Mom [REDACTED] was not sure if yet if [REDACTED] was going to stay home on the field trip day or send her to school. Mom [REDACTED] Yes, I did work on the math websites with [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/30/2015

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 8553208

Date of Service: 1/23/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]
Date of Service: 1/26/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6556175
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg. unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: Home - 12
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/26/2015	Shift/Duration of Service: 3:45 PM - 4:00 PM	Total Time: 0 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

Mom [REDACTED] MHS that she does not understand why it is that [REDACTED] keeps making the wrong choices. Mom acknowledged that she was very upset with [REDACTED] for her actions. Mom repeated to MHS and [REDACTED] that [REDACTED] will not go on the class field trip because of her behavior in school.

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/30/2015

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6556175

Date of Service: 1/26/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 1/26/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB
Record #: 73
Note ID#: 6556298

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 5
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/26/2015	Shift/Duration of Service: 2:15 PM - 3:30 PM	Total Time: 1 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] expressed to MHS that she does not know how the snack got in her desk; someone must have put it in her desk. [REDACTED] followed through by telling the teacher that she was just licking her fingers when the teacher seen her eating something earlier in the day.

Plan for next session:
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	1/30/2015
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Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6556298

Date of Service: 1/26/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 1/27/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB
Record #: 73

Note ID#: 6559172

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/27/2015	Shift/Duration of Service: 2:45 PM - 3:30 PM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact	[REDACTED]
Intervention/Activity (What you did)	[REDACTED]
Assessment of Progress Towards Goal	[REDACTED] expressed to MHS that she only had to do Tuesday's math homework and two lines of reading. [REDACTED] by stating to MHS that her bus number is 111. Plan for next session: [REDACTED]
Client Progress:	[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	1/30/2015
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Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6559172

Date of Service: 1/27/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6561755

Date of Service: 1/28/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/28/2015	Shift/Duration of Service: 1:30 PM - 3:30 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

1 [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

J.J.L. expressed to MHS that she needed help with her morning work. J.J.L. [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6561755

Date of Service: 1/28/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/4/2015

Signature/Credentials/Position:

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6561843

Date of Service: 1/29/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8438457700

Units Used: 9
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/29/2015	Shift/Duration of Service: 1:00 PM - 3:15 PM	Total Time: 2 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

[REDACTED] expressed to MHS about needing help with her math morning work.
[REDACTED]
Plan for next session:
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Name: J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6561843

Date of Service: 1/29/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/4/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: [REDACTED] Note ID#: 6563485
Date of Service: 1/29/2015 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: [REDACTED] Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/29/2015 Shift/Duration of Service: 4:30 PM - 5:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1)

2)

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6563485

Date of Service: 1/29/2015

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

Response: [REDACTED]

[REDACTED] reported not knowing why sent to principal office and reported the punishment received on Monday from mom being "timeout" in room [REDACTED] was able to communicate occurrence of today and [REDACTED]

[REDACTED] Mom agreed to school process of supporting [REDACTED] and others during incident. School principal agreed to calling MHS or MHP if not available to office during incidents. Mom agreed to propose to school staging a discussion prior to school reprimands and interviews occur. [REDACTED]

[REDACTED] agreed to having stop sign on prize box to remind her to "stop, count to 10, think". Mom reported in positive way that [REDACTED] increases in sharing with her [REDACTED] was able to return to smiles when saying at first that she was not able to do this.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 2/5/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: [REDACTED] Note ID#: 6584057
Date of Service: 1/30/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: [REDACTED] Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/30/2015 Shift/Duration of Service: 12:45 PM - 1:45 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact: [REDACTED]
Intervention/Activity (What you did): [REDACTED]
Assessment of Progress Towards Goal: [REDACTED] expressed to MHS that her teacher left her with a "bunch of hard math."
[REDACTED] stating, "this is too hard to do."
Plan for next session: [REDACTED]
Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP 2/4/2015

Name: J.J.L.J.L.

Policy # Insurance No.

DOB: DOB

Note ID#: 6564057

Date of Service: 1/30/2015

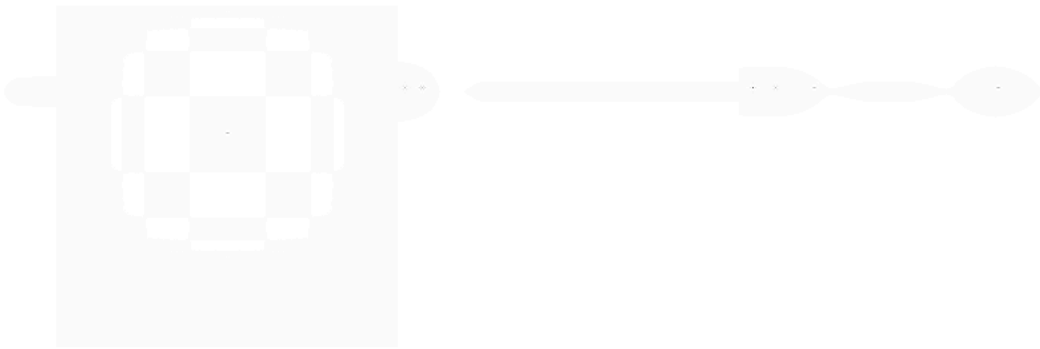
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]



Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6570624

Date of Service: 2/2/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 6
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/2/2015 Shift/Duration of Service: 2:00 PM - 3:30 PM Total Time: 1 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Primary ways:

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Plan for next session: [REDACTED]
[REDACTED]

Client Progress:

Next Appointment: None Scheduled

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6570624

Date of Service: 2/2/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

2/9/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6573387
Date of Service: 2/3/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 11
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 2/3/2015 Shift/Duration of Service: 11:45 AM - 2:30 PM Total Time: 2 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] "Hi, how are you?"
[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] responded by staying.
"Hi." [REDACTED] expressed to MHS that "the nurse had already put some stuff on it."
[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/9/2015

Name: J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6573367

Date of Service: 2/3/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6576322

Date of Service: 2/5/2015

Staff: Sutton, Renee

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg. unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/5/2015 Shift/Duration of Service: 2:15 PM - 3:15 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]
2) [REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Name: [REDACTED]

Policy #: Insurance No. [REDACTED]

DOB: DOB [REDACTED]

Note ID#: 6576322

Date of Service: 2/5/2015

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

Response: [REDACTED] didn't report concerns at home but reported brother not coming to school and mother clarified on phone that he had been sick all week. Client made request for help and seemed to enjoy working together to accomplish task. Teacher reported [REDACTED] was doing well in class. Mother reported that she told [REDACTED] to let teacher know brother wouldn't be coming to school because sick. Mother didn't show agreement to suggestion for other means to send information to school and was heard telling someone "why didn't you tell them..."

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 2/5/2015

Signature/Credentials/Position:

[REDACTED]

Name: J.J.L.J.L.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6580396

Date of Service: 2/5/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 11
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect:		

Date: 2/5/2015 Shift/Duration of Service: 11:15 AM - 2:00 PM Total Time: 2 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

J.J.L. responded to by MHS sating that "She likes it when her teacher calls her a princess or sweetie because she is sweet and that she is a princess J.J.L. followed through by telling MHS that she wants the MHS to all her princess as well.

J.J.L. expressed to MHS that "I have one more day to be good and my mom said that I might get to go to Jumping Joe's."

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6580396

Date of Service: 2/5/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

2/9/2015

Signature/Credentials/Position:

Name: J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6580548

Date of Service: 2/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/6/2015	Shift/Duration of Service: 8:45 AM - 10:45 AM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

J.J.L. responded to MHS by saying "Morning."

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6580548

Date of Service: 2/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

2/9/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6581193

Date of Service: 2/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 2/6/2015	Shift/Duration of Service: 2:30 PM - 3:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[Redacted]

[Redacted]

J.J.L. expressed to MHS that she had just gotten back into the classroom. J.J.L. followed through by working on math lesson for the day. [Redacted]

Plan for next session:
[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	2/9/2015
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Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6581193

Date of Service: 2/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6585027
Date of Service: 2/10/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 2/10/2015 Shift/Duration of Service: 1:00 PM - 1:15 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact: [REDACTED]

Intervention/Activity (What you did): [REDACTED] MHS greeted [REDACTED] with a "Hi."

Assessment of Progress Towards Goal: [REDACTED]
Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP 2/17/2015

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6585027

Date of Service: 2/10/2015

Staff: Jamison, Victoria

Record #: 73

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Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 2/11/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6585444
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/11/2015	Shift/Duration of Service: 1:30 PM - 3:30 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] expressed to MHS that she had to do some work so that is why she was not going outside for recess. [REDACTED] acknowledged to MHS that her mom did not get to sign the referral because she was on punishment. [REDACTED] followed through by saying that she did not know why her sister wrote her that note.

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6585444

Date of Service: 2/11/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

2/17/2015

Signature/Credentials/Position:

Name: [REDACTED]
Date of Service: 2/12/2015

Policy #: Insurance No.
Staff: Sutton, Renee

DOB: DOB Note ID#: 6588313
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/12/2015 Shift/Duration of Service: 12:30 PM - 1:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED] She emoted and expressed worry and regretfulness in calling peer name. [REDACTED]

Progress: [REDACTED]

Plan: [REDACTED] S.

Client Progress:

[REDACTED]

Name: J.J.L.J.L.
Date of Service: 2/12/2015

Policy #: Insurance No.
Staff: Sutton, Renee

DOB: DOB
Record #: 73

Note ID#: 6588313

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 2/14/2015

Signature/Credentials/Position:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6592228

Date of Service: 2/12/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/17/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 2/13/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6592645
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 9
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/13/2015	Shift/Duration of Service: 12:00 PM - 2:15 PM	Total Time: 2 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity
(What you did)

Assessment of
Progress Towards
Goal

[REDACTED]

[REDACTED]

[REDACTED] expressed that the MHS looks
had changed. [REDACTED] expressed to MHS about looking pretty. [REDACTED]
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/17/2015

Name **J.L.J.L**

Policy #: **Insurance No.**

DOB **DOB**

Note ID#: 6592645

Date of Service: 2/13/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6592749
Date of Service: 2/13/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1 Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Service: (S9482HN) 15 Mins. - Family Support

Consumer: [REDACTED] Date of Birth: DOB Location: Home - 12
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 2/13/2015 Shift/Duration of Service: 4:15 PM - 4:30 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] [REDACTED] J.J.L.'s medication was spilled into the toilet on accident [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6592749

Date of Service: 2/13/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

2/17/2015

Signature/Credentials/Position:

Name: J.J.L.J.L.
Date of Service: 2/16/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6594477
Record #: 73

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L.	Date of Birth: DOB	Location: Office - 11
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/16/2015 Shift/Duration of Service: 11:00 AM - 11:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED]

[REDACTED] responded to MHS saying 'hi' to MHS. [REDACTED] was successful at following [REDACTED] zlena expressed to her sister that the name in which she was called was not nice and that it hurt her feelings.
Plan for next session:
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/23/2015

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6594477

Date of Service: 2/16/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6594805
Date of Service: 2/16/2015 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: N/A

Date: 2/16/2015 Shift/Duration of Service: 9:00 AM - 10:00 AM Total Time: 1 hrs. 0 min.
DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED]
[REDACTED] Mom reported that she was going to "give her punishment even though school does". With further explanation, she acknowledged proposition to only utilize one punishment and reported more expectations on how she doesn't punish if people give them food or take pencils. She reported removing TV privileges or activity pick for the day as ways she punishes. [REDACTED]
Progress: [REDACTED]
Plan: [REDACTED]

Client Progress:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB Note ID#: 6594805

Date of Service: 2/16/2015

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 2/19/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6596931
Date of Service: 2/17/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 6
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 2/17/2015 Shift/Duration of Service: 2:00 PM - 3:30 PM Total Time: 1 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/23/2015

Name: **J.J.L.N.L**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6596931

Date of Service: 2/17/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB Note ID#: 6597149

Date of Service: 2/18/2015

Staff: Jamison, Victoria

Record #: 73

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Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 6
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/18/2015	Shift/Duration of Service: 2:00 PM - 3:30 PM	Total Time: 1 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact	[REDACTED]
Intervention/Activity (What you did)	[REDACTED]
Assessment of Progress Towards Goal	[REDACTED]
Plan for next session:	[REDACTED]
Client Progress:	[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP		2/23/2015
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Name: **J.J.L.N.L**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6597149

Date of Service: 2/18/2016

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Name: [REDACTED]
Date of Service: 2/20/2015

Policy #: Insurance No.
Staff: Sutton, Renee

DOB: DOB Note ID#: 6601111
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/20/2015	Shift/Duration of Service: 11:15 AM - 12:15 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact
1 [REDACTED]

Intervention/Activity (What you did)
[REDACTED]

Assessment of Progress Towards Goal
Response [REDACTED]
[REDACTED] reported "quieter" without extra family members in house with feelings of less stress and that she "didn't know whether they are moving" too. [REDACTED]
Progress: [REDACTED]
Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Name: **J.J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6601111

Date of Service: 2/20/2015

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 2/27/2015

Signature/Credentials/Position:

Name: J.J.L.
Date of Service: 2/20/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 8601894
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 6
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 2/20/2015	Shift/Duration of Service: 2:00 PM - 3:30 PM	Total Time: 1 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) J. [REDACTED]

Intervention/Activity (What you did)

MHS greeted J.J.L. with a "Hi." MHS assisted [REDACTED]

Assessment of Progress Towards Goal

J.J.L. expressed that she did not know any more of the answers to the questions. [REDACTED]

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 8601894

Date of Service: 2/20/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

2/23/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6601957
Date of Service: 2/20/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 2
Service: (S9482HN) 15 Mins. - Family Support
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: Home - 12
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 2/20/2015 Shift/Duration of Service: 3:45 PM - 4:15 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact: 1) [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Assessment of Progress Towards Goal: [REDACTED] Mom followed through by stating that she did not understand the teachers note about what had occurred the day prior. [REDACTED]
Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP 2/23/2015

EXHIBIT 9

Part 2

Name: **J.J.L.J.L**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6601957

Date of Service: 2/20/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6612589
Date of Service: 2/23/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 7
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 2/23/2015 Shift/Duration of Service: 1:45 PM - 3:30 PM Total Time: 1 hrs. 45 min.
DSM-V Diagnosis: N/A

Purpose of Contact: [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Assessment of Progress Towards Goal: [REDACTED]

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP
3/2/2015

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6612589

Date of Service: 2/23/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **J.J.L.J.L.L.**
Date of Service: 2/27/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6620485
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L.L.	Date of Birth DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect:		

Date: 2/27/2015 Shift/Duration of Service: 1:30 PM - 3:30 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

J.J.L. expressed to MHS that she was not going outside

J.J.L. responded to MHS question by stating, "okay."

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6620495

Date of Service: 2/27/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/2/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6624633
Date of Service: 3/2/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 7
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/2/2015 Shift/Duration of Service: 10:45 AM - 12:30 PM Total Time: 1 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] expressed that she wanted to read a book to MHS. [REDACTED] followed through by reading the book, "Snow Day" to MHS. [REDACTED] expressed to MHS that she could not have cheese and ketchup because she was allergic to those items. [REDACTED] followed through by giving the cheese and the ketchup to the MHS to get rid of the items.

Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/9/2015

Name: **J.J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6624633

Date of Service: 3/2/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted Signature/Credentials/Position]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6625212
Date of Service: 3/3/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 7
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/3/2015 Shift/Duration of Service: 1:45 PM - 3:30 PM Total Time: 1 hrs. 45 min.
DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED]

[REDACTED] responded to MHS greet by stating, "Hi." [REDACTED] expressed to MHS that she had a dream about the teacher and another dream about the MHS. [REDACTED] [REDACTED] to focus on her teacher teach

Plan for next session: [REDACTED]

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **J.J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6625212

Date of Service: 3/3/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

3/9/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6626251
Date of Service: 3/4/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4 Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/4/2015 Shift/Duration of Service: 1:00 PM - 2:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

MHS greeted [REDACTED] with a "Hi."

Assessment of Progress Towards Goal

[REDACTED] responded to MHS greet by stating, "hi." [REDACTED] expressed to MHS that she did not want to go outside and play but that she wanted to stay inside and color. [REDACTED] responded to MHS by stating, "okay."

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/9/2015

Name: **J.J.L.J.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6625251
Date of Service: 3/4/2015 Staff: Jamison, Victoria Record #: 73 Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6627002
Date of Service: 3/4/2015 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/4/2015 Shift/Duration of Service: 11:45 AM - 12:45 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]
2) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED] [REDACTED] reported how she likes tickles and hugs.
[REDACTED] reported mom tickle but not hug and how other siblings not hugged. [REDACTED] offered input about her youngest brother and how and when she can show kindness to him to help sibling improve behavior towards her [REDACTED]
Progress: [REDACTED]
Plan: [REDACTED]

Client Progress:

[REDACTED]

Name: [REDACTED]
Date of Service: 3/4/2015

Policy #: Insurance No.
Staff: Sutton, Renee

DOB: DOB Note ID#: 6627002
Record #: 73

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 3/9/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6630558
Date of Service: 3/5/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/5/2015 Shift/Duration of Service: 1:00 PM - 3:00 PM Total Time: 2 hrs. 0 min.
DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] [REDACTED] expressed to MHS that the reason for the Guidance counselor talking to her was because of the incident which happened the day before. During recess, [REDACTED] expressed more details to MHS about what had happen with her taking something that did not belong to her. [REDACTED] expressed to MHS that she did not want to talk about the incident anymore but would rather, "talk about something else."
[REDACTED]
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6630558

Date of Service: 3/5/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

3/9/2015

Signature/Credentials/Position:

Name: J.J.L.J.L.L.

Policy #: Insurance No.

DOB: DOB Note ID#: 6635278

Date of Service: 3/6/2015

Staff: Jamison, Victoria

Record #: 73

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Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 6

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.L.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 3/6/2015	Shift/Duration of Service: 8:30 AM - 10:00 AM	Total Time: 1 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact	[Redacted]
Intervention/Activity (What you did)	[Redacted]
Assessment of Progress Towards Goal	J.J.L. responded to MHS by stating, "I already studied my times tables." [Redacted] at [Redacted]. J.J.L. followed through by stating that "My mom already knows about me getting into trouble so you don't have to come by our house today." [Redacted]
Plan for next session:	[Redacted]
Client Progress:	[Redacted]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6635278

Date of Service: 3/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

3/9/2015

Signature/Credentials/Position:

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 8635371

Date of Service: 3/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 2
Service: (S9482HN) 15 Mins. - Family Support
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: Home - 12
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 3/6/2015	Shift/Duration of Service: 4:45 PM - 5:15 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact: 1) [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Assessment of Progress Towards Goal: Mom informed MHS that she is allowing [REDACTED] to earn money by having good behavior and doing chores around the home.

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS
CSP

3/9/2015

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6635371

Date of Service: 3/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

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Name: [REDACTED] Policy #: Insurance No. DOB: [REDACTED] Note ID#: 6629425
Date of Service: 3/6/2015 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: [REDACTED] Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/6/2015 Shift/Duration of Service: 1:00 PM - 2:00 PM Total Time: 1 hrs. 0 min.
DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED] She reported taking peer's food in classroom when no one was around and just after individual session. [REDACTED] said her thoughts were "to take" when she saw cookies. She reported mom knowing and school not doing anything at this time. Mom didn't reply to text in acknowledgement of text. [REDACTED]
Progress: [REDACTED]
Plan: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 8629425

Date of Service: 3/6/2015

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 3/9/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB Note ID#: 6636850

Date of Service: 3/9/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 3/9/2015	Shift/Duration of Service: 1:30 PM - 3:30 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

[REDACTED] expressed to MHS that her lip was bused because her brother accidentally hit her. [REDACTED] expressed to MHS that she wanted to play with brother during recess. [REDACTED] expressed to MHS that her brother was playing with his friends but "He did ask if I was having a good day."

[REDACTED] expressed to MHS that she needed some assistance with going over her work.

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6636850

Date of Service: 3/9/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/16/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6637889
Date of Service: 3/10/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 7
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/10/2015 Shift/Duration of Service: 1:45 PM - 3:30 PM Total Time: 1 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact
1) [REDACTED]

Intervention/Activity (What you did)
[REDACTED]

Assessment of Progress Towards Goal
[REDACTED] as
[REDACTED] expressed to MHS that she needed some assistance with a question. [REDACTED] responded to MHS by stating that "nothing" was wrong with her.
[REDACTED]
Plan for next session:
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6637889

Date of Service: 3/10/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

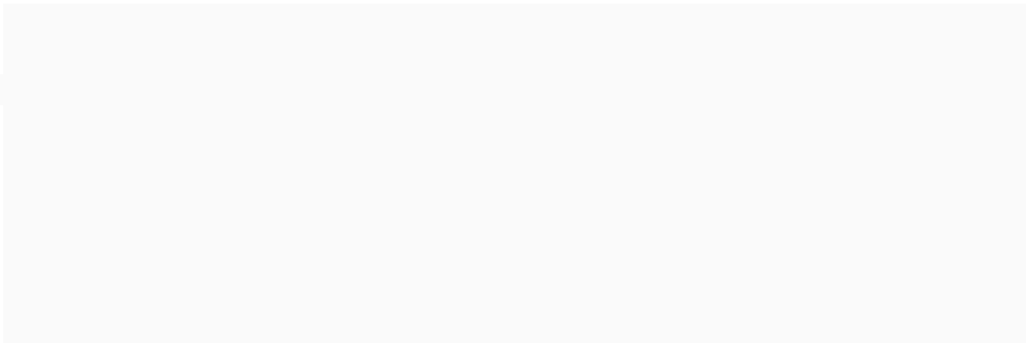
Victoria Jamison

CSP

Victoria Jamison, BA, MHS

3/16/2015

Signature/Credentials/Position:



Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6638073

Date of Service: 3/11/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 7
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 3/11/2015	Shift/Duration of Service: 1:45 PM - 3:30 PM	Total Time: 1 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED] expressed to MHS that she was sad all day to day because "my brother did not want to work with me when we were in dance this morning."

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L.

Policy #:

Insurance No.

DOB:

DOB

Note ID#:

8638073

Date of Service: 3/11/2015

Staff:

Jamison, Victoria

Record #:

73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

3/16/2015

Signature/Credentials/Position:

Name: [REDACTED]
Date of Service: 3/13/2015

Policy #: Insurance No.
Staff: Sutton, Renee

DOB: DOB Note ID#: 6641305
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 3/13/2015	Shift/Duration of Service: 2:30 PM - 3:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED] reported not taking medicines.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

[REDACTED]

Name: **J.J.L.J.L.**
Date of Service: 3/13/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 73

Note ID#: 6641305

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 3/20/2015

Signature/Credentials/Position:

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6654414

Date of Service: 3/20/2015

Staff: Sutton, Renee

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 3/20/2015	Shift/Duration of Service: 9:30 AM - 10:30 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Name: J.J.L.J.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6654414

Date of Service: 3/20/2015

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

Response

[REDACTED]

J.J.L. reported not wanting to graduate from therapy, saying that she loves MHS and how she helps her. J.J.L. reported "like to talk" with MHP. J.J.L. enjoyed watching video, asking why her mouth moved funny [REDACTED]. She provided permission to show video to mom. [REDACTED]

[REDACTED] requested to talk with MHS on phone, sharing kind words to her and enjoying text and talking on phone, [REDACTED]

[REDACTED] J.J.L. said that she wanted MHS and refused doing written goodbye exercise.

Progress:

Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 3/26/2015

Signature/Credentials/Position:

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6663392

Date of Service: 3/25/2015

Staff: Sutton, Renee

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School-3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/25/2015	Shift/Duration of Service: 1:00 PM - 2:00 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED] will identify her feelings and practice expressing them in healthy ways .

1) [REDACTED] will identify her feelings and practice expressing them in healthy ways as evidenced by her mother, natural supports, school staff, in order to increase functioning and decrease negative consequences and practice daily engaging in communication (maintaining eye contact, assertiveness, etc) that will increase closeness in relationships with others (to include siblings, natural supports, classmates, etc).

Intervention/Activity (What you did)

MHP guided [REDACTED] in "saying goodbye" exercise. MHP explored [REDACTED] emotions on discharge. MHP praised her for learning and making changes. MHP encouraged [REDACTED] to communicate her needs to mom and make requests about areas that she doesn't understand. MHP interacted with [REDACTED] in classroom during group exercise and assisted her in completing reflection. MHP sent text to establish confirmation of a discharge discussion and closure of services.

Assessment of Progress Towards Goal

Response: [REDACTED] presented in happy mood but slightly changed to withdrawn when she explained that "mom asks what we talk about" and "mom doesn't want us to talk anymore". [REDACTED] reported liking services and time together but didn't know reasons mother didn't. [REDACTED] completed exercises with interest and reflection statements, drawing two MHS' and MHP without her. She shook her head with praise and said she learned alot but reported wanting to still see support staff. [REDACTED] requested to return to next class and allowed a hug goodbye. She responded to communication ideas with mom but in a low voice that couldn't be understood and wouldn't repeat. Mom didn't respond back to text.

Progress: [REDACTED] progressed as much as she could at this point not completing goals.

Plan: MHP will contact mom to clarify last day of therapy services, which appears to be now.

Client Progress:

Moderate Progress

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.N.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6663392

Date of Service: 3/25/2015

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 3/26/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6672440
Date of Service: 3/31/2015 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 3/31/2015 Shift/Duration of Service: 1:30 PM - 2:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

Response: [REDACTED]
[REDACTED] said that she didn't know if mom was expecting MHP to come to home. Mom didn't reply to meeting request to discuss discharge and expectations. Discharge paperwork was completed and letter sent to [REDACTED] mom for discharge of [REDACTED] and four other siblings.
Progress: [REDACTED]
Plan: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6672440

Date of Service: 3/31/2015

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 4/2/2015

Signature/Credentials/Position:

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6773235

Date of Service: 5/1/2015

Staff: Williams, Barbara

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 6
Service: (T1016) TCM - no travel
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: Home - 12
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 5/1/2015	Shift/Duration of Service: 1:30 PM - 3:00 PM	Total Time: 1 hrs. 30 min.
DSM-V Diagnosis: N/A		

Purpose of Contact

1) [REDACTED] of [REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment: [REDACTED]

CM was informed by mom that at times her and her siblings get into altercations, but she has learned how to just walk away and not allow it to affect her. [REDACTED]

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6773235

Date of Service: 5/1/2015

Staff: Williams, Barbara

Record #: 73

Page 2 of 2

Effectiveness of Intervention/Activity

Support Team: [redacted]. CM spoke to mom to find out how the behavior of the minor child has been going. Mom stated that she is happy to say she has no issues from the child at home. That she has spoken with the children letting them know that they are not to take anything and they are not to ask for anything, for the school is just waiting for them to slip up so that they can call DSS. Mom stated that one of the children got in trouble at school again for asking for a pack of crackers and got a referral.

Mom stated that she informed the school to do what needed to be done for she has spoken with him time after time about not asking and not taking things. Mom feels that the school is so petite when it comes down to things like this. Mom stated that she refuses to go to the school and she is not taking any phone calls from them either.

[redacted]

Referral/ Follow-up: [redacted]

[redacted]

Client Progress:

[redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams

CSP

Barbara Williams, MS, MHS

5/2/2015

Signature/Credentials/Position:

Name: [REDACTED]
Date of Service: 5/15/2015

Policy #: Insurance No.
Staff: Williams, Barbara

DOB: DOB Note ID#: 6771019
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 6
Service: (T1016) TCM - no travel
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: Home - 12
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 5/15/2015	Shift/Duration of Service: 1:30 PM - 3:00 PM	Total Time: 1 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment [REDACTED]

[REDACTED]

home. She stated that all is going well, even though she was kind of shy while talking to CM. [REDACTED] er.

[REDACTED] stated that at time two of her brothers will pick on her, then her older brother likes to tell her what to do. [REDACTED]

[REDACTED], she responded that she does not like it for he is always trying to make her do things that she does not feel like doing. [REDACTED]

[REDACTED]

CM told mom that it is vitally important that she make sure to attend the dental appointment for this is a part of the plan. CM told her that she will be checking with the dentist to see if a visit has been for the children. CM told mom it is very important that she answers her phone for she does not know if the dentist has called to set an appointment for the children, for she want answer her phone.

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6771019

Date of Service: 5/15/2015

Staff: Williams, Barbara

Record #: 73

Page 2 of 2

Effectiveness of Intervention/Activity

Support Team: The mother of the minor child who is a part of the support team spoke with CM today. Mom informed CM that the child was doing well at home but at time still having some issues at school. Mom stated that the school continues to call when there is an issue and still just tell them to handle the situation. Mom feels that the way the school continues to call her and she may home school the children next year, because she is getting frustrated with them calling all of the time.

[REDACTED] Mom was also informed that the children should be able to socialize with other children. Mom stated that she is just tired of the school calling with petite things. Mom was told what she sees as petite, seems big to the school otherwise they would not be calling. Mom was informed that she should not try to home school the children for this can be a bit much, especially when they have to meet the stated standards.

Referral/Follow up: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Barbara Williams
CSP
Signature/Credentials/Position:
Barbara Williams, MS, MHS 5/16/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6841912

Date of Service: 6/17/2015

Staff: Williams, Barbara

Record #: 73

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Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 2
Service: (T1016) TCM - no travel
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L.L.	Date of Birth: DOB	Location: Other Place of Service - 99
Record #: 73	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: [REDACTED]		

Date: 6/17/2015	Shift/Duration of Service: 4:00 PM - 4:30 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment: [REDACTED]

Effectiveness of Intervention/Activity

Support Team: The mother of the minor child spoke with CM today. Mom informed CM that his week would not be a good week for a visit with the children. Mom shared that the children has appointments and she has her grandchildren with her at the home and that she is not sure that this time is good of her, but that she asked CM to call later in the week to set a time for the following week for a visit.

Referral/Follow-up: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Barbara Williams CSP	<i>Barbara Williams</i> , MS, MHS	6/20/2015
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Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6841912

Date of Service: 6/17/2015

Staff: Williams, Barbara

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 12/2/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6474106
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]
Record #: 73
Face To Face: Yes
Overall Affect: [REDACTED]

Date of Birth: **DOB** Location: School - 3
Policy #: **Insurance No.**

Date: 12/2/2014 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity
(What you did)

Assessment of
Progress Towards
Goal

Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/9/2014

Name: **J.J.L.J.L**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6474106

Date of Service: 12/2/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **J.J.L.**
Date of Service: 12/2/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6474159
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/2/2014	Shift/Duration of Service: 11:45 AM - 12:30 PM. Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **J.J.L.** commented to MHS that she is only allowed to do homework for 30 minutes in her house.

Plan for next session:

[REDACTED]

Client Progress: **[REDACTED]**

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP

Victoria Jamison, BA, MHS

12/9/2014

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6474159
Date of Service: 12/2/2014 Staff: Jamison, Victoria Record #: 73 Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6474254
Date of Service: 12/2/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/2/2014 Shift/Duration of Service: 2:45 PM - 3:30 PM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED] ice
[REDACTED] way

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/9/2014

Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6474254

Date of Service: 12/2/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6475650
Date of Service: 12/3/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/3/2014	Shift/Duration of Service: 9:00 AM - 9:45 AM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/10/2014

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6475650

Date of Service: 12/3/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6477093
Date of Service: 12/3/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/3/2014 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED]

[REDACTED] expressed to MHS that she needed help opening her snack. [REDACTED] followed through by stating to MHS that her classmates were talking to her about her brother not getting in trouble for taking something that he should not have taken.

Plan for next session:
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS 12/10/2014
CSP

Name **J.J.L.J.L.**

Policy # **Insurance No.**

DOB: **DOB**

Note ID#: 6477093

Date of Service: 12/3/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6477132
Date of Service: 12/4/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4 Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/4/2014 Shift/Duration of Service: 8:45 AM - 9:45 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

[REDACTED] responded to MHS greet by stating, "Good Morning."
[REDACTED] expressed that she did not inform mom and dad about her new belt because she did not know where it came from.
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/11/2014

Name: J.J.L.N.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6477132

Date of Service: 12/4/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: [REDACTED] Note ID#: 6478523
Date of Service: 12/4/2014 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg. unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: [REDACTED] Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/4/2014 Shift/Duration of Service: 11:15 AM - 12:15 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED]. Teachers reported improved assertiveness and attempts to not cheat and do work on own. Mom agreed for teachers to establish an IEP and addressing various concerns for catching up grades levels and delivery for education. Mom agreed to seeing self-contained class again at another school but expressed dissatisfaction with current elementary school's attempts to provide special resources and allow as much regular classroom activity. Mom acknowledged regression issues with reduced family sessions and agreed to one next week but wouldn't commit to future attempts at planning.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name **J.J.L.N.L.**

Policy #: **Insurance No.**

DOB **DOB**

Note ID#: 6478523

Date of Service: 12/4/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 12/9/2014

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6481258
Date of Service: 12/5/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/5/2014 Shift/Duration of Service: 2:45 PM - 3:30 PM Total Time: 0 hrs. 45 min.
DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] responded to MHS greet by saying, "Hi." [REDACTED] expressed to MHS that she was working on her subtraction math problems. [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/12/2014

Name: **J.J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6481258

Date of Service: 12/5/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6484157

Date of Service: 12/5/2014

Staff: Sutton, Renee

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/5/2014 Shift/Duration of Service: 1:15 PM - 2:15 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]
2) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED]
Progress: [REDACTED]
Plan: [REDACTED]

Client Progress:

Significant Progress

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6484157

Date of Service: 12/5/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 12/9/2014

Signature/Credentials/Position:

Name: [REDACTED]
Date of Service: 12/8/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6485412
Record #: 73

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 5
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/8/2014	Shift/Duration of Service: 8:30 AM - 9:45 AM	Total Time: 1 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) J [REDACTED] s [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] expressed to MHS that the MHS was visiting [REDACTED] early today. MHS expressed to MHS that MHS did not have on pretty clothes today. [REDACTED] expressed to MHS that her mom did not sign her interim report. [REDACTED] expressed that she wanted MHS to assist her in activities in specials today.

Plan for next session:

[REDACTED] of

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

EXHIBIT 9

Part 3

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6485412

Date of Service: 12/8/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/15/2014

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: [REDACTED] Note ID#: 6485610
Date of Service: 12/8/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: [REDACTED] Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/8/2014 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact: [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Assessment of Progress Towards Goal: [REDACTED] [REDACTED] expressed to MHS that her other teacher was going to be giving her homework assignments now. [REDACTED]

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS 12/15/2014
CSP

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6485610

Date of Service: 12/8/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6485704
Date of Service: 12/9/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 5
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/9/2014 Shift/Duration of Service: 8:30 AM - 9:45 AM Total Time: 1 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] expressed to MHS that she did not like the activity that she had to do in specials today. [REDACTED] expressed that her friend told the teacher that she licked a piece of paper and put it on his desk but [REDACTED] stated that was not true. [REDACTED] followed through by telling MHS that she will try to have a good rest of the day.
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6485704

Date of Service: 12/9/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

12/16/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.L.L.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6487918

Date of Service: 12/9/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.L.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/9/2014	Shift/Duration of Service: 2:30 PM - 3:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] to MHS that she needed help peeling her orange for snack.
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/16/2014

Name: **J.J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6487918

Date of Service: 12/9/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Name: J.J.L.J.L.
Date of Service: 12/10/2014

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6487945
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 5
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/10/2014 Shift/Duration of Service: 8:30 AM - 9:45 AM Total Time: 1 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact
1 [REDACTED]

Intervention/Activity (What you did)
[REDACTED]

Assessment of Progress Towards Goal
[REDACTED] J.J.L. informed MHS that she lost her field trip permission slip.
[REDACTED]
Plan for next session:
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison CSP
Victoria Jamison, BA, MHS
12/17/2014

Name: **J.J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6487945

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Name: J.J.L.J.L.L. Policy #: Insurance No. DOB: DOB Note ID#: 6492466
Date of Service: 12/10/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support

Consumer: J.J.L.J.L.L. Date of Birth DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: No
Overall Affect: [REDACTED]

Date: 12/10/2014 Shift/Duration of Service: 2:45 PM - 3:00 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] Mom expressed to MHS that J.J.L. does not have anything written in her agenda book from the teacher so she does not know what is going on. Mom expressed to MHS that no one will see J.J.L. for the holiday break; she will be with mom and no one else.

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/17/2014

Name: **J.J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6492466

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6492506

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 2
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 12/10/2014	Shift/Duration of Service: 3:00 PM - 3:30 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact
1) [Redacted]

Intervention/Activity (What you did)
[Redacted]

Assessment of Progress Towards Goal
[Redacted]

Plan for next session:
[Redacted]

Client Progress: [Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS
12/17/2014

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6492508

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6495190

Date of Service: 12/11/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 12/11/2014	Shift/Duration of Service: 9:00 AM - 9:45 AM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

[Redacted] J.J.L. expressed to MHS that she has to apologize to her teacher for taking something that did not belong to her.

Plan for next session:
[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/18/2014

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6495190

Date of Service: 12/11/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]
Date of Service: 12/11/2014

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6495265
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 2
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/11/2014 Shift/Duration of Service: 3:00 PM - 3:30 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/18/2014

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6495265

Date of Service: 12/11/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]
Date of Service: 12/12/2014

Policy #: Insurance No.
Staff: Sutton, Renee

DOB: DOB Note ID#: 6495357
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/12/2014	Shift/Duration of Service: 11:00 AM - 12:00 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L. J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6495357

Date of Service: 12/12/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

[REDACTED] J.J.L. reported incident at home where sister hit her head on floor and "being mean" where mom moved J.J.L. to own room.

[REDACTED]

Progress:

[REDACTED]

Plan:

[REDACTED]

Client Progress:

Comments/Notes

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LFC-I 12/19/2014

Signature/Credentials/Position:

[REDACTED]

Name: J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6495444

Date of Service: 12/12/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 10

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/12/2014	Shift/Duration of Service: 1:00 PM - 3:30 PM	Total Time: 2 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

[REDACTED]

J.J.L. expressed to MHS that she does not know her multiplication times.

[REDACTED]

J.J.L. expressed to MHS that her backpack was too heavy because of the backpack buddy items she had to take home.

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.L.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6495444

Date of Service: 12/12/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/19/2014

Signature/Credentials/Position:

Name: J.J.L.L.L.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6495608

Date of Service: 12/15/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 2

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.L.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 12/15/2014 Shift/Duration of Service: 9:00 AM - 9:30 AM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[Redacted]

[Redacted]

stating that she went to church and Bojangles over the weekend.

Plan for next session: [Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/22/2014

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6495608

Date of Service: 12/15/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6498252
Date of Service: 12/16/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4 Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/16/2014 Shift/Duration of Service: 9:00 AM - 10:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED] responded to MHS question by stating that she has different morning work than her classmates.
Plan for next session:
[REDACTED] do.

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP 12/23/2014

Name: [REDACTED]

Policy #:

Insurance No.

DOB:

DOB

Note ID#:

6498252

Date of Service: 12/16/2014

Staff:

Jamison, Victoria

Record #:

73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6498361
Date of Service: 12/16/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/16/2014 Shift/Duration of Service: 12:30 PM - 1:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] J.J.L. expressed to MHS that "anytime something gets taken they always think I did it and it makes me feel sad."
[REDACTED]
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP 12/23/2014

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6498361

Date of Service: 12/16/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6498381

Date of Service: 12/16/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/16/2014	Shift/Duration of Service: 2:45 PM - 3:30 PM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED] responded to MHS question by stating that she took something that did not belong to her but that she was going to give it back at the end of the day. [REDACTED]

Plan for next session: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	12/23/2014
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Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6498381

Date of Service: 12/16/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]
Date of Service: 12/16/2014

Policy #: Insurance No.
Staff: Sutton, Renee

DOB: DOB Note ID#: 6522683
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 6
Service: (H0032HO) 15 Mins. - Service Plan Development

Consumer: [REDACTED]	Date of Birth: DOB	Location: Office - 11
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/16/2014 Shift/Duration of Service: 11:00 AM - 12:30 PM Total Time: 1 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

- 1) [REDACTED]
- 2) [REDACTED]
- 3) [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6522683

Date of Service: 12/18/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

Response: [REDACTED]

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPE-I 12/23/2014

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6502262
Date of Service: 12/18/2014 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/18/2014 Shift/Duration of Service: 11:00 AM - 12:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

2) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.L.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6502262

Date of Service: 12/18/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

Response: [REDACTED]

[REDACTED] She reported having fun and didn't talk about sister conflict.

[REDACTED] She reported conflict still occurring between them. J.J.L.L. had [REDACTED]

[REDACTED] Teachers reported stealing incident at school and discussed punishment to refrain from coloring or IPAD use instead of recess being punished due to her desire to always skip recess. Principal reported stealing explanation provided by J.J.L.L. was that she didn't get the object from teacher because she was pulled out and didn't get a chance to participate in activity that would have provided item.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LFC-I 12/23/2014

Signature/Credentials/Position:

Name: [REDACTED]
Date of Service: 12/18/2014

Policy #: [REDACTED]
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6505435
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/18/2014 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] responded to MHS request to interact with class dance by [REDACTED] shaking her head no.
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS
12/22/2014

Name: **J.J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6505435

Date of Service: 12/18/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted Signature/Credentials/Position]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6507186

Date of Service: 12/18/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/18/2014	Shift/Duration of Service: 2:30 PM - 3:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	 BA, MHS	12/22/2014
--	---	------------

Name: **J.J.L.J.L**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6507186

Date of Service: 12/18/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1 Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Service: (S9482HN) 15 Mins. - Family Support

Consumer: [REDACTED]	Date of Birth: DOB [REDACTED]	Location: Home - 12
Record #: 73	Policy #: Insurance No. [REDACTED]	
Face To Face: No		
Overall Affect: [REDACTED]		

Date: 12/29/2014 Shift/Duration of Service: 10:00 AM - 10:15 AM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

1) J. [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Mom acknowledged to MHS that she did not know that [REDACTED] was working on multiplication in classroom. [REDACTED]. Mom agitated about allowing MHS to come into the home to help [REDACTED] one-on-one with multiplication.

Plans for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/5/2015

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6513694

Date of Service: 12/29/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6514044

Date of Service: 12/29/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 6
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 12/29/2014	Shift/Duration of Service: 11:00 AM - 12:30 PM	Total Time: 1 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/5/2015

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6514044

Date of Service: 12/29/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6524414

Date of Service: 1/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 1/6/2015	Shift/Duration of Service: 9:00 AM - 9:45 AM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

[Redacted] J.J.L. expressed to MHS that she was not at school Monday because she did not see MHS. [Redacted]

Plan for next session:

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/13/2015

Name: J.J.L.L.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6524414

Date of Service: 1/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6524892
Date of Service: 1/6/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth **DOB** Location: School - 3
Record #: 73 Policy #: **Insurance No.**
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/6/2015 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact [REDACTED]

Intervention/Activity (What you did) [REDACTED]

Assessment of Progress Towards Goal [REDACTED]

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS 1/13/2015
CSP

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6524892

Date of Service: 1/6/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6526624
Date of Service: 1/7/2015 Staff: Sulton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/7/2015 Shift/Duration of Service: 11:30 AM - 12:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

1) [REDACTED]
[REDACTED] staff and the Policy Staff on a daily basis.

2) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6526624

Date of Service: 1/7/2015

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

Response:

Jazzy agreed to requirements and patience for gaining water bottle.

Progress:

Plan:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 1/9/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: [REDACTED] Insurance No. [REDACTED] DOB: [REDACTED] Note ID#: 6527518
Date of Service: 1/7/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth [REDACTED] DOB [REDACTED] Location: School - 3
Record #: 73 Policy #: [REDACTED] Insurance No. [REDACTED]
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/7/2015 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1)

Intervention/Activity
(What you did)

Assessment of
Progress Towards
Goal

[REDACTED]

[REDACTED]

[REDACTED] expressed to MHS that she was working on language arts.
[REDACTED]
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/13/2015

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6527518

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 8527608

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/7/2015	Shift/Duration of Service: 2:30 PM - 3:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] expressed to MHS that she had just gotten back into the classroom [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	1/14/2015
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Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6527608

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]
Date of Service: 1/7/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6527618
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: [REDACTED]		

Date: 1/7/2015 Shift/Duration of Service: 4:15 PM - 4:30 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact: 1) [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Effectiveness of Intervention/Activity: Mom expressed to MHS about the new routine [REDACTED] Mom acknowledged that it was okay for MHS to drop off the backpack buddy's snacks on Friday's. [REDACTED]

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS
Victoria Jamison
CSP
1/14/2015

Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6527618

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: J.J.L.J.L.L. Policy #: Insurance No. DOB: DOB Note ID#: 6527697
Date of Service: 1/8/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L. Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/8/2015 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

J.J.L. expressed to MHS that she had to complete the work she was doing the day before because she did not get a chance to complete it.

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/15/2015

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6527697

Date of Service: 1/8/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

Name: [REDACTED]
Date of Service: 1/8/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 8527782
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/8/2015	Shift/Duration of Service: 2:30 PM - 3:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Effectiveness of Intervention/Activity

[REDACTED] expressed to MHS that she had gotten a water bottle from Mrs. Renee [REDACTED] followed through by working on math lesson for the day with the assistance of the MHS.

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6527782

Date of Service: 1/8/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

1/15/2015

Signature/Credentials/Position:

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6529090

Date of Service: 1/8/2015

Staff: Sutton, Renee

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Main - Ridgeland

Units Used: 1

77 Hazzard creek vlg, unit - C

Service: (90837HO) 1 Hour Individual Therapy

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Consumer: [REDACTED]

Date of Birth: DOB

Location: School - 3

Record #: 73

Policy #: Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 1/8/2015

Shift/Duration of Service: 12:00 PM - 1:00 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

1) [REDACTED]

2) [REDACTED]

3) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Name: J.J.L.J.L.
Date of Service: 1/8/2015

Policy #: Insurance No.
Staff: Sutton, Renee

DOB: DOB
Record #: 73

Note ID#: 6529090

Assessment of Progress Towards Goal

Response: [REDACTED]

She reported behavior modification helpful and reported comfort in moving to two times per month for therapy. J.J.L. reported sister relationship being better. J.J.L. reported telling on her brother for asking her for food and didn't provide reason for tattling. She reported being able to say no to him but felt guilty even though younger sibling didn't get angry.

Progress: [REDACTED]

Plan: [REDACTED] kill

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 1/13/2015

Signature/Credentials/Position:

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6533687
Date of Service: 1/9/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/9/2015 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

[REDACTED]

Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS
Victoria Jamison, CSP
1/16/2015

EXHIBIT 9

Part 4

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6533687

Date of Service: 1/9/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.L. Policy #: Insurance No. DOB: DOB Note ID#: 6533779
Date of Service: 1/9/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L. Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [Redacted]

Date: 1/9/2015 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

J.J.L. expressed to MHS that she was working on her math journal when MHS walked in the room [Redacted]

Plan for next session:

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/16/2015

Name: [REDACTED] Policy #: [REDACTED] Insurance No. [REDACTED] DOB: [REDACTED] Note ID#: 6533779
Date of Service: 1/9/2015 Staff: Jamison, Victoria Record #: 73 Page 2 of 2

Signature/Credentials/Position:

[REDACTED]

Name: [REDACTED]
Date of Service: 1/12/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6536827
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/12/2015	Shift/Duration of Service: 8:45 AM - 9:45 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact	1) [REDACTED]
Intervention/Activity (What you did)	[REDACTED]
Assessment of Progress Towards Goal	[REDACTED]
	Plan for next session: [REDACTED]
Client Progress:	[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	1/19/2015
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ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6536827

Date of Service: 1/12/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: J.J.L.J.L.L.
Date of Service: 1/12/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6536998
Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 1/12/2015	Shift/Duration of Service: 2:30 PM - 3:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

J.J.L. expressed to MHS that she was working on math work when MHS entered the room.
[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/19/2015

Name: **J.L.J.L**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6536998

Date of Service: 1/12/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Name: J.J.L.J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6537231

Date of Service: 1/13/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Units Used: 8

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 1/13/2015	Shift/Duration of Service: 12:30 PM - 2:30 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

J.J.L. responded to MHS by stating that she had a hot dog, juice, and an apple for lunch. [Redacted]

J.J.L. responded to MHS discussion about not paying attention by stating, "I don't know." [Redacted]

Plan for next session: [Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	1/20/2015
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Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6537231

Date of Service: 1/13/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]
Date of Service: 1/15/2015

Policy #: [REDACTED]
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 73

Note ID#: 6541909

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/15/2015	Shift/Duration of Service: 8:45 AM - 9:45 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED] J.J.L. saying "Hi."
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/22/2015

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6541909

Date of Service: 1/15/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6542275

Date of Service: 1/15/2015

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland

77 Hazzard creek vlg, unit - C

Ridgeland, SC 29936

Jasper County

Phone: 8436457700

Division of Mental Health, Developmental

Disabilities and Substance Abuse Services

Units Used: 4

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/15/2015	Shift/Duration of Service: 2:30 PM - 3:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/22/2015

Name **J.J.L.L.L.**

Policy #: **Insurance No.**

DOB **DOB**

Note ID#: 6542275

Date of Service: 1/15/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6542402
Date of Service: 1/15/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth DOB Location: Home - 12
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 1/15/2015 Shift/Duration of Service: 4:00 PM - 4:15 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Mom [REDACTED] MHS that [REDACTED] was doing so good; she does not understand how this could happen. Mom acknowledged to MHS that [REDACTED] will not have any fun over the extra long break from school. [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/22/2015

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6542402

Date of Service: 1/15/2015

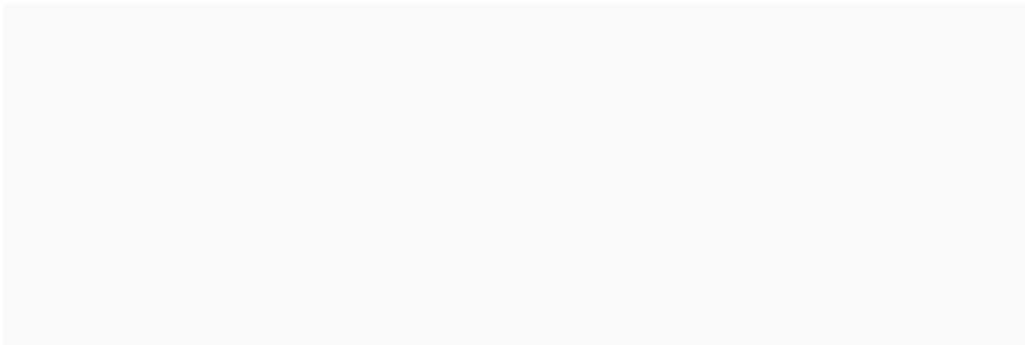
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]



Name: J.J.L.J.L.
Date of Service: 1/20/2015

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6546763
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/20/2015 Shift/Duration of Service: 8:45 AM - 9:45 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

J.J.L. expressed to MHS that she needed help with her morning work. [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/27/2015

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6546763

Date of Service: 1/20/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **J.J.L.** Policy #: **Insurance No.** DOB: **DOB** Note ID#: 6546902
Date of Service: 1/20/2015 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 2
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: **J.J.L.** Date of Birth **DOB** Location: School - 3
Record #: 73 Policy #: **Insurance No.**
Face To Face: Yes
Overall Affect:

Date: 1/20/2015 Shift/Duration of Service: 2:30 PM - 3:00 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal
 J.J.L. expressed to MHS that she did not know why was it that she was going to the assistant principle's office.
Plan for next session:

Client Progress:

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

1/27/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6546902

Date of Service: 1/20/2015

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 1/22/2015

Policy #: [REDACTED]
Staff: Jamison, Victoria

Insurance No. [REDACTED]

DOB: [REDACTED]
Record #: 73

Note ID#: 6553032

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: [REDACTED]	Location: School - 3
Record #: 73	Policy #: [REDACTED]	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 1/22/2015	Shift/Duration of Service: 2:30 PM - 3:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1 [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/29/2015

Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6553032

Date of Service: 1/22/2015

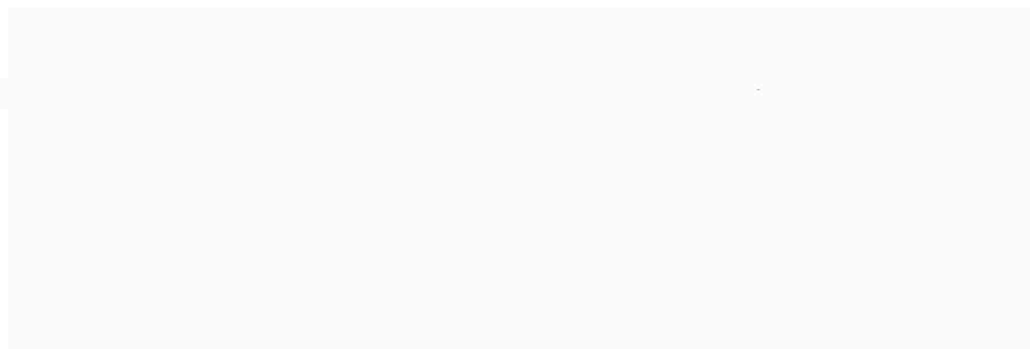
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]



Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 7
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/7/2014	Shift/Duration of Service: Total Time: 1 hrs. and 45 mins.
-----------------	--

DSM-V Diagnosis: N/A

Purpose of Contact
[REDACTED]

Intervention/Activity (What you did)
[REDACTED]

Assessment of Progress Towards Goal
[REDACTED] Client [REDACTED] she understood sign words by inserting the correct word into the blank on the computerized system. Client [REDACTED] she understood the difference between "every" and "even" by spelling aloud the two different words.
Plan for next session:
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP
Victoria Jamison, BA, MHS
10/13/2014

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6397740

Date of Service: 10/7/2014

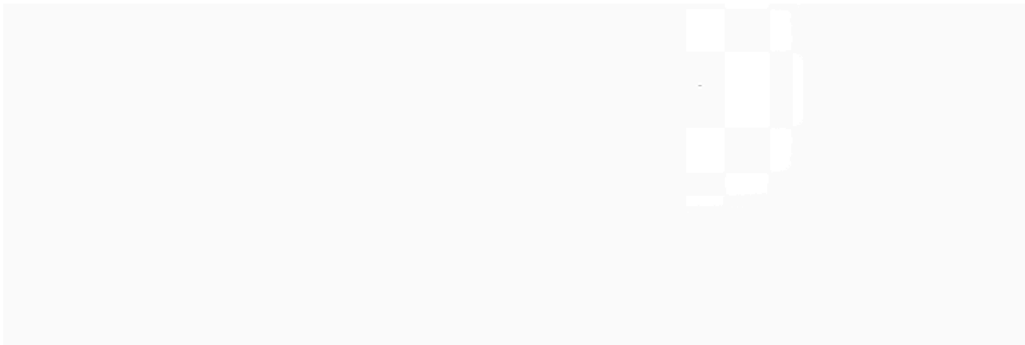
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]



Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Units Used: 7
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: [REDACTED] DOB	Location: School - 3
Record #: 73	Policy #: [REDACTED] Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/8/2014	Shift/Duration of Service: Total Time: 1 hrs. and 45 mins.
-----------------	--

DSM-V Diagnosis: N/A

Purpose of Contact [REDACTED]

Intervention/Activity (What you did) [REDACTED]

Assessment of Progress Towards Goal [REDACTED]
I have too much to carry. Will you take my iPad back to the classroom for me please?
Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6399316

Date of Service: 10/8/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:
Victoria Jamison
CSP
Signature/Credentials/Position:

Victoria Jamison, BA, MHS

10/15/2014

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: [REDACTED] Insurance No. [REDACTED] DOB: [REDACTED] Note ID#: 8400591
Date of Service: 10/8/2014 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg. unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth [REDACTED] Location: School - 3
Record #: 73 Policy #: [REDACTED] Insurance No. [REDACTED]
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 10/8/2014 Shift/Duration of Service: 11:15 AM - 12:15 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact
1) [REDACTED]
2) [REDACTED]
Intervention/Activity (What you did)
[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6400591

Date of Service: 10/8/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

Response: [REDACTED] She reported some concern over brother's emotion from last night but denied asking him how he felt. She reported eating dinner after one hour church function (8pm) but brought attention to the fact that dinner was late due to family session. She reported their normal routine of eating at 6pm. J.J.L reported now having one friend providing her name and what they played at recess.

[REDACTED] She reported that she is going to "always do good now". [REDACTED]

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 10/14/2014

Signature/Credentials/Position:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6400085
Date of Service: 10/9/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 6
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 10/9/2014 Shift/Duration of Service: Total Time: 1 hrs. and 40 mins.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Client said "Hi" to MHS when came in contact with each other. [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

10/15/2014

Name: J.J.L.J.L.

Policy #:

Insurance No.

DOB:

DOB

Note ID#:

6400085

Date of Service: 10/9/2014

Staff:

Jamison, Victoria

Record #:

73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 6
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: [REDACTED] DOB	Location: School - 3
Record #: 73	Policy #: [REDACTED] Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/10/2014	Shift/Duration of Service: Total Time: 1 hrs. and 30 mins.
------------------	--

DSM-V Diagnosis: N/A

Purpose of Contact: [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Assessment of Progress Towards Goal: [REDACTED] expressed interest in Riley Run by participating in the events that were in place. [REDACTED] was confused about why the class activity was done but she acknowledged [REDACTED] was said during the activity. [REDACTED] clarified that she did not have to stack classroom chairs but that she volunteered to do so.
Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS
Victoria Jamison
CSP
10/15/2014

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **J.J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6401803

Date of Service: 10/10/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB [REDACTED]	Location: School - 3
Record #: 73	Policy #: Insurance No. [REDACTED]	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/13/2014	Shift/Duration of Service: Total Time: 0 hrs. and 45 mins.
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DSM-V Diagnosis: N/A

Purpose of Contact
1) [REDACTED]

Intervention/Activity (What you did)
[REDACTED]

Assessment of Progress Towards Goal
[REDACTED] by stating that what her three strengths were. [REDACTED] responded to MHS request by writing down what her three strengths were. [REDACTED]
[REDACTED] Client pointed out to MHS that she was not sure if she was going to the third grade field trip.
Plan for next session:
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP
Victoria Jamison, BA, MHS
10/15/2014

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6404415

Date of Service: 10/13/2014

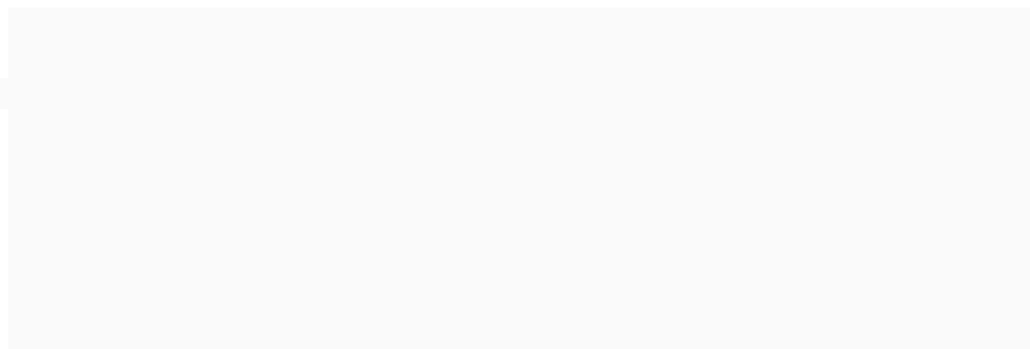
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted signature area]



ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 10/14/2014

Policy #: [REDACTED]
Staff: Jamison, Victoria

Insurance No. [REDACTED]

DOB: [REDACTED]
Record #: 73

Note ID#: 6407142

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: [REDACTED]	Location: School - 3
Record #: 73	Policy #: [REDACTED]	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/14/2014	Shift/Duration of Service: Total Time: 0 hrs. and 45 mins.
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DSM-V Diagnosis: N/A

Purpose of Contact
1. [REDACTED]

Intervention/Activity (What you did)
[REDACTED]

Assessment of Progress Towards Goal
[REDACTED] pointed out to MHS about not being able to go on class field trip. [REDACTED] clarified by stating that "Mom said that she was not signing permission slip and that she did not have the money."
[REDACTED] clarified that there was something irritating her as to why she was playing with her skirt.
Plan for next session:
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS
10/20/2014

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 5407142

Date of Service: 10/14/2014

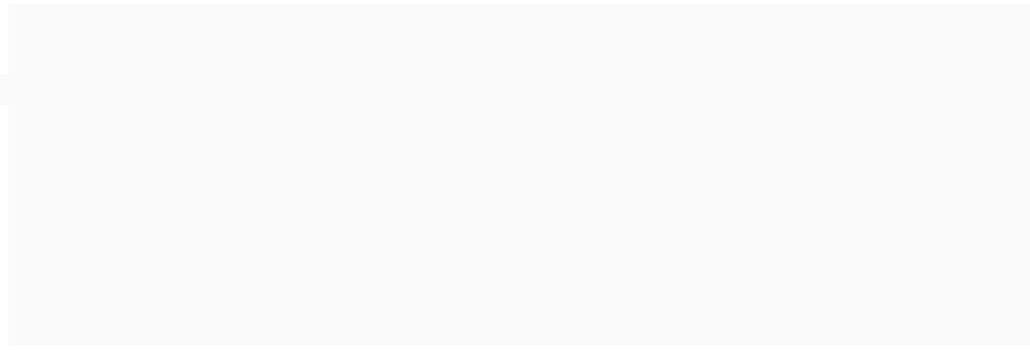
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted Signature Area]



ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6410356

Date of Service: 10/17/2014

Staff: Sutton, Renee

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/17/2014	Shift/Duration of Service: 11:00 AM - 12:00 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]	[REDACTED]
2) [REDACTED]	[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6410356

Date of Service: 10/17/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

Response: [REDACTED]

[REDACTED] She denied any feelings saying she had a good week, but not able to say what good meant for felt like. She didn't respond to inquiries about new staff, other than she comes to recess. She said she makes friends because they come up to talk to her, and didn't respond to her initiating. She said she wanted to learn how to tell time and would look at visuals during explanations, saying she could count to 60.

[REDACTED] She complained about her writing and wanted to tear out sheet saying that people say she writes small.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Renee Sutton, MHP, LPC-I 10/18/2014

Renee Sutton
MHP

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.L. Policy #: Insurance No. DOB: DOB Note ID#: 6413129
Date of Service: 10/20/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: J.J.L.J.L.L. Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [Redacted]

Date: 10/20/2014 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact: [Redacted]

Intervention/Activity (What you did): [Redacted]

Assessment of Progress Towards Goal: [Redacted]
J.J.L. clarified with MHS that she was with Dr. Trexler. [Redacted]
Plan for next session: [Redacted]

Client Progress: [Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP 10/27/2014

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6413129

Date of Service: 10/20/2014

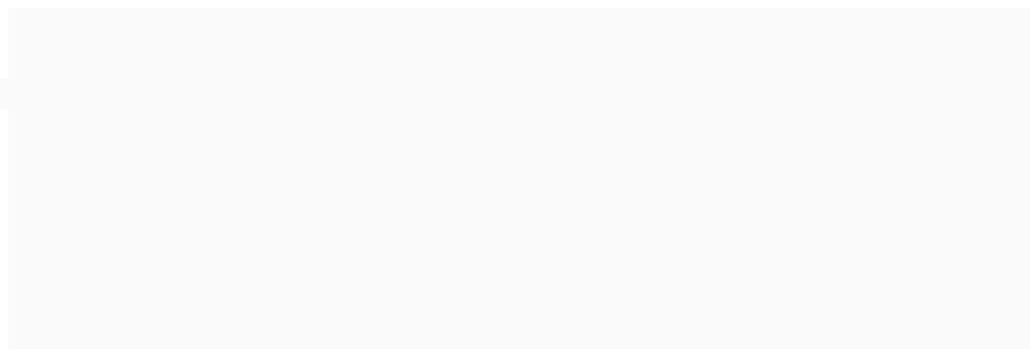
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted Signature Area]



Name: J.J.L.J.L.L. Policy #: Insurance No. DOB: DOB Note ID#: 6415757
Date of Service: 10/20/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.L.L. Date of Birth DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 10/20/2014 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact [REDACTED]

Intervention/Activity (What you did) [REDACTED]

Assessment of Progress Towards Goal
J.J.L. clarified with MHS that she was with Dr. Trexler.
J.J.L. informed MHS that Mrs. Renee gave her two Strawberry Shortcake coloring worksheets.
Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6415757

Date of Service: 10/20/2014

Staff: Jamison, Victoria

Record #: 73

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Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

10/27/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: [REDACTED] Insurance No. [REDACTED] DOB: [REDACTED] Note ID#: 6415792
Date of Service: 10/21/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: [REDACTED] DOB Location: School - 3
Record #: 73 Policy #: [REDACTED] Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 10/21/2014 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] expressed she did not know what was supposed to be in the notebook labeled with the "pickled" tape. [REDACTED] informed MHS that she though the fellow classmate was not going to eat her cookies that is why she asked for them.
Plan for next session: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6415792

Date of Service: 10/21/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

11/13/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6414300
Date of Service: 10/21/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 10/21/2014 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1 [REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] informed MHS that the bugs were bothering her. [REDACTED] commented to MHS if MHS was going to see her later on today. Later on in the day, [REDACTED] expressed she did not know what was supposed to be in the notebook labeled with the "pickled" tape. [REDACTED] was unaware that she was writing science information in the reading notebook. [REDACTED] informed MHS that she thought the fellow classmate was not going to eat her cookies that is why she asked for them.
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6414390

Date of Service: 10/21/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

11/13/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6415104
Date of Service: 10/21/2014 Staff: Sutton, Renee Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 10/21/2014 Shift/Duration of Service: 11:15 AM - 12:15 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]
2) [REDACTED]

[REDACTED] of
[REDACTED]
2) [REDACTED]
[REDACTED]
[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6415104

Date of Service: 10/21/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Assessment of Progress Towards Goal

Response: J [REDACTED] ms.

[REDACTED]

. She reported making friends and using discretion when telling feelings to friends. Mother previously reported J.J.L. not remembering information, and J.J.L. was able to recall difference between time clock big hand and little hand.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 10/29/2014

Signature/Credentials/Position:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6415966

Date of Service: 10/22/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/22/2014	Shift/Duration of Service: 9:00 AM - 10:00 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1 [REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] then responded by questioning MHS if she will be able to get notebook back at the end of specials.

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	10/29/2014
--	----------------------------------	------------

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6415966

Date of Service: 10/22/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6421842
Date of Service: 10/23/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 2
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 10/23/2014 Shift/Duration of Service: 9:15 AM - 9:45 AM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED]

[REDACTED] air.
[REDACTED] pointed out to MHS that she was playing kickball but no one would kick the ball to her.
[REDACTED] commented to MHS that the bugs did not bother today. [REDACTED] responded to MHS reading her notebook by stating that "it's okay, I only care when others look at it."
Plan for next session:
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP 10/30/2014

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6421842

Date of Service: 10/23/2014

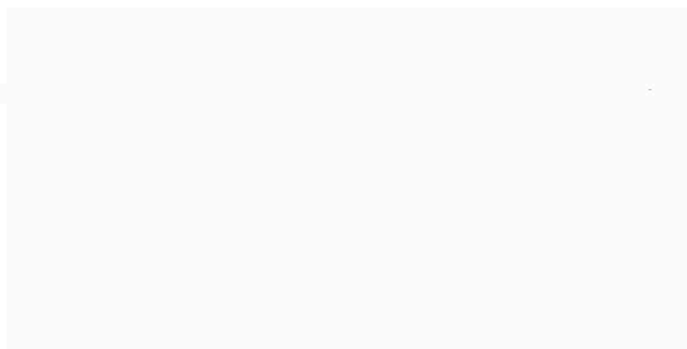
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted signature area]



Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6421884

Date of Service: 10/23/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/23/2014	Shift/Duration of Service: 2:45 PM - 3:30 PM	Total Time: 0 hrs. 45 min.
------------------	--	----------------------------

DSM-V Diagnosis: N/A

Purpose of Contact

1 [REDACTED]

Intervention/Activity (What you did)

[REDACTED] ce.

Assessment of Progress Towards Goal

[REDACTED] instructed MHS that she was in Dr. Trexler's classroom. [REDACTED] informed MHS that mom was coming to Parent Teacher conference today.
Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

10/30/2014

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6421884

Date of Service: 10/23/2014

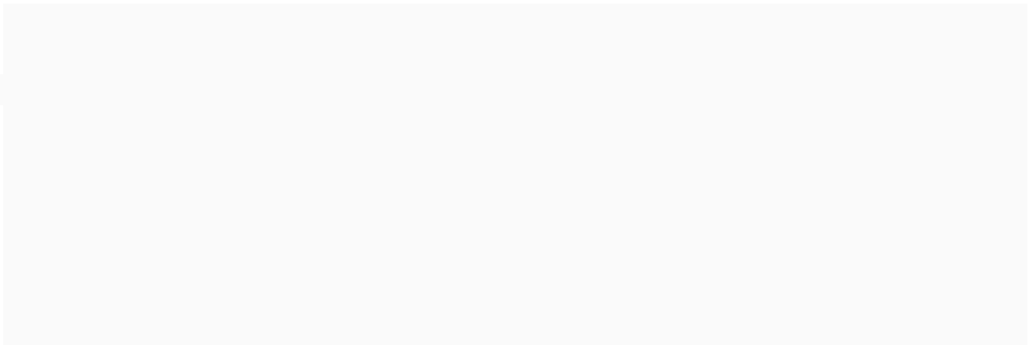
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted signature area]



ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6421621

Date of Service: 10/27/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/27/2014	Shift/Duration of Service: 9:00 AM - 10:00 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

1) [REDACTED] practice

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED], "I don't know," to the question "what was she supposed to be doing in art class." [REDACTED] expressed concern in what was to be going on in class by coming up to MHS and asking for help. [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

11/3/2014

Name: J.L.L.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6421621

Date of Service: 10/27/2014

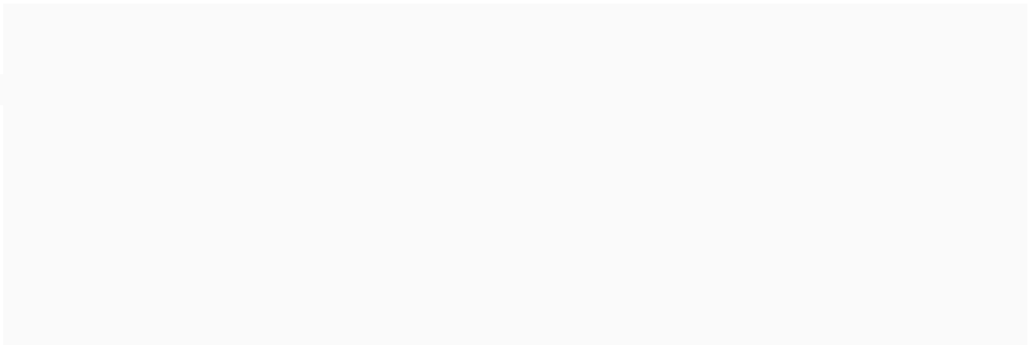
Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted Signature/Credentials/Position]



Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6421806

Date of Service: 10/27/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/27/2014	Shift/Duration of Service: 2:45 PM - 3:30 PM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] informed MHS that she collected all of the rulers because she was the materials collector. [REDACTED] she understood that she would get extra points on test [REDACTED]

Plan for next session:

[REDACTED] y.

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

11/3/2014

Name: **J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6421806

Date of Service: 10/27/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6423144

Date of Service: 10/28/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/28/2014	Shift/Duration of Service: 9:00 AM - 10:00 AM	Total Time: 1 hrs. 0 min.
------------------	---	---------------------------

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] ed

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED] informed MHS that she did not cry today.

Plan for next session:

[REDACTED] for

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **J.J.L.J.L.**
Date of Service: 10/28/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 73

Note ID#: 6423144

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

11/3/2014

Signature/Credentials/Position:

Name: [REDACTED] Policy #: [REDACTED] Insurance No. [REDACTED] DOB: [REDACTED] Note ID#: 6423488
Date of Service: 10/28/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: [REDACTED] DOB Location: School - 3
Record #: 73 Policy #: [REDACTED] Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 10/28/2014 Shift/Duration of Service: 3:00 PM - 3:15 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact
[REDACTED]

Intervention/Activity (What you did)
[REDACTED]

Assessment of Progress Towards Goal
[REDACTED] informed MHS that she was in Dr. [REDACTED] room and said that she was working on the computer.
Plan for next session:
[REDACTED]

Client Progress:
[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison, BA, MHS
CSP
11/4/2014

EXHIBIT 9

Part 5

Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6423488

Date of Service: 10/28/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: [REDACTED] DOB	Location: School - 3
Record #: 73	Policy #: [REDACTED] Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/29/2014	Shift/Duration of Service: 9:00 AM - 10:00 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] expressed great concern for MHS interaction with her during specials. [REDACTED] followed through by asking MHS if she was going to sit beside her in class today. [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	 Victoria Jamison, BA, MHS	11/5/2014
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Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6424559

Date of Service: 10/29/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]
Date of Service: 10/29/2014

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB
Record #: 73

Note ID#: 6424776
Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/29/2014 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact
1) [REDACTED]

Intervention/Activity (What you did)
[REDACTED]

Assessment of Progress Towards Goal
[REDACTED] responded to MHS by stating that she was working on math factors. [REDACTED] expressed interest in playing math factors. [REDACTED]

Plan for next session:
[REDACTED] ss.

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS
11/2/2014

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **JULIA**

Policy #:

ROA Page No. 2277
Insurance No.

DOB:

DOB

Note ID#: 6424776

Date of Service: 10/29/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Redacted Signature/Credentials/Position]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.L.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/30/2014	Shift/Duration of Service: 9:00 AM - 10:00 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact	[REDACTED]
Intervention/Activity (What you did)	[REDACTED]
Assessment of Progress Towards Goal	[REDACTED] J.J.L.L.L.L. informed MHS that she was not weaving the proper way. Plan for next session: [REDACTED]
Client Progress:	[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	 BA, MHS	11/6/2014
--	---	-----------

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6426019

Date of Service: 10/30/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: [REDACTED] DOB	Location: School - 3
Record #: 73	Policy #: [REDACTED] Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/30/2014 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact
1) [REDACTED]

Intervention/Activity (What you did)
[REDACTED]

Assessment of Progress Towards Goal
[REDACTED] informed MHS that she was not participating in group project. [REDACTED] followed through by stating that she was not giving a task to do so she was just watching. [REDACTED]
[REDACTED] responded to MHS praise by smiling. [REDACTED] was observant while [REDACTED]
Plan for next session:
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP
 BA, MHS
11/6/2014

Name: J.J.L.J.L.

Policy # Insurance No.

DOB: DOB

Note ID#: 6429108

Date of Service: 10/30/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6431263

Date of Service: 10/31/2014

Staff: Jamison, Victoria

Record #: 73

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Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/31/2014	Shift/Duration of Service: 9:00 AM - 9:45 AM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] expressed to MHS that she just got back into class [REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

11/7/2014

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6431263

Date of Service: 10/31/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6428425

Date of Service: 10/31/2014

Staff: Sutton, Renee

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1

Service: (90837HO) 1 Hour Individual Therapy

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 10/31/2014	Shift/Duration of Service: 11:15 AM - 12:15 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED]

"I want... I get"

[REDACTED]

bubbles repeating new thought, "Stop and think".

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **J.L.J.L.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6428425

Date of Service: 10/31/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPE-I 11/18/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 11/3/2014

Policy #: [REDACTED]
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 73

Note ID#: 6432510
Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/3/2014	Shift/Duration of Service: 9:00 AM - 10:00 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

[REDACTED]

Plan for next session:
[REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	11/10/2014
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Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6432510

Date of Service: 11/3/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 11/5/2014

Policy #: [REDACTED] **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**
Record #: 73

Note ID#: 6434139

Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg. unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/5/2014 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact: 1) [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Assessment of Progress Towards Goal: [REDACTED] "Thank You. [REDACTED] was successful at returning her work area back to its proper position."
Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, CSP
Victoria Jamison, BA, CSP
11/12/2014

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 8434139

Date of Service: 11/5/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **J.J.L.J.J.L.L.**
Date of Service: 11/5/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6435487
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.J.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect:		

Date: 11/5/2014 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact	
1)	
Intervention/Activity (What you did)	
Assessment of Progress Towards Goal	J.J.L. informed MHS that she was playing Math Dash. J.J.L. responded to MHS request of going to the carpet by going and actually sitting on the carpet quietly until it was time to go home. Plan for next session:
Client Progress:	

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6435487

Date of Service: 11/5/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, CSP

11/12/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6438260

Date of Service: 11/6/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.L.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 11/6/2014	Shift/Duration of Service: 9:00 AM - 9:45 AM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact	1) [Redacted]
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Intervention/Activity (What you did)	[Redacted]
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Assessment of Progress Towards Goal	J.J.L. informed MHS that her teacher was not here. J.J.L. responded to MHS question about doing homework by stating, "Yes." [Redacted] J.J.L. stated to MHS that, "When you go into Mare's classroom, I will be sitting on the rug." Plan for next session: [Redacted]
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Client Progress:	[Redacted]
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Next Appointment:	None Scheduled
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Signature/Credentials/Position: Victoria Jamison CSP	 BA CSP	11/13/2014
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Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6438260

Date of Service: 11/6/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6436730

Date of Service: 11/7/2014

Staff: Sutton, Renee

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: J.J.L.J.L.L	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 11/7/2014	Shift/Duration of Service: 11:00 AM - 12:00 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

1 [Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

Response: [Redacted]

She said she didn't need friends and didn't want to play outside but requested to play with MHP on playground and introduced MHP to a friend while there.

Progress: [Redacted]

Plan: [Redacted]

Client Progress:

[Redacted]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]
Date of Service: 11/7/2014

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 73

Note ID#: 6436730

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPE-I 11/18/2014

Signature/Credentials/Position:

Name: J.J.L.J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6441598

Date of Service: 11/10/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/10/2014	Shift/Duration of Service: 9:00 AM - 9:45 AM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED]

J.J.L. responded to MHS greet by stating, "Morning." J.J.L. responded to MHS question by stating that she was doing a word search. [REDACTED]

[REDACTED] expressed difficulty with the instructions given by teacher during an activity called, "The Infection."

Plan for next session:
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	 BA, CSP	11/17/2014
--	--	------------

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6441598

Date of Service: 11/10/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Name: [REDACTED]
Date of Service: 11/10/2014

Policy #: [REDACTED]
Staff: Jamison, Victoria

Insurance No. [REDACTED]

DOB: [REDACTED]
Record #: 73

Note ID#: 6443280

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: [REDACTED]	Location: School - 3
Record #: 73	Policy #: [REDACTED]	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/10/2014	Shift/Duration of Service: 2:45 PM - 3:30 PM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] informed MHS that they were working on a project. [REDACTED] informed MHS that she helped with putting stuff on the house. [REDACTED] responded to MHS praise by saying, "You're welcome." [REDACTED] was successful at collecting the papers and cleaning up the area when prompted to by teacher.

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, CSP
11/17/2014

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6443280

Date of Service: 11/10/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]
Date of Service: 11/10/2014

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6443306
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: Home - 12
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/10/2014	Shift/Duration of Service: 3:45 PM - 4:00 PM	Total Time: 0 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact: [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Assessment of Progress Towards Goal: Mrs. Mitchell met with MHS in her home. Mrs. Mitchell was informed about some of the reactions that have gone on in the past few weeks with [REDACTED]. Mom demonstrated progress with [REDACTED] since the first day she met them. Mom mentioned that [REDACTED] was horrible when she first met her but has done a full turn around since being with her for the past five years.

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, CSP
Victoria Jamison
CSP

11/17/2014

Name: J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6443308

Date of Service: 11/10/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6443466

Date of Service: 11/12/2014

Staff: Jamison, Victoria

Record #: 73

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Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/12/2014	Shift/Duration of Service: 9:00 AM - 9:45 AM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact	[REDACTED]
Intervention/Activity (What you did)	[REDACTED]
Assessment of Progress Towards Goal	[REDACTED] [REDACTED] expressed joy during obstacle course in specials [REDACTED]
Plan for next session:	[REDACTED]
Client Progress:	[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP		11/19/2014
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ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L. Policy #: Insurance No. DOB: DOB Note ID#: 6443468
Date of Service: 11/12/2014 Staff: Jamison, Victoria Record #: 73 Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

Name: J.J.L.J.L.L. Policy #: Insurance No. DOB: DOB Note ID#: 6443769
Date of Service: 11/12/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.L.L. Date of Birth DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 11/12/2014 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact: [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Assessment of Progress Towards Goal: [REDACTED]
J.J.L. expressed great emotions for not wanting to complete worksheet for homework; began to cry.
Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, CSP 11/19/2014
Victoria Jamison
CSP

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6443769

Date of Service: 11/12/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]

Policy #: Insurance No.

ROA Page No. 2306

DOB: DOB

Note ID#: 6444680

Date of Service: 11/13/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/13/2014	Shift/Duration of Service: 9:00 AM - 9:45 AM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact: [REDACTED]

Intervention/Activity (What you did): [REDACTED]

Assessment of Progress Towards Goal: [REDACTED]

Plan for next session: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS
CSP
12/7/2014

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6444680

Date of Service: 11/13/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/14/2014 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED] by [REDACTED]

Intervention/Activity (What you did)

[REDACTED] als.

Assessment of Progress Towards Goal

J.J.L. responded to MHS morning greet by stating, "Good morning." J.J.L. expressed to MHS about her sitting beside the client at lunch because today is their Thanksgiving dinner. J.J.L. expressed to MHS that lunch will be early today.

Plan for next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP 11/21/2014

Name: [REDACTED]

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6446626

Date of Service: 11/14/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[REDACTED SIGNATURE AREA]

Name: J.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6447143

Date of Service: 11/14/2014

Staff: Sutton, Renee

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Service: (90837HO) 1 Hour Individual Therapy

Consumer: J.J.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 11/14/2014	Shift/Duration of Service: 11:00 AM - 12:00 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [Redacted]

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

Response: [Redacted]

She reported that she hasn't stolen since last year.

She reported home was "good".

Progress: J.J.L. [Redacted]

Plan: [Redacted]

Client Progress: [Redacted]

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 8447143

Date of Service: 11/14/2014

Staff: Sutton, Renee

Record #: 73

Page 2 of 2

Next Appointment: None Scheduled

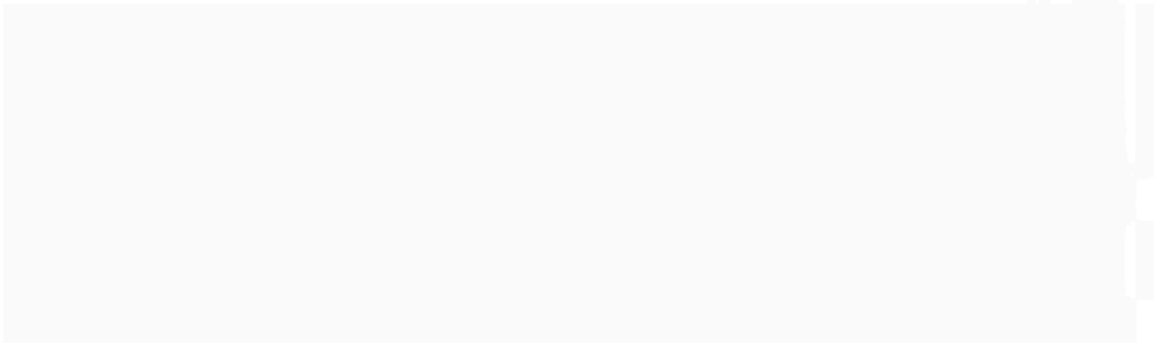
Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 11/18/2014

Signature/Credentials/Position:



Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/17/2014 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact	[REDACTED]
Intervention/Activity (What you did)	[REDACTED]
Assessment of Progress Towards Goal	[REDACTED] responded to MHS morning greet by stating "Good Morning" herself. [REDACTED]
	Plan for next session: [REDACTED]
Client Progress:	[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison, BA, MHS CSP
11/24/2014

Name **J.L.J.L.**

Policy # **Insurance No.**

DOB **DOB**

Note ID#: 6450283

Date of Service: 11/17/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6450381

Date of Service: 11/17/2014

Staff: Jamison, Victoria

Record #: 73

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Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.L.L.	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/17/2014	Shift/Duration of Service: 2:00 PM - 2:15 PM	Total Time: 0 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

J.J.L. informed MHS that she did not take the snack from her classmate. J.J.L. followed through by stating that she did take the Hello Kitty toy from another classmate. J.J.L. mentioned to MHS that her Resource teacher gave her the snack. Resource teacher stated to MHS that she notices that J.J.L. had the pack of crackers hiding under her paper but allowed her to have it be client mentioned that she does not receive snacks. Resource teacher informed MHS that J.J.L. mentioned it to her that her mother does not give her snack at school anymore.

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

11/24/2014

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6450381

Date of Service: 11/17/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty box for signature/credentials/position]

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6452487

Date of Service: 11/17/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 5
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]	Date of Birth: DOB	Location: School - 3
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/17/2014	Shift/Duration of Service: 11:45 AM - 1:00 PM	Total Time: 1 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6452487

Date of Service: 11/17/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

11/24/2014

Signature/Credentials/Position:

Name: J.J.L.J.L.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6455001

Date of Service: 11/19/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Service: (S9482HN) 15 Mins. - Family Support

Consumer: J.J.L.J.L.L.	Date of Birth: DOB	Location: Office - 11
Record #: 73	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: [Redacted]		

Date: 11/19/2014 Shift/Duration of Service: 2:45 PM - 3:00 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

11/19/2014

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

[Redacted]. Mrs. Mitchell informed MHS that she did not know anything about Jazlena taking an item that did not belong to her. Mrs. Mitchell acknowledged to MHS that J.J.L. does not get a snack at school because client's teacher never got back with her on when she allows students to eat snack. Mrs. Mitchell indicated to MHS that they will talk more about J.J.L.'s participation on the supervised field trip during their next session.

Plan for next session:

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6455001

Date of Service: 11/19/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison BA CSP

11/26/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L. Policy #: Insurance No. DOB: DOB Note ID#: 6464667
Date of Service: 11/20/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L.J.L.L. Date of Birth DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 11/20/2014 Shift/Duration of Service: 9:00 AM - 10:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

J.J.L. informed MHS that she has her own snack today. J.J.L. informed MHS that she felt sad because MHS pinkie promised that she would not tell anyone about her taking the "Hello Kitty" toy. [REDACTED] Make sure to tell my mom that I told you that I am sorry. J.J.L. followed through by stating that she was going to tell Mrs. Westby that she was sorry as well for taking an item which did not belong to her.

Plan for next session:

[REDACTED]

Client Progress: Comments/Notes

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

11/27/2014

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6484667

Date of Service: 11/20/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6464850

Date of Service: 11/20/2014

Staff: Jamison, Victoria

Record #: 73

Page 1 of 2

Wright Directions Family Services, LLC

Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED]

Date of Birth: DOB

Location: School - 3

Record #: 73

Policy #: Insurance No.

Face To Face: Yes

Overall Affect: [REDACTED]

Date: 11/20/2014

Shift/Duration of Service: 12:00 PM - 2:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: [REDACTED]

Policy #: Insurance No.

DOB: DOB

Note ID#: 6464850

Date of Service: 11/20/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

11/27/2014

Signature/Credentials/Position:

Name: [REDACTED]
Date of Service: 11/20/2014

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB Note ID#: 6464933
Record #: 73

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 4
Service: (S9482HN) 15 Mins. - Family Support
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED]	Date of Birth: DOB	Location: Home - 12
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [REDACTED]		

Date: 11/20/2014	Shift/Duration of Service: 3:30 PM - 4:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] Mom expressed to MHS that [REDACTED] is the only one who comes home without homework. Mom acknowledged to MHS that [REDACTED] has an IEP meeting December 4th, 2014 and she is going to express that she wants [REDACTED] to be put in a self-contained class. Mom and dad expressed that [REDACTED] needed to go on the AMI field trip because the field trip will allow her to realize that if you do something that you are not supposed to do then the consequences are going to be very bad.

Plan for the next session:
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

11/27/2014

Name: J.J.L.J.L

Policy #: Insurance No.

DOB: DOB

Note ID#: 6464933

Date of Service: 11/20/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: J.J.L. Policy #: Insurance No. DOB: DOB Note ID#: 6471849
Date of Service: 12/1/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: J.J.L. Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [Redacted]

Date: 12/1/2014 Shift/Duration of Service: 9:00 AM - 9:45 AM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

J.J.L. informed MHS that non locomotive means to not move. J.J.L. followed through by stating that her brother is a back in school today.

Plan for next session:

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/8/2014

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6471849

Date of Service: 12/1/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6471892
Date of Service: 12/1/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/1/2014 Shift/Duration of Service: 11:45 AM - 12:30 PM Total Time: 0 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] informed MHS that she had a good Thanksgiving [REDACTED] followed through by stating that her family did not get out of town again because her dad had to work. [REDACTED] expressed to MHS that a fellow classmate was too close to her face and that she did not like it.

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/8/2014

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6471892

Date of Service: 12/1/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

Name: [REDACTED] Policy #: Insurance No. DOB: DOB Note ID#: 6471931
Date of Service: 12/1/2014 Staff: Jamison, Victoria Record #: 73 Page 1 of 2

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: [REDACTED] Date of Birth: DOB Location: School - 3
Record #: 73 Policy #: Insurance No.
Face To Face: Yes
Overall Affect: [REDACTED]

Date: 12/1/2014 Shift/Duration of Service: 3:00 PM - 3:30 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] informed MHS that her teacher changed her seating arrangement because another student kept talking. [REDACTED] expressed to MHS that she had not had her snack yet.

Plan for next session:

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/8/2014

Name: J.J.L.J.L.

Policy #: Insurance No.

DOB: DOB

Note ID#: 6471931

Date of Service: 12/1/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: J.J.L.J.L.L.
Date of Service: 12/2/2014

Policy #: Insurance No.
Staff: Jamison, Victoria

DOB: DOB
Record #: 73
Note ID#: 6474300

Wright Directions Family Services, LLC
Main - Ridgeland
77 Hazzard creek vlg, unit - C
Ridgeland, SC 29936
Jasper County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (\$9482HN) 15 Mins. - Family Support

Consumer: J.J.L.J.L.L.L.	Date of Birth: DOB	Location: Home - 12
Record #: 73	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: [Redacted]		

Date: 12/2/2014	Shift/Duration of Service: 4:45 PM - 5:15 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

1) [Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

J.J.L. Mom that she did not know if she was supposed to do the entire packet for homework or not. [Redacted]

Plan for next session:

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/9/2014

Name: **J.L.J.L**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6474300

Date of Service: 12/2/2014

Staff: Jamison, Victoria

Record #: 73

Page 2 of 2

Signature/Credentials/Position:

EXHIBIT 10

EXHIBIT 10

Part 1

Name: **R.D.M., D.M.**
Date of Service: 1/29/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 605

Note ID#: 6563458

Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: R.D.M.R.D.M., M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 1/29/2015	Shift/Duration of Service: 3:30 PM - 4:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity
(What you did)

[REDACTED] MHP discussed with his mom next steps and her acceptance of planned Feb 16 date when all children will be out of school to attend family session to address attachment and communication issues. [REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Assessment of
Progress Towards
Goal

Response: **R.D.M.**'s mom discussed Feb 16 family session with kids (she agreed), claiming doctor conflicts and would let me know. She accepted signed documents and did not acknowledge status of contacting child psychiatrist, whose referral information was written on paperwork. **R.D.M.** presented in several situations with peers, who were accusing him of taking pencil and food where he argued back in denial, saying that he put pencil back on desk. **R.D.M.** stopped pushing activity when he heard dialogue between MHP and peers, who were reporting **R.D.M.** not having friends...saying that he is mean. He laughed when friends complained about his behavior providing rationalization for his actions. **R.D.M.** resisted dialogue but for transition into community activity mother reported his positive attitude to attend church function.

Progress: [REDACTED]

Plan: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP
Signature/Credentials/Position:
Renee Sutton, MHP, LPC-I 2/5/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M., D.M.**
Date of Service: 1/29/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6562951

ROA Page No. 2338

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.M.R.D.M., M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 1/29/2015	Shift/Duration of Service: 3:15 PM - 3:30 PM	Total Time: 0 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

[Redacted] **R.D.M.** responded to MHS by saying, "Hey." **R.D.M.** expressed to MHS about how she never is outside with him during recess.
Plan for next session:
[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/4/2015

Name: **R.D.M.:D.M.**

Date of Service: 1/29/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6562951

Page 2 of 2

ROA Page No. 2339

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M., D.M.**
Date of Service: 1/30/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6563007

ROA Page No. 2340

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: R.D.M.R.D.M., M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 1/30/2015	Shift/Duration of Service: 11:45 AM - 12:45 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact	[REDACTED]
Intervention/Activity (What you did)	[REDACTED] MHS discussed with R.D.M. why it is that he does not want to talk to me. MHS confirmed to R.D.M. that he hurt the MHS feeling he stated that she "talked too much." [REDACTED]
Assessment of Progress Towards Goal	R.D.M. expressed to MHS that "I don't want to talk to you right now." R.D.M. followed through by stating that the MHS as too many questions. R.D.M. ignored MHS when she stated that he has hurt the MHS feelings. R.D.M. indicated to MHS that she leave him alone and come back and see him later when he feels like talking. Plan for next session: [REDACTED]
Client Progress:	[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	2/4/2015
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Name: **R.D.M.:D.M.**

Date of Service: 1/30/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6563007

Page 2 of 2

ROA Page No. 2341

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M., D.M.**
Date of Service: 1/30/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6570298

Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.M.R.D.M., M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 1/30/2015	Shift/Duration of Service: 1:45 PM - 2:45 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]. MHS discussed with **R.D.M.** about not wanting to talk to MHS. [REDACTED]

Assessment of Progress Towards Goal

R.D.M. ignored MHS as she approached him in the lunchroom. **R.D.M.** expressed to MHS that "I don't want to talk to you right now." **R.D.M.** expressed to MHS that he "does not like it when the MHS ask him so many questions." **R.D.M.** followed through by telling MHS to come back later on during recess.
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/4/2015

Name: **R.D.M..D.M.**

Date of Service: 1/30/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6570298

Page 2 of 2

ROA Page No. 2343

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M., D.M.**
Date of Service: 2/2/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6570615

Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: R.D.M.R.D.M., M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/2/2015 Shift/Duration of Service: 12:00 PM - 2:00 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED]

R.D.M. expressed to MHS that "You always disturb me during lunch." [REDACTED]
R.D.M. expressed to MHS that "the MHS is always texting my mom about my behavior and I will make sure to tell my MHP about it too." **R.D.M.** was non-responsive as evidenced by not repeating what he had stating prior. [REDACTED]
R.D.M. expressed to MHS that he was not going to dance along with the other students participating in the program. [REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.M..D.M.**
Date of Service: 2/2/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6570615

Page 2 of 2

ROA Page No. 2345

Signature/Credentials/Position:
Victoria Jamison
CSP
Signature/Credentials/Position:

Victoria Jamison, BA, MHS 2/9/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M..D.M.**
Date of Service: 2/6/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6581212

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.M.R.D.M..M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/6/2015	Shift/Duration of Service: 3:45 PM - 4:00 PM	Total Time: 0 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

MHS discussed with older brother about **R.D.M.'s** success in school. [REDACTED]

Assessment of Progress Towards Goal

R.D.M.'s older brother informed MHS that his mom and brother were not home. **R.D.M.'s** brother expressed to MHS that he was shocked about **R.D.M.'s** accomplishments in school. **R.D.M.'s** older brother followed through by indicating to MHS that "I am shocked that he made the honor roll because he is bad." [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/9/2015

Name: **R.D.M..D.M.**
Date of Service: 2/6/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6581212

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/10/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6584977

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/10/2015	Shift/Duration of Service: 11:00 AM - 12:00 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS engaged in conversation with **R.D.M.** about missing him in school last week. [REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** was non-responsive as evidenced by not greeting MHS. **R.D.M.** was non-responsive to MHS evidenced by not stating to MHS why he missed school late week. **R.D.M.** expressed to MHS that he needed help with his classwork.

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/17/2015

Name: **R.D.MR.D.M.**

Date of Service: 2/10/2015

Policy #:

Insurance No.

Staff: Jamison, Victoria

DOB:

DOB

Record #: 605

Note ID#: 6584977

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/10/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6585097
Record #: 605

ROA Page No. 2350

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 2/10/2015 Shift/Duration of Service: 9:00 AM - 9:15 AM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact



[Redacted]

Intervention/Activity (What you did)

[Redacted] MHS discussed with mom why was it that **R.D.M.** was in ISS. MHS discussed with mom about the family moving.

Assessment of Progress Towards Goal

Mom communicated with MHS via telephone. Mom indicated to MHS the reason for **R.D.M.** being in ISS. Mom acknowledged to MHS that the family is thinking about moving because they cannot afford the mortgage at their current home. Mom followed through by stating that the family is in a financial bind right now.

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

2/17/2015

Name: **R.D.MR.D.M.**
Date of Service: 2/10/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6585097

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/11/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6585412

ROA Page No. 2352

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/11/2015	Shift/Duration of Service: 11:30 AM - 1:30 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS directed **R.D.M.** to state why was he in the office. MHS confronted **R.D.M.** about taking his snack out when he is not supposed to. [REDACTED] MHS responded to **R.D.M.** by asking him, "What will you tell about me because I have done nothing wrong."

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** ignored MHS morning greet evidenced by hiding his face behind a piece of paper. **R.D.M.** responded to MHS by stating, "I'm not going to tell you why I am in here." **R.D.M.** indicated to MHS that he wanted to see what was his snack for today. [REDACTED] **R.D.M.** was unsuccessful at being quiet evidenced by making humming noises during a guidance lesson. [REDACTED] **R.D.M.** expressed to MHS that he was going to tell the MHP about what the MHS has done to him.

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i> ROA Page No. 2352; BA, MHS; FCA Bates No. 026502	2/17/2015
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ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**

Date of Service: 2/11/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6585412

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ROA Page No. 2353

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/11/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6585461

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 2/11/2015 Shift/Duration of Service: 3:30 PM - 4:00 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact
[REDACTED]

Intervention/Activity (What you did)
MHS telephoned mom. MHS confirmed with mom what **R.D.M.**'s snack was today. MHS discussed with mom what **R.D.M.** did with his snack today. MHS agreed with mom about putting the snack in a zip lock bag and see how that works with **R.D.M.**

Assessment of Progress Towards Goal
Mom confirmed with MHS that the snack in which **R.D.M.** had was indeed his. Mom indicated to MHS that she will put his snack in a zip lock bag that way he can see what he has for snack that day. Mom expressed to MHS that **R.D.M.** has been disrespectful to her as well calling her call kids of names.
Plan for next time:
[REDACTED]

Client Progress:
[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison, BA, MHS
CSP
2/17/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**

Date of Service: 2/11/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB:

DOB

Note ID#: 6585461

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/11/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 605

Note ID#: 6587129

Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2011HO) 15 Mins. - Crisis Management

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Office - 11
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 2/11/2015	Shift/Duration of Service: 1:30 PM - 2:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

MHP discussed with DSS protective services **R.D.M.**'s case, his treatment plan, and the increase in frequency of stealing as potentially caused by attention-seeking. MHP informed DSS of **R.D.M.**'s statement made to his MHS (WDFS staff) and school officials about sitting in closet to do homework, highlighting the complexity of home space limitations and high stress observed at home from many sources (poverty, other members living in household, increased parental medical conditions), and potential neuropsychological/audio issues that **R.D.M.** may be encountering.

[REDACTED] MHP reviewed with school principal consequences of repeated stealing incidents and discussed plans of how to manage the complexity of **R.D.M.** and sibling's case in order to help them as they continue through school now and as age. MHP attempted contact with **R.D.M.**'s mom to discuss concerns and methods of handling and scheduling of meeting with others.

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**

Date of Service: 2/11/2015

Policy #: **Insurance No.**

Staff: Sutton, Renee

DOB: **DOB**

Record #: 605

Note ID#: 6587129

Page 2 of 2

ROA Page No. 2357

Assessment of
Progress Towards
Goal

Response: **R.D.M.** was reported stealing again this week and venturing to other items than food. Mother previously reported him last week out of school due to illness. DSS case worker reported closing case due to lack of children's statements showing evidence of abuse. DSS declined group meeting but agreed to speak to mom to emphasize weekly family therapy sessions, which are part of treatment plan but have not been occurring with parents in attendance. School principal assured working to keep kids in school using in-school ISS not knowing if at some point school suspension would be used. School principal continues to need mom's approval for testing to identify disability needs and resources, reporting mom missing planned meetings to obtain this approval.

[Redacted]

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 2/14/2015

Signature/Credentials/Position:

[Redacted]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/11/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

ROA Page No. 2358

DOB: **DOB**
Record #: 605
Note ID#: 6587137

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (90846HO) 1 Hr. - Family Therapy w/o Client

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Office - 11
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 2/11/2015	Shift/Duration of Service: 5:30 PM - 6:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHP discussed with **R.D.M.**'s mom about his statement of being placed in closet to do homework and given small bowl of food when bad behavior. MHP praised mom for listening to **R.D.M.**'s release of anger at home towards her, encouraging her that **R.D.M.** is attempting to speak more about his emotions instead of freezing/crying. MHP confirmed with mom that she received materials in email explaining causes of attention-seeking, stealing. MHP calmed father, who was placed on phone to address concern of school weighing kids. MHP attempted confirmation of Feb 16 9 am family session. MHP reported not able to attend DSS' privately scheduled meeting that they made with her in morning.

Assessment of Progress Towards Goal

Response: **R.D.M.**'s mom declined MHP coming to home for session but agreed to continue on phone where she openly and calmly discussed **R.D.M.**'s reaction and disclosure of what he told people at school about the closet and size of bowl of food he gets. [REDACTED] Mom conveyed expressing to him "I feel hurt when...". Mom reported **R.D.M.** repeating statements made this day at school and "I want to go back to Ohio" but then writing an apology letter to her. [REDACTED] Mom agreed with emphasis of attending Feb 16 9 am meeting with a disclaimer if she can confirm that son can keep her grandchildren at home at that time. She reported letting MHP know. Mom reported DSS scheduled with her a meeting on Thursday at 8:30 at home and that they would be visiting school.

Client Progress:

[REDACTED]

Name: **R.D.MR.D.M.**
Date of Service: 2/11/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 605

Note ID#: 6587137

Page 2 of 2

ROA Page No. 2359

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPE-I 2/14/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/12/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6592115
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/12/2015	Shift/Duration of Service: 11:00 AM - 1:00 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED] MHS discussed with **R.D.M.** about liking the new idea of having his snack in a zip lock bag in order for him to see his snack for the day. [REDACTED]

[REDACTED] **R.D.M.** responded to MHS by saying "Hi." [REDACTED] **R.D.M.** was non-responsive to MHS question about snack in zip lock bag evidenced by not replying to the question. **R.D.M.** expressed to MHS that his dad gave him a high five and told his that he love him this morning. **R.D.M.** responded by stating, "yeah." **R.D.M.** followed through by stating that his auntie in law informed him that " if I be good then I can get an extra snack when I get home." [REDACTED]

No Progress

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i> ROA Page No. 2360, FCA Bates No. 026510	2/17/2015
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ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**

Date of Service: 2/12/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB:

DOB

Note ID#: 6592115

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/13/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6592760
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/13/2015	Shift/Duration of Service: 4:30 PM - 4:45 PM	Total Time: 0 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS discussed with mom and dad about **R.D.M.**'s behavior in the home. MHS asked mom about giving a valentine's day treat to **R.D.M.**

Assessment of Progress Towards Goal

Mom and dad engaged in conversation outside the home with MHS. Mom and dad indicated to MHS that **R.D.M.**'s behavior has been defiant in the home over the past week. Mom indicated to MHS that she would give the treat to **R.D.M.** while dad stated that it was okay for MHS to give the treat to **R.D.M.**

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i> ROA Page No. 2362 FCA Bates No. 026512	2/17/2015
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ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**

Date of Service: 2/13/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6592760

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/13/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

ROA Page No. 2364

DOB: **DOB** Note ID#: 6589165
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

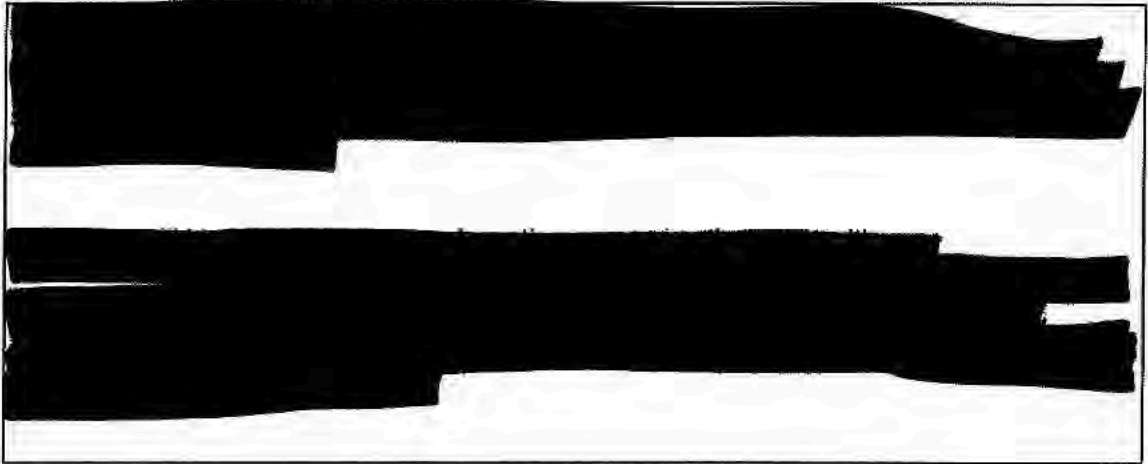
Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

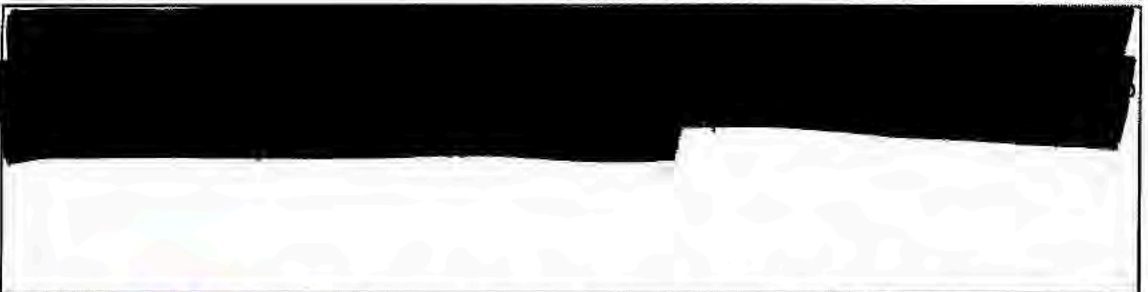
Date: 2/13/2015	Shift/Duration of Service: 8:00 AM - 9:00 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact



Intervention/Activity (What you did)



Assessment of Progress Towards Goal

Response: **R.D.M.** presented frowning and teacher reporting his request him not having valentines to give peers at party today. He told teacher that he wanted to see MHP and declined in talking about MHS concerns.



Client Progress:

Name: **R.D.MR.D.M.**
Date of Service: 2/13/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

ROA Page No. 2365

DOB: **DOB**
Record #: 605

Note ID#: 6589165

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 2/14/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/16/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

ROA Page No. 2366

DOB: **DOB** Note ID#: 6594553
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 3
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Office - 11
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/16/2015	Shift/Duration of Service: 11:45 AM - 12:30 PM	Total Time: 0 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** responded to MHS gestured wave by saying "hi." [REDACTED]
R.D.M. expressed to MHS that he wanted to help out with the next activity. **R.D.M.** followed through by expressing to his sister that she should be respectful to others.
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name/Position/Signature:
Jamison, Victoria
CSP

Name: **R.D.MR.D.M.**

Date of Service: 2/16/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB:

DOB

Note ID#: 6594553

Record #: 605

Page 2 of 2

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/16/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

ROA Page No. 2368

DOB: **DOB** Note ID#: 6594782
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Office - 11
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/16/2015 Shift/Duration of Service: 10:00 AM - 11:00 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED]
[REDACTED]. Mom agreed to use MUSC for child psychiatrist/neurological testing with assistance in transportation with all children, seemingly understanding the limitations in medicaid not paid for out of state if she used a doctor in Georgia. She reported staying with current PCP regardless of Dr. Lowe's recent reputation. Mom reported several requirements for school handling, saying that she wants to know all that goes on at school (even when they re-earn better status) but only wants school called when referrals.

Client Progress:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6594782

Date of Service: 2/16/2015

Staff: Sutton, Renee

Record #: 605

Page 2 of 2

ROA Page No. 2369

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 2/19/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/17/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6596911
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/17/2015	Shift/Duration of Service: 11:00 AM - 1:00 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS was informed by teacher that **R.D.M.** must have hid all of his Valentines day candy in his desk because he has been eating it all morning. [REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** responded to MHS by saying "hi." [REDACTED] **R.D.M.** expressed being upset when teacher stated that **R.D.M.** had been eating candy all morning. [REDACTED] **R.D.M.** expressed enjoyment during lunch evidenced by talking and laughing with his classmates. [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	2/23/2015
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Name: **R.D.MR.D.M.**

Date of Service: 2/17/2015

Policy #:

Insurance No.

Staff: Jamison, Victoria

DOB:

DOB

Note ID#: 6596911

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/18/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

ROA Page No. 2372

DOB: **DOB** Note ID#: 6597003
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/18/2015	Shift/Duration of Service: 8:45 AM - 10:45 AM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** responded to MHS by saying "Morning." [REDACTED] **R.D.M.** mentioned to MHS that he had gotten the headphones from a classmate. **R.D.M.** expressed to MHS that she is always disturbing his during lunch, recess, class time, and specials. **R.D.M.** indicated to MHS that he wants the MHS to see him at 2:30.
[REDACTED]
[REDACTED]

Client Progress:
Comments/Notes

[REDACTED]
R.D.M. came up to MHS and asked MHS was she going to see his sister today. Also, **R.D.M.** expressed to MHS that his teachers snack looks really good but instead he had to eat his boring apple sauce.

Next Appointment: None Scheduled

Name: **R.D.MR.D.M.**

Date of Service: 2/18/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6597003

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

2/23/2015

Signature/Credentials/Position:



ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/19/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6601388
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/19/2015 Shift/Duration of Service: 11:45 AM - 1:45 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS informed during lunch about limiting the amount of honey mustard sauce that he gets. [REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** expressed to MHS that the MHS keeps bothering him. [REDACTED] **R.D.M.** expressed laughter and joking around with classmates during lunch. **R.D.M.** expressed to MHS that "I love honey mustard." [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS
2/23/2015
ROA Page No. 2374, FCA Bates No. 026524

Name: **R.D.MR.D.M.**
Date of Service: 2/19/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6601388

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/20/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6601728
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/20/2015	Shift/Duration of Service: 10:00 AM - 12:00 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] ed **R.D.M.** with [REDACTED] MHS discussed with **R.D.M.** about completing his reflection worksheet.

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** responded to MHS by stating "Why you keep looking at me; you look at the board."

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS
ROA Page No. 2376, FCA Bates No. 026526
2/23/2015

Name: **R.D.MR.D.M.**
Date of Service: 2/20/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

ROA Page No. 2377

DOB: **DOB**
Record #: 605

Note ID#: 6601728

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/20/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6602025
Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/20/2015	Shift/Duration of Service: 5:15 PM - 5:45 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS engaged in a conversation with **R.D.M.** about it being okay to not be so tough.

Assessment of Progress Towards Goal

[REDACTED] Mom and dad both mentioned to MHS about having one of their older sons talk to **R.D.M.** about his behavior to let him know that he is heading down the wrong path. **R.D.M.** expressed to MHS that he apologized for being disrespectful to MHS. **R.D.M.** expressed tears when MHS indicated to him that he does not have to be so tough all of the time.

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	 Victoria Jamison, BA, MHS	2/23/2015
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Name: **R.D.MR.D.M.**

Date of Service: 2/20/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6602025

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6601166

Date of Service: 2/20/2015

Staff: Sutton, Renee

Record #: 605

Page 1 of 2

ROA Page No. 2380

Wright Directions Family Services, LLC

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

TCM

Units Used: 1

60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Service: (90837HO) 1 Hour Individual Therapy

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/20/2015	Shift/Duration of Service: 1:30 PM - 2:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity
(What you did)

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**

Date of Service: 2/20/2015

Policy #: **Insurance No.**

Staff: Sutton, Renee

DOB: **DOB**

Record #: 605

Note ID#: 6601166

Page 2 of 2

ROA Page No. 2381

Assessment of
Progress Towards
Goal

Response: [REDACTED] saying that he forgave MHP for being late. He [REDACTED] communicate various needs, saying that he loved MHP while standing in his personal space that he identified at beginning of session. **R.D.M.** made pinky promise to not steal and confessed reasons for doing. [REDACTED]

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 2/27/2015

Signature/Credentials/Position:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/23/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

ROA Page No. 2382

DOB: **DOB**
Record #: 605

Note ID#: 6612572

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/23/2015	Shift/Duration of Service: 11:45 AM - 1:45 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED]

[REDACTED] **R.D.M.** expressed joking and playfulness with classmates in the cafeteria. [REDACTED] the teacher indicated that the class was only going to go outside and run one lap around the playground.

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS
ROA Page No. 2382, FGA Bates No. 026532
3/2/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**

Date of Service: 2/23/2015

Policy #:

Insurance No.

Staff: Jamison, Victoria

DOB:

DOB

Note ID#: 6612572

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/25/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605
Note ID#: 6612724

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/25/2015	Shift/Duration of Service: 11:30 AM - 1:30 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity
(What you did)

Assessment of
Progress Towards
Goal

Client Progress:

[REDACTED]

[REDACTED]

R.D.M. gestured a hand wave to MHS as the MHS walked into the room. [REDACTED]
[REDACTED] saying that the MHS illustration was nice. **R.D.M.** indicated with MHS that the MHS was not happy with him for taking someone's tater tot off of their tray during lunch. Once instructed, **R.D.M.** apologized to the student for taking his tater tot. **R.D.M.** expressed to MHS that he wanted the MHS to play along with the classroom game. **R.D.M.** gestured a hand wave to MHS as the MHS was walking out the classroom door.
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS
ROA Page No. 2384 FCA Bates No. 026534 3/2/2015

Name: **R.D.MR.D.M.**

Date of Service: 2/25/2015

Policy #:

Insurance No.

Staff: Jamison, Victoria

DOB:

DOB

Note ID#: 6612724

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/25/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6612744

Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

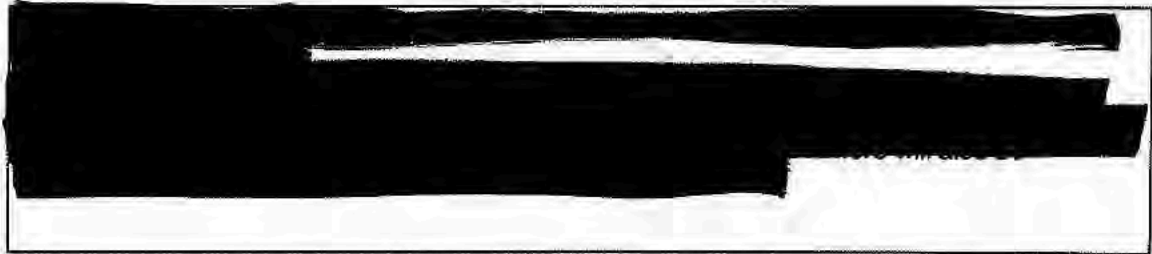
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 2/25/2015	Shift/Duration of Service: 8:00 PM - 8:30 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact



Intervention/Activity (What you did)

MHS listened as mom discussed with MHS about the events which have been happening in the home.

Assessment of Progress Towards Goal

Mom talked with MHS on the telephone. Mom acknowledged to MHS that she did receive the note. Mom followed through by informing the MHS that the MHS should have told the teacher what had happened so that **R.D.M.** could have gotten written up for his behavior. Mom indicated to MHS that she did call DSS to inform the agency about how her son have been treating her and the remarks that he tell his mom. Mom indicated to MHS that **R.D.M.** acts out in front of her but when his dad is around, he respects his father.



Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/2/2015

Name: **R.D.MR.D.M.**

Date of Service: 2/25/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6612744

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/26/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 605

Note ID#: 6614143

Page 1 of 2

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ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/26/2015	Shift/Duration of Service: 3:15 PM - 3:30 PM	Total Time: 0 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[Redacted]
[Redacted]
Response: [Redacted] He turned away during conversation but kept a side view and shook head that ok and understood MHP would see him next week. He mumbled no with a smile. [Redacted]
[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position: Renee Sutton MHP	<i>Renee Sutton, MHP, LPE-I</i> 2/27/2015
--	---

Name: **R.D.MR.D.M.**

Date of Service: 2/26/2015

Policy #: **Insurance No.**

Staff: Sutton, Renee

DOB: **DOB**

Record #: 605

Note ID#: 6614143

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/27/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6620426
Record #: 605

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TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/27/2015	Shift/Duration of Service: 9:30 AM - 11:30 AM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS was informed by teacher that **R.D.M.** was looking up inappropriate content on his iPad. MHS discussed with **R.D.M.** about why did he talk negative to his classmate. MHS followed through by discussing with **R.D.M.** why does he talk negative towards people in general. [REDACTED] MHS engaged in a conversation with **R.D.M.** about what was his favorite basketball player. [REDACTED] MHS monitored as teacher spoke with **R.D.M.** about his inappropriate actions this morning but that she accepted his apology letter.

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** was unsuccessful at expressing to MHS why he was not playing on the computer evidenced by being non-responsive to the question. **R.D.M.** expressed to a classmate that he was going to slap him. **R.D.M.** was non-responsive as evidenced by not responding to the MHS when discussing about not talking negative towards others. **R.D.M.** responded to MHS by stating, "Hell no LeBron James is not my favorite player." **R.D.M.** responded to MHS question by stating, "All I said was hell no." [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.MR.D.M.**
Date of Service: 2/27/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

ROA Page No. 2391

DOB: **DOB**
Record #: 605

Note ID#: 6620426

Page 2 of 2

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/2/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 2/27/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6620651
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 2/27/2015	Shift/Duration of Service: 3:45 PM - 4:15 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

MHS discussed with mom about **R.D.M.**'s behavior in school. MHS engaged in a conversation with mom about what was to be done about **R.D.M.** and his actions.

Assessment of Progress Towards Goal

Mom indicated that **R.D.M.** has been acting out in the home as well. Mom acknowledged that **R.D.M.**'s reactions has been really disrespectful lately. Mom indicated to MHS that dad had to go to the school and pick up **R.D.M.** because there was a meeting with the school administrators.

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/2/2015

Name: **R.D.MR.D.M.**

Date of Service: 2/27/2015

Policy #:

Insurance No.

Staff: Jamison, Victoria

DOB:

DOB

Note ID#: 6620651

Record #: 605

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ROA Page No. 2393

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 3/2/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6624738
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/2/2015	Shift/Duration of Service: 1:00 PM - 3:00 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED] MHS discussed with **R.D.M.** why did he have to stay home for an entire week. MHS educated **R.D.M.** that he has to control his impulsive behavior. [REDACTED] MHS confirmed with **R.D.M.** about why does he consider himself to be cool. [REDACTED]

R.D.M. was walking out of his room when MHS walked into the home. **R.D.M.** was non-responsive to MHS greet as evidenced by not responding to MHS. **R.D.M.** was non-responsive to MHS questions as evidenced by not responding to the question. **R.D.M.** was non-responsive to MHS as evidenced by not expressing any feelings to what the MHS had stated. [REDACTED] **R.D.M.** was successful at playing the assignment game evidenced by saying something nice about everyone in his household. **R.D.M.** followed through by stating to MHS that he considers himself "to be cool." **R.D.M.** expressed to MHS that he is a cool guy and cool guys are bad people. **R.D.M.** was non-responsive to MHS encouragement as evidenced by not responding to MHS discussion. [REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.MR.D.M.**

Date of Service: 3/2/2015

Policy #:

Insurance No.

Staff: Jamison, Victoria

DOB:

DOB

Record #: 605

Note ID#: 6624738

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ROA Page No. 2395

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

3/9/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 3/2/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

ROA Page No. 2396

DOB: **DOB** Note ID#: 6624761
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/2/2015	Shift/Duration of Service: 3:00 PM - 3:30 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS discussed with mom about **R.D.M.'s** punishment for his actions. [REDACTED]

Assessment of Progress Towards Goal

Mom and **R.D.M.** met with MHS in the home. Mom indicated to MHS that **R.D.M.** has the entire week off of school because of his actions and a chain of events which occurred in school. Mom followed through by stating to MHS that she called a police officer into her home to talk with **R.D.M.** Mom indicated to MHS that she is not going to get overwhelmed because she will not stress about **R.D.M.'s** behavior because she will let the Lord deal with it.

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/9/2015

Name: **R.D.MR.D.M.**

Date of Service: 3/2/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB:

DOB

Note ID#: 6624761

Record #: 605

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ROA Page No. 2397

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 3/3/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6624959
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/3/2015 Shift/Duration of Service: 11:45 AM - 1:45 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

MHS met with **R.D.M.** in the home. MHS greeted **R.D.M.** with a "Good morning." MHS engaged in conversation with **R.D.M.** about what did he do all day today.
[REDACTED]

[REDACTED]. **R.D.M.** responded to MHS greet by stating, "morning." **R.D.M.** responded to MHS by stating, "good." **R.D.M.** expressed to MHS that "I know that everyone misses me."
[REDACTED]. **R.D.M.** expressed to MHS that he had to write four apology letters to the people who he hurt on last Friday.
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP
Victoria Jamison, BA, MHS
3/9/2015
ROA Page No. 2398, FCA Bates No. 026548

Name: **R.D.MR.D.M.**
Date of Service: 3/3/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

ROA Page No. 2399

DOB: **DOB**
Record #: 605

Note ID#: 6624959

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 3/3/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 605

Note ID#: 6626664

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/3/2015 Shift/Duration of Service: 4:45 PM - 5:45 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED] he attempted to convey information in a low voice without eye contact. **R.D.M.** shook his head yes to be seen at home for individual therapy, but mom refused to establish a time/date saying that she may cancel services. Mom reported not knowing what else to do to keep **R.D.M.** from stealing and didn't understand his reason for collecting pornography. Mom repeated she would let MHP know about schedule and didn't commit to another family session. Two siblings (older brother and youngest sister) were able to speak up with low voice with suggestions (only involved parties participate in discussion instead of all children), but mom didn't respond. All siblings reported that **R.D.M.** caused problems. **R.D.M.** refused to offer ideas or details. Mom didn't reply to whether appointments had been made for **R.D.M.**'s further evaluation. Mom turned flow chart over on table and didn't respond. She reported her intent to not attend any meetings at school. Mom confirmed to continue individual sessions at school but confessed not reading bibliography provided months ago.

[REDACTED]

Client Progress:

[REDACTED]

Name: **R.D.MR.D.M.**
Date of Service: 3/3/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

ROA Page No. 2401

DOB: **DOB**
Record #: 605

Note ID#: 6626664

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP
Signature/Credentials/Position:

Renee Sutton, MHP, LPC-I 3/9/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 3/6/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6635411

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/6/2015 Shift/Duration of Service: 5:15 PM - 5:45 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS observed as dad and mention that "R.D.M. has to make it up in his mind that he wants to change his behavior because we don't know what else to do." MHS monitored as mom state to R.D.M. that "you need to go to school and not tell those people at the school what is going on in this household."

Assessment of Progress Towards Goal

[REDACTED] R.D.M. responded to MHS question by stating, "Yeah." Mom and dad engaged in a conversation with R.D.M. about him making the choice within himself to change his behavior because he is a smart kid. Mom followed through by stating to R.D.M. that "You need to go to school and not tell those people at the school what is going on in this household."

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/9/2015

Name: **R.D.MR.D.M.**
Date of Service: 3/6/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

ROA Page No. 2403

DOB: **DOB**
Record #: 605

Note ID#: 6635411

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 3/9/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6636626

Page 1 of 2

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Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/9/2015	Shift/Duration of Service: 11:30 AM - 1:30 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] responded to MHS by smiling and waving back. [REDACTED] Once back in the classroom, **R.D.M.** expressed being upset. **R.D.M.** got upset because he drew his illustration on the wrong side of the notebook. When the teacher moved the already drawn illustration to the correct side of the notebook, **R.D.M.** expressed more anger. **R.D.M.** expressed calmness to the incident once MHS discussed with him about continuing on with his day. [REDACTED] **R.D.M.** responded to MHS encouragement by stating, "okay."

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

EXHIBIT 10

Part 2

Name: **R.D.MR.D.M.**
Date of Service: 3/9/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6636626

ROA Page No. 2406

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/16/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 3/10/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6637859

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/10/2015 Shift/Duration of Service: 11:45 AM - 1:45 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS engaged in a conversation with **R.D.M.** about why was he sitting alone for lunch. MHS asked **R.D.M.** if he was going to state to MHS why was he sitting alone at lunch. [REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** was non-responsive as evidenced by not greeting MHS. **R.D.M.** sat to a table by himself in the lunch room. [REDACTED] **R.D.M.** responded to MHS by shaking his head from left to right indicating "no." **R.D.M.** followed through by stating that he "might have to ask his teacher why was he sitting alone in lunch." [REDACTED] **R.D.M.** indicated that he had to stand on the pole for five minutes of his recess. While on the pole, **R.D.M.** expressed to MHS that he had a silent lunch today because he asked a classmate for his snack and then ate it. [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.MR.D.M.**
Date of Service: 3/10/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6637859

Page 2 of 2

ROA Page No. 2408

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/16/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 3/11/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6638037
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/11/2015 Shift/Duration of Service: 11:45 AM - 1:45 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] raised his hand to participate in class. **R.D.M.**

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** expressed to MHS that he will be sitting in silent lunch for a few more day because he asked someone else for their snack and ate it. **R.D.M.** expressed to MHS that he likes the new backpack. [REDACTED] **R.D.M.** expressed that he had inside recess because he needed to finish an incomplete assignment.

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

3/16/2015

Name: **R.D.MR.D.M.**
Date of Service: 3/11/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6638037

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 3/20/2015

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 605

Note ID#: 6654406

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 3/20/2015 Shift/Duration of Service: 8:30 AM - 9:30 AM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHP listened to **R.D.M.** as he presented his accomplishments for parent conference since parent didn't attend.
[REDACTED]

Assessment of Progress Towards Goal

[REDACTED]

MHP and teacher agreed form him to present in session. **R.D.M.** fully participated in discussion after bringing his attention away from play devices, which he requested. [REDACTED]

[REDACTED] **R.D.M.** agreed by shaking head for graduating from therapy and being "ok" without behavior modification in classroom. [REDACTED]

[REDACTED] He declined from other requested planned activities saying wanted to stay in session. **R.D.M.** reported that mom hadn't bought Almond milk for him yet. [REDACTED]

[REDACTED]

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 3/26/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 4/23/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6733198

ROA Page No. 2413

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 6
Service: (T1016) TCM - no travel

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 4/23/2015 Shift/Duration of Service: 10:30 AM - 12:00 PM Total Time: 1 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment: [REDACTED]

CM was informed that **R.D.M.** is still having a hard time with asking for things from the school personnel. CM was informed that it was has been told to him time after time that he is not to ask anything nor take anything He was reported to have asked the custodian for a pack of crackers that was going to be thrown in the trash and he was written up and given a referral. CM was informed that the school has been calling and mom is not answering. [REDACTED]

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ROA Page No. 2414

Effectiveness of Intervention/Activity

Support Team: [REDACTED] Mom stated that she is happy to say she has no issues from the child at home. That she has spoken with the child letting them know that they are not to take anything and they are not to ask for anything, for the school is just waiting for them to slip up so that they can call DSS. Mom stated that he got in trouble at school for he asked the custodian for a pack of crackers and got a referral.

Mom stated that she informed the school to do what needed to be done for she has spoken with him time after time about not asking and not taking things. Mom feels that the school is so petit when it comes down to things like this. Mom stated that she refuses to go to the school and she is not taking any phone calls from them either.

[REDACTED]

Referral/ Follow-up: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Barbara Williams
CSP
Barbara Williams, MS, MHS 4/25/2015
Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 5/1/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6773160

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 6
Service: (T1016) TCM - no travel
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 5/1/2015	Shift/Duration of Service: 12:00 PM - 1:30 PM	Total Time: 1 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

CM was informed that **R.D.M.** is still having the hardest time with asking for things from the school personnel. CM was informed that it was has been told to him time after time by his mother, that he is not to ask anything nor take anything. CM was informed by mom that he just keeps asking even when he has snacks in his book bag. CM was informed that the school has been calling and mom is not answering.

[REDACTED]

ROA Page No. 2416

Effectiveness of Intervention/Activity

Support Team: [REDACTED]

[REDACTED] Mom stated that she is happy to say she has no issues from the child at home. That she has spoken with the children letting them know that they are not to take anything and they are not to ask for anything, for the school is just waiting for them to slip up so that they can call DSS. Mom stated that one of the children got in trouble at school again for asking for a pack of crackers and got a referral.

Mom stated that she informed the school to do what needed to be done for she has spoken with him time after time about not asking and not taking things. Mom feels that the school is so petite when it comes down to things like this. Mom stated that she refuses to go to the school and she is not taking any phone calls from them either.

[REDACTED]

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Barbara Williams
CSP

Barbara Williams, MS, MHS 5/2/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 5/15/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6770167

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 6
Service: (T1016) TCM - no travel

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 5/15/2015 Shift/Duration of Service: 3:00 PM - 4:30 PM Total Time: 1 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

[REDACTED] CM was informed that this has being at a minim for he is doing better according to his behavioral chart. [REDACTED] CM was told by mom that she makes sure to send his snacks with him every day, and that she reinforces the rules of him not asking for extra from anyone. [REDACTED]

[REDACTED]

ROA Page No. 2418

Effectiveness of Intervention/Activity

Support Team: [REDACTED]
Mom informed CM that the child was doing well at home but at time still having some issues at school. Mom stated that the school continues to call when there is an issue and still just tell them to handle the situation. Mom feels that the way the school continues to call her and she may home school the children next year, because she is getting frustrated with them calling all of the time.
[REDACTED]
[REDACTED] Mom stated that she is just tried of the school calling with petite things.
[REDACTED]
[REDACTED]

Client Progress:

Minor Progress

Next Appointment: None Scheduled

Signature/Credentials/Position:
Barbara Williams
CSP
Signature/Credentials/Position:
Barbara Williams, MS, MHS 5/16/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 6/17/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6841898

Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (T1016) TCM - no travel

Consumer: **R.D.MR.D.M.D.M.** Date of Birth **DOB** Location: Other Place of Service - 99
Record #: 605 Policy #: **Insurance No.**
Face To Face: No
Overall Affect: N/A

Date: 6/17/2015 Shift/Duration of Service: 3:00 PM - 3:30 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity
(What you did)

Effectiveness of Intervention/Activity

Client Progress:

[REDACTED]

[REDACTED] k. At the time of the call CM was told by mom that this was not a good week for a visit.

Support Team: The mother of the minor child spoke with CM today. Mom informed CM that his week would not be a good week for a visit with the children. Mom shared that the children has appointments and she has her grandchildren with her at the home and that she is not sure that this time is good of her, but that she asked CM to call later in the week to set a time for the following week for a visit.
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Barbara Williams
CSP

Barbara Williams, MS, MHS

6/20/2015

Name: **R.D.MR.D.M.**

Date of Service: 6/17/2015

Policy #: **Insurance No.**

Staff: Williams, Barbara

DOB:

DOB

Note ID#: 6841898

Record #: 605

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ROA Page No. 2420

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 7/1/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6881662

ROA Page No. 2421

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (T1016) TCM - no travel

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Other Place of Service - 99
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 7/1/2015	Shift/Duration of Service: 6:00 PM - 6:30 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment: [REDACTED]

Effectiveness of Intervention/Activity

Support Team: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.MR.D.M.**
Date of Service: 7/1/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6881662

ROA Page No. 2422

Signature/Credentials/Position:
Barbara Williams
CSP
Signature/Credentials/Position:

Barbara Williams, MS, MHS

7/4/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 7/9/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB** Note ID#: 6873016
Record #: 605

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (T1016) TCM - no travel

Consumer: R.D.MR.D.M.D.M.	Date of Birth: DOB	Location: Other Place of Service - 99
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 7/9/2015 Shift/Duration of Service: 3:30 PM - 4:00 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact



Intervention/Activity
(What you did)



Effectiveness of
Intervention/Activity

Support Team: The mother of the minor child is not returning the call from CM in order to set an appointment to visit with her and the minor child. Mom will not return any calls or text to CM at this time.



Client Progress:



Next Appointment: None Scheduled

Name: **R.D.MR.D.M.**
Date of Service: 7/9/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6873016

ROA Page No. 2424

Signature/Credentials/Position:
Barbara Williams
CSP
Signature/Credentials/Position:

Barbara Williams, MS, MHS

7/11/2015

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.MR.D.M.**
Date of Service: 7/12/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6873056

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (T1016) TCM - no travel

Consumer: **R.D.MR.D.M.D.M.** Date of Birth **DOB** Location: Other Place of Service - 99
Record #: 605 Policy #: **Insurance No.**
Face To Face: No
Overall Affect: N/A

Date: 7/12/2015 Shift/Duration of Service: 7:00 PM - 7:30 PM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment

[REDACTED]

Effectiveness of Intervention/Activity

Support Staff: The mother of the minor child who is his support team spoke with CM today. The purpose of the conversation was to inform CM that the reason that she has not been returning CM calls was that she has an addition to the family. Mom stated that she has adopted a sister to four of the five children she already has. Mom stated that she has been making trips to Ohio so that the children can visit, but now that the new addition is in the home which she arrived on Thursday. Mom stated that she is still interested in the services for she is happy with what CM has already done for her and the children and taking the time to really sit down and talk with her keeping her in the loop about what is going on. Mom also share that she wanted to find out about the RBHS services for the children when the new school term starts. [REDACTED]
[REDACTED] Mom told CM that she could come and see the children on 7/13 for the weekly visit and then continue on a weekly basis as before.
[REDACTED]

Name: **R.D.MR.D.M.**
Date of Service: 7/12/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6873056

ROA Page No. 2426

Client Progress:



Next Appointment: None Scheduled

Signature/Credentials/Position:
Barbara Williams
CSP

Barbara Williams, MS, MHS

7/18/2015

Signature/Credentials/Position:

Name: **R.D.M.&.D.M.**
Date of Service: 7/13/2015

Policy #: **Insurance No.**
Staff: Williams, Barbara

DOB: **DOB**
Record #: 605

Note ID#: 6873110

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 2
Service: (T1016) TCM - no travel
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 7/13/2015 Shift/Duration of Service: 10:30 AM - 11:00 AM Total Time: 0 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

Monitoring/Assessment: [REDACTED]s mom and CM had a conversation on the night before that CM could visit at 10:00 am. [REDACTED]
[REDACTED] mom texted and said that she forgot.

Effectiveness of Intervention/Activity

Support Team: The mother of the minor child finally got in touched with CM after much calling and texting to let her know that CM was here for the visit. Mom informed CM that she forgot about the visit and needed to reschedule. Mom was informed that the only time that CM has available is on Friday at 10:00 am. Mom stated that this is fine and that she will make sure that she is available for the visit.
Referral/Follow-up: [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.M.I.D.M.**

Date of Service: 7/13/2015

Policy #: **Insurance No.**

Staff: Williams, Barbara

DOB: **DOB**

Record #: 605

Note ID#: 6873110

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ROA Page No. 2428

Signature/Credentials/Position:

Barbara Williams
CSP

Barbara Williams, MS, MHS

7/18/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Effectiveness of Intervention/Activity

Support Team: [REDACTED]

Mom spoke to CM letting her know that she still seem to be having some issues with the child and telling truth and making appropriate decisions in all situations. [REDACTED]

Mom stated that they help out in the home when asked to do so, but she just wish when she ask if they did something that they will own up to it.

Mom stated that the one issue that she is having with him is that he is still stealing food. Mom stated that while packing for the vacation she found all of the wrappers from food in his suitcase. Mom stated that he has been stealing food at night while they sleep, she stated that she has even found chicken bones wrapped up in napkins behind the dresser or in the closet. Mom stated that she can ask him and he will tell her that he did not do it and if she keep asking he will finally give in and tell the truth. Mom stated that she does not know what she is going to do with him for when he gets back to school she is afraid that he is going to do the same thing. [REDACTED]

Mom stated that she is always getting on them about brushing their teeth daily. Mom stated that she has to ask them every morning if they brushed and especially at night, she stated that she try to tell them when they take their bath they should brush their teeth this way they want forget.

Referral/Follow-up: [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Barbara Williams

CSP

Barbara Williams, MS, MHS

7/18/2015

Signature/Credentials/Position:

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6990967

Date of Service: 9/21/2015

Staff: Alvarez, Michelle

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 4

Service: (T1016) TCM - no travel

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: Office - 11
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 9/21/2015	Shift/Duration of Service: 12:45 PM - 1:45 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity
(What you did)

[REDACTED]

Effectiveness of
Intervention/Activity

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.M.&.D.M.**

Date of Service: 9/21/2015

Policy #: **Insurance No.**

Staff: Alvarez, Michelle

DOB: **DOB**

Record #: 605

Note ID#: 6990967

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ROA Page No. 2432

Name/Position/Signature:

Alvarez, Michelle

CSP

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 8756230

Date of Service: 7/5/2017

Staff: Cuoco, Sandra

Record #: 605

Page 1 of 2

ROA Page No. 2433

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

TCM

Units Used: 1

60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Service: (90791HO) 1 Event - Diagnostic Assessment- Initial

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: Community - 99
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect:		

Date: 7/5/2017	Shift/Duration of Service: Total Time: 2 hrs. and 0 mins.
----------------	---

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

MHP conducted clinical interview with **R.D.M.** and DSS worker Ms. Eiland.

Effectiveness of Intervention/Activity

Client Progress:

Next Appointment: None Scheduled

Name/Position/Signature:

Cuoco, Sandra
Clinical Director-MHP

ROA Page No. 2433

FCA Bates No. 026582

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.R.D.M.**

Date of Service: 7/5/2017

Policy #: **Insurance No.**

Staff: Cuoco, Sandra

DOB: **DOB**

Record #: 605

Note ID#: 8756230

Page 2 of 2

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 8756318

Date of Service: 7/5/2017

Staff: Cuoco, Sandra

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

TCM

Units Used: 1

60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Service: (H2000HO) CALOCUS

Consumer: **R.D.MR.D.M..D.M.**


Date of Birth **DOB**

Location: Community - 99

Record #: 605

Policy #: **Insurance No.**

Face To Face: No

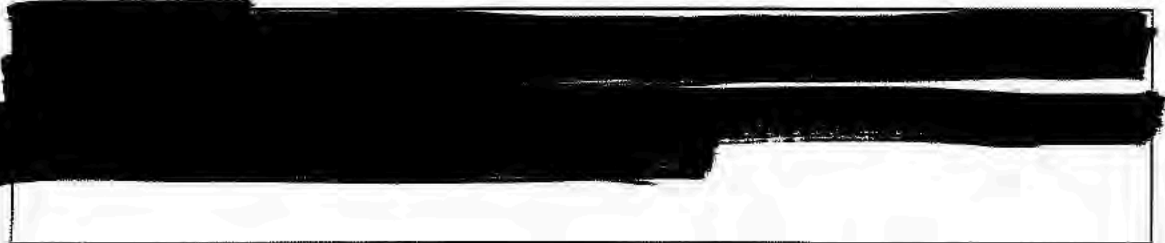
Overall Affect: 

Date: 7/5/2017

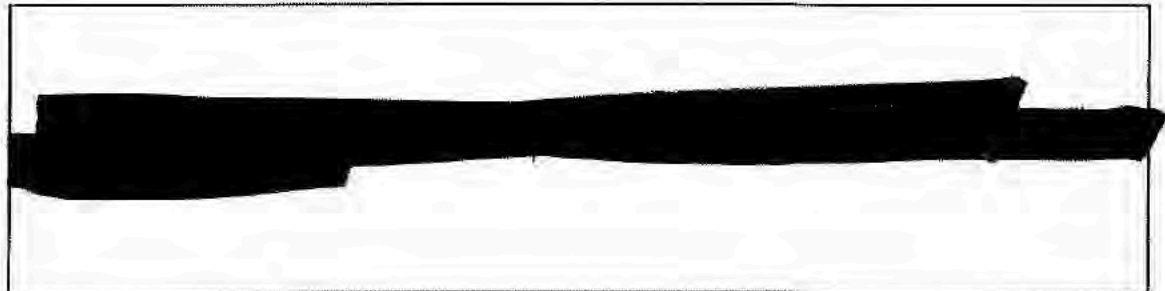
Shift/Duration of Service: Total Time: 1 hrs. and 0 mins.

DSM-V Diagnosis: N/A

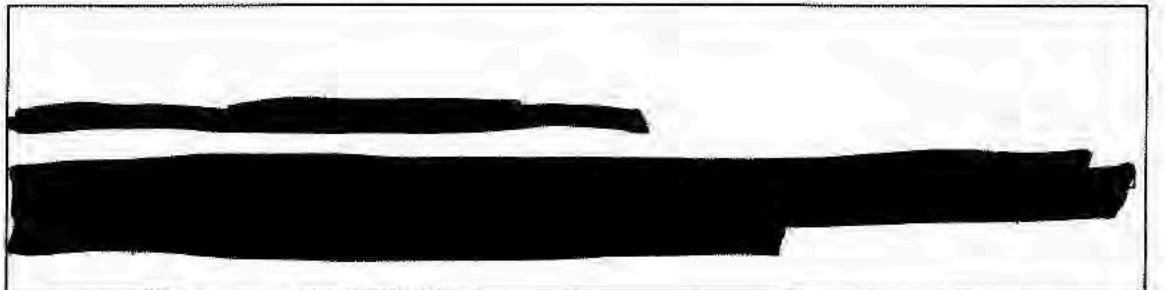
Purpose of
Contact



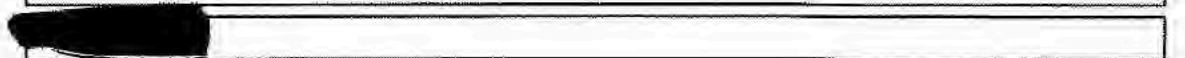
Intervention/Activity
(What you did)



Effectiveness of
Intervention/Activity



Client Progress:



Next Appointment: None Scheduled

Name: **R.D.M.&.D.M.**

Date of Service: 7/5/2017

Policy #: **Insurance No.**

Staff: Cuoco, Sandra

DOB: **DOB**

Record #: 605

Note ID#: 8756319

Page 2 of 2

ROA Page No. 2436

Name/Position/Signature:

Cuoco, Sandra

Clinical Director-MHP

Name/Position/Signature:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6454980

Date of Service: 11/19/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 1

Service: (S9482HN) 15 Mins. - Family Support

Consumer: **R.D.MR.D.M..D.M.**

Date of Birth **DOB**

Location: Office - 11

Record #: 605

Policy #: **Insurance No.**

Face To Face: No

Overall Affect: N/A

Date: 11/19/2014

Shift/Duration of Service: 3:00 PM - 3:15 PM Total Time: 0 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Mom informed MHS that the out of school suspension went okay; she had **R.D.M.** to do school work and clean the house the entire day. Mom stated that dad was not happy about **R.D.M.** having to stay home because of the suspension. Mom informed MHS that she just went ahead and not allowed client to go to school for the rest of the school week. Mom stated that if no other child of hers goes on the field trip, **R.D.M.** needs to go. Mom stated that she is not giving up on **R.D.M.**

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/7/2014

Name: **R.D.M.&.D.M.**

Date of Service: 11/19/2014

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6454980

Page 2 of 2

ROA Page No. 2438

Signature/Credentials/Position:

[Empty signature box]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6464920

Date of Service: 11/20/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

ROA Page No. 2439

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 4

Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 11/20/2014 Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] Mom informed MHS that **R.D.M.** was not attending school the entire week because she wanted him to see how it was to not be in school with his friends. Mom stated to MHS that **R.D.M.** was being very engaging with doing house work and not acting up in the home. Mom and dad agreed that the AMI program is what **R.D.M.** needed to maybe help with his compulsive stealing items that do not belong to him.

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

11/27/2014

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6464920

Date of Service: 11/20/2014

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**
Date of Service: 12/1/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6471916

ROA Page No. 2441

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/1/2014 Shift/Duration of Service: 12:30 PM - 2:30 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact
[REDACTED]

Intervention/Activity (What you did)
[REDACTED]. Teacher informed MHS of hidden dinner roll stuffed in clients jacket.
MHS discussed with **R.D.M.** why was he staying in 5 mins for recess. [REDACTED]

Assessment of Progress Towards Goal
[REDACTED] **R.D.M.** responded to MHS question by stating that he did not follow through with the teacher's request to go back to seat during class and that is why he had to stay in for 5 minutes of his recess. **R.D.M.** expressed that he had a lot of make up work to complete during recess and for homework because he missed a week of school. [REDACTED]

Client Progress: [REDACTED]

Next Appointment: None Scheduled

Name: **R.D.M.&.D.M.**

Date of Service: 12/1/2014

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6471916

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

12/8/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**
Date of Service: 12/2/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6474192

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 5
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/2/2014 Shift/Duration of Service: 12:30 PM - 1:45 PM Total Time: 1 hrs. 15 min.

DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity
(What you did)

Assessment of
Progress Towards
Goal

Client Progress:

[REDACTED]

[REDACTED]

[REDACTED] **R.D.M.** complied with MHS by stating that he and some of this friends were looking at inappropriate things on the iPad. **R.D.M.** expressed to MHS that he did not know where his make up work was located; it was not home and it was not at school.

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.M.&.D.M.**

Date of Service: 12/2/2014

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6474192

Page 2 of 2

ROA Page No. 2444

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/9/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**
Date of Service: 12/2/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6474344

ROA Page No. 2445

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 2
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/2/2014	Shift/Duration of Service: 4:15 PM - 4:45 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[REDACTED]

[REDACTED]

R.D.M. informed MHS and Mom that he found the toy on the floor in his classroom. **R.D.M.** indicated to Mom that he did not have his iPad taken away from him for no reason at all.
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	 Victoria Jamison, BA, MHS	12/9/2014
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Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6474344

Date of Service: 12/2/2014

Staff: Jamis ROA Page No. 2446

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

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ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**
Date of Service: 12/3/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6475942

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/3/2014	Shift/Duration of Service: 12:30 PM - 2:30 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** indicated to MHS that he was drawing a picture of an explorer.
R.D.M. informed MHS about his mom buying him and his siblings just because she wanted to.
 [REDACTED]
 [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	12/10/2014
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Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6475942

Date of Service: 12/3/2014

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.t.D.M.**
Date of Service: 12/3/2014

Policy #: **Insurance No.**
Staff: Sutton, Curlee

DOB: **DOB**
Record #: 605

Note ID#: 6476859

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy

Consumer: **R.D.MR.D.M..D.M.**

Date of Birth **DOB**

Location: School - 3

Record #: 605

Policy #: **Insurance No.**

Face To Face: Yes

Overall Affect: N/A

Date: 12/3/2014

Shift/Duration of Service: 2:30 PM - 3:30 PM Total Time: 1 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of
Contact

[REDACTED]

[REDACTED]

Intervention/Activity
(What you did)

[REDACTED]

Assessment of
Progress Towards
Goal

Response: **R.D.M.** presented in fairly happy mood coming easily to therapy but stating to MHP that he didn't want to go with MHP. When walking to class, **R.D.M.** said that he knew location going to for session and [REDACTED] s

[REDACTED] He reported that he liked the other staff (MHS's) in RBHS, but didn't like MHP. He refused to provide details, but eventually with intervention he revealed a perception of the program being planned to help WDFS kids to understand consequences of stealing/dishonesty, which he reported as "You sent a letter to mom saying to send me to jail." [REDACTED]

[REDACTED] When offered a solution to refer to another therapist, he immediately said that he "didn't want" MHP to go and still wanted to see MHP. [REDACTED]

[REDACTED] ed to

[REDACTED] He reported wanting MHS to help him complete exercises at school in order to determine if he needs the next level of auditory testing. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 1/29/2015

Signature/Credentials/Position:

[REDACTED]

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6478535

Date of Service: 12/4/2014

Staff: Sutton, Renee

ROA Page No. 2451

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 1
Service: (90847HO) 1 Hr. - Family Therapy w/ Client
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/4/2014	Shift/Duration of Service: 1:30 PM - 2:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

Response: [Redacted] He was able to articulate with fairly normal voice tone, eye contact, and complete sentences what occurred with peer to cause him to push peer. Mom reported to speech therapist that she didn't believe he had a listening problem and said she would think about doing exercises provided by therapist. Speech therapist reports him not hearing first part of some soundings. Mom shook head about lack of family sessions and schedule next week but declined therapy during Christmas 2 week school break and declined behavior modification. Father encouraged mom to have services.

[Redacted]

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Name: **R.D.M.I.D.M.**

Date of Service: 12/4/2014

Policy #: **Insurance No.**

Staff: Sutton, Renee

DOB: **DOB**

Record #: 605

Note ID#: 6478535

Page 2 of 2

ROA Page No. 2452

Signature/Credentials/Position:

Renee Sutton
MHP

Renee Sutton, MHP, LPC-I 12/9/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.D.M.**
Date of Service: 12/4/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6478951

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.M.R.D.M.D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/4/2014	Shift/Duration of Service: 12:30 PM - 1:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS was informed by teacher that **R.D.M.** has not done any work all day today. [REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** acknowledged MHS by stating, "Hi." [REDACTED] **R.D.M.** responded to leaving the classroom by stating, "Are we going to do the DVD in the library today?" **R.D.M.** expressed to MHS what he had for lunch without anyone asking him what he had for lunch. **R.D.M.** followed through by telling MHS that there was already Christmas presents under the Christmas tree at his house. [REDACTED] **R.D.M.** expressed to MHS that he was not having recess because he did not compile with the school rules which state that on the iPad, your wallpaper/lock screen has to be a picture of yourself. [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.M.I.D.M.**

Date of Service: 12/4/2014

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6478951

Page 2 of 2

ROA Page No. 2454

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/11/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6481022

Date of Service: 12/5/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 11
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M..D.M.	Date of Birth DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/5/2014	Shift/Duration of Service: 11:30 AM - 2:15 PM	Total Time: 2 hrs. 45 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] as assistant principle was talking to **R.D.M.** about his behavior. [REDACTED]

Ramare and assistant principle have a discussion about the rules. MHS discussed with **R.D.M.** the repeated patterns that has happened over the past few weeks. [REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** expressed to MHS that everyone thinks that he took another students lunch but he did not do it. [REDACTED]

R.D.M. complied to the assistant principles questions by answering the questions she asked. **R.D.M.** expressed to MHS "Every time my stomach growls it means that I am hungry and that is when I take stuff." **R.D.M.** responded to MHS by stating that he is supposed to write down the day and time when his stomach growls. [REDACTED]

[REDACTED] **R.D.M.** expressed great interest in soccer while outside during recess. [REDACTED]

Client Progress:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6481022

Date of Service: 12/5/2014

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

ROA Page No. 2456

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/12/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6485576

Date of Service: 12/8/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

TCM

Units Used: 11

60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/8/2014 Shift/Duration of Service: 11:45 AM - 2:30 PM Total Time: 2 hrs. 45 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

[Redacted] (ulsive)

Intervention/Activity (What you did)

[Redacted] MHS discussed with **R.D.M.** once his lunch was finished how did his stomach feel. [Redacted]

Assessment of Progress Towards Goal

R.D.M.

[Redacted] **R.D.M.** was responsive to MHS walking over to his desk as evidenced by saying, "Hi." **R.D.M.** expressed to MHS that if she strap his shoes the proper way, they will not continue to come unloosen. **R.D.M.** expressed that he was taking his heavy winter coat to the cafeteria because it is cold in the cafeteria. **R.D.M.** cooperated by informing MHS that he told his mother about the new plan to write down in notebook the day and time he feels hungry throughout the day. **R.D.M.** followed through by stating that his mom thinks it is a good idea. **R.D.M.** cooperated by stating to MHS that he was still hungry after eating lunch. [Redacted] **R.D.M.** was successful at reading aloud to MHS evidenced by reading aloud from book. **R.D.M.** expressed to MHS that he needed some help with his math assignment.

Client Progress: Comments/Notes

[Redacted]

Name: **R.D.M.I.D.M.**
Date of Service: 12/8/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6485576

ROA Page No. 2458

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP
Signature/Credentials/Position:

Victoria Jamison, BA, MHS 12/15/2014

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6485781

Date of Service: 12/9/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

ROA Page No. 2459

Wright Directions Family Services, LLC

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 10
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.M.R.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/9/2014	Shift/Duration of Service: 10:00 AM - 12:30 PM	Total Time: 2 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** was responsive to MHS greet as evidenced by saying, "Good morning." **R.D.M.** expressed to MHS that he could not find his morning worksheet from the day before. [REDACTED]

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6485781

Date of Service: 12/9/2014

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

12/16/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6489009

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

ROA Page No. 2461

Wright Directions Family Services, LLC

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 9
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.M.R.D.M..D.M.	Date of Birth DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/10/2014	Shift/Duration of Service: 11:45 AM - 2:00 PM	Total Time: 2 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

R.D.M. responded to MHS greet by saying, "Hi." **R.D.M.** was responsive to MHS discussion about the feeling of his stomach as evidenced by **R.D.M.** saying that his stomach was feeling "nothing." **R.D.M.** expressed that his notebook was in his backpack but he has not written in it yet. **R.D.M.** was successful at engaging in communication with classmate during lunch. **R.D.M.** expressed to MHS that he did not like this new DVD for his speech therapy.

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6489009

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 605

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ROA Page No. 2462

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

12/17/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6492422

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 2

Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 12/10/2014	Shift/Duration of Service: 2:00 PM - 2:30 PM	Total Time: 0 hrs. 30 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHS discussed with mom about holiday arrangements to meet up with **R.D.M.** during the holiday break.

Assessment of Progress Towards Goal

Mom expressed to MHS that **R.D.M.** has not mentioned to mom about taking another students lunch. Mom expressed to MHS that no one will see **R.D.M.** for the holiday break; he will be with her and no one else.

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i>	12/17/2014
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Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6492422

Date of Service: 12/10/2014

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**
Date of Service: 12/11/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6495259

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 9
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/11/2014	Shift/Duration of Service: 11:45 AM - 2:00 PM	Total Time: 2 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] **R.D.M.** responded to MHS morning greet by staying "Hi." **R.D.M.** expressed to MHS that he does not eat potatoes. [REDACTED] **R.D.M.** responded to MHS request about strapping his shoes by stating, "My mom mama said that I don't have to strap my shoes if I don't want to because my mama will buy me a new pair." [REDACTED] **R.D.M.** expressed to MHS that he needed some assistance with his morning math work. [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Name: **R.D.M.I.D.M.**

Date of Service: 12/11/2014

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6495259

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

12/18/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.J.D.M.**

Date of Service: 12/12/2014

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6495283

Page 1 of 2

Wright Directions Family Services, LLC

TCM

60 s railroad ave

ridgeland, SC 29936

Charleston County

Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Units Used: 4

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.,D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/12/2014	Shift/Duration of Service: 8:45 AM - 9:45 AM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

R.D.M. was talking with other classmates when MHS walked into the classroom. **R.D.M.** gestured a wave to MHS. **R.D.M.** expressed to MHS that he was supposed to be doing his work but he lost his papers. [REDACTED] **R.D.M.** responded to MHS requesting for him to sit by MHS by **R.D.M.** shaking his head "No."

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison
CSP

Victoria Jamison, BA, MHS

12/19/2014

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6495283

Date of Service: 12/12/2014

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6495369

Date of Service: 12/12/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

ROA Page No. 2469

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 5

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/12/2014	Shift/Duration of Service: 11:45 AM - 1:00 PM	Total Time: 1 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

R.D.M. responded to MHS greet by waving back. [REDACTED]

[REDACTED]. **R.D.M.** expressed to MHS that he was having a good day. **R.D.M.** responded to MHS request to strap his shoes by saying, "My mama said that I don't have to strap my shoes at school." [REDACTED]

[REDACTED]

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6495369

Date of Service: 12/12/2014

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

ROA Page No. 2470

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

12/19/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M..D.M.**

Date of Service: 12/12/2014

Policy #: **Insurance No.**

Staff: Sutton, Renee

DOB: **DOB**

Record #: 605

Note ID#: 6491564

Page 1 of 2

Wright Directions Family Services, LLC

TCM

60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 1

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/12/2014	Shift/Duration of Service: 3:00 PM - 4:00 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] MHP
 phoned mom, per **R.D.M.**'s request, to present behavior option to use at school instead of home schooling.
 [REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED]
 He reported getting in trouble again and that his dad said that he would receive a "beating", which has been defined as spanking. **R.D.M.** became happier after discussion and receiving a little attention with cousin and in private sharing about Christmas. He agreed to trying water bottle new behavior to replace stealing food and requested for MHP to call home with suggestion. He was able to say to cousin in a hesitant way that he didn't know something. Mom had reported earlier in week his punishment if stole again (removal from school to be home schooled). Mom didn't reply to repeated phone calls or messages left.
 [REDACTED]

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**


Note ID#: 6491564

Date of Service: 12/12/2014

Staff: Sutton, Renee

Record #: 605

Page 2 of 2

Client Progress: 

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 12/17/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.J.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6495677

Date of Service: 12/15/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

ROA Page No. 2473

Wright Directions Family Services, LLC

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Units Used: 9

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/15/2014	Shift/Duration of Service: 11:45 AM - 2:00 PM	Total Time: 2 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

R.D.M. responded to MHS greet by saying, "Hi." **R.D.M.** cooperated by stating that he will not play around in class.

R.D.M. expressed to MHS that he did not like the new speech DVD activity.

[REDACTED]

[REDACTED]

[REDACTED]

Client Progress:

[REDACTED]

Name: **R.D.M.I.D.M.**

Policy #:

Insurance No

DOB:

DOB

Note ID#:

6495677

Date of Service: 12/15/2014

Staff:

Jamison, Victoria

Record #:

605

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

12/22/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6498338

Date of Service: 12/16/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

ROA Page No. 2475

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Units Used: 8

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/16/2014	Shift/Duration of Service: 10:30 AM - 12:30 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

[Redacted]

Intervention/Activity (What you did)

[Redacted] MHS discussed with **R.D.M.** about the water bottle idea. [Redacted]
[Redacted]
[Redacted]

Assessment of Progress Towards Goal

R.D.M. was non-responsive to MHS as evidenced by not speaking back to MHS when asking how was he doing today. **R.D.M.** eventually expressed to MHS why did her hair look the way it did. [Redacted] When asked about the water bottle plan, **R.D.M.** expressed that "I do not want to talk about why I need a water bottle; I want juice." **R.D.M.** expressed to MHS that "There is a reason why I am not talking to you." [Redacted]
[Redacted] **R.D.M.** expressed playfulness and talking with other students during lunch.
[Redacted]

Client Progress: Comments/Notes

[Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	<i>Victoria Jamison, BA, MHS</i> ROA Page No. 2475, FCA Bates No. 026624	12/23/2014
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ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

EXHIBIT 10

Part 3

Name: **R.D.M.&.D.M.**

Date of Service: 12/16/2014

Policy #: **Insurance No**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6498339

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M..D.M.**

Date of Service: 12/16/2014

Policy #: **Insurance No.**

Staff: Sutton, Renee

DOB: **DOB**

Record #: 605

Note ID#: 6499460

Page 1 of 2

Wright Directions Family Services, LLC

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Units Used: 1

Service: (90847HO) 1 Hr. - Family Therapy w/ Client

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/16/2014	Shift/Duration of Service: 1:30 PM - 2:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[Redacted]

[Redacted]

Intervention/Activity (What you did)

[Redacted]

Assessment of Progress Towards Goal

[Redacted] Father reported that mom not feeling well and scheduled sessions were cancelled for afternoon. Speech therapist reported indication that **R.D.M.** may not be hearing well enough and warranted next level of auditory testing. School requested from father approval for psychological testing. Father agreed to 90-day summary for both children. [Redacted]

R.D.M. agreed to new process. He had no comment about siblings progress and setbacks. [Redacted]

[Redacted]

[Redacted]

Client Progress:

[Redacted]

Next Appointment: None Scheduled

ROA Page No. 2478

FCA Bates No. 026626

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Date of Service: 12/16/2014

Policy #: **Insurance No**

Staff: Sutton, Renee

DOB: **DOB**

Record #: 605

Note ID#: 6499460

Page 2 of 2

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 12/17/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**
Date of Service: 12/16/2014

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 605

Note ID#: 6522676

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 6
Service: (H0032HO) 15 Mins. - Service Plan Development

Consumer: R.D.M.R.D.M..D.M.	Date of Birth: DOB	Location: Office - 11
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/16/2014 Shift/Duration of Service: 6:00 PM - 7:30 PM Total Time: 1 hrs. 30 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No**

DOB: **DOB**

Note ID#: 6522676

Date of Service: 12/16/2014

Staff: Sutton, Renee

Record #: 605

Page 2 of 2

Assessment of
Progress Towards
Goal

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 12/17/2014

Signature/Credentials/Position:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**
Date of Service: 12/18/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6507132

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/18/2014	Shift/Duration of Service: 11:45 AM - 1:45 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

[REDACTED]

[REDACTED]

R.D.M. responded to MHS greet by hesitating and then returned a wave back to MHS. **R.D.M.** responded to teachers request to get a book to read by getting a book but not reading it. **R.D.M.** was successful at engaging with others during lunch evidenced by talking with others around him at the lunch table. [REDACTED] **R.D.M.** responded to MHS by stating, "Man I ain't reading this book." [REDACTED] **R.D.M.** responded to MHS by stating, "You go get my jacket for me." [REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ROA Page No. 2482

FCA Bates No. 026630

Name: **R.D.M.I.D.M.**

Date of Service: 12/18/2014

Policy #: **Insurance No**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6507132

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

12/22/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.J.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6507425

Date of Service: 12/19/2014

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 8

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.,D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/19/2014	Shift/Duration of Service: 11:45 AM - 1:45 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

[REDACTED] n. **R.D.M.** responded to MHS gestured wave by just looking at MHS. [REDACTED]

[REDACTED] n. **R.D.M.** responded to being pulled out of class by becoming very defiant and stating, "You always pull me out of class when I'm doing something." [REDACTED]

[REDACTED] n. **R.D.M.** responded to MHS by stating, "I don't want to put CD into the computer; you do it." [REDACTED]

[REDACTED] **R.D.M.** was unsuccessful at paying attention to computer during speech lesson evidenced by not answering the questions correctly and asking MHS what was she writing down. **R.D.M.** expressed to MHS that he felt hungry because MHS was eating cookies in front of him. [REDACTED]

Client Progress:

[REDACTED]

Name: **R.D.M.I.D.M.**

Date of Service: 12/19/2014

Policy #:

Insurance No

Staff: Jamison, Victoria

DOB

DOB

Record #: 605

Note ID#: 6507425

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

12/22/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**
Date of Service: 12/19/2014

Policy #: **Insurance No.**
Staff: Sutton, Renee

DOB: **DOB**
Record #: 605

Note ID#: 6502874

Page 1 of 2

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (90837HO) 1 Hour Individual Therapy

Consumer: R.D.M.R.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/19/2014	Shift/Duration of Service: 2:00 PM - 3:00 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

Response: [REDACTED] requesting his water bottle. He picked the color that he wanted but didn't say thank you. [REDACTED]. He didn't complain or ask for items that he couldn't eat. He stuffed extra items that he could eat in his mouth, filling it full and not chewing slowly. He did not repeat suggested statements to peers but stayed quiet [REDACTED]. He requested items and acknowledged process with water bottle. Teacher agreed to process of keeping in classroom and clean.

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ROA Page No. 2486

FCA Bates No. 026634

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Date of Service: 12/19/2014

Policy #: **Insurance No.**

Staff: Sutton, Renee

DOB: **DOB**

Record #: 605

Note ID#: 6502874

Page 2 of 2

Signature/Credentials/Position:

Renee Sutton

MHP

Renee Sutton, MHP, LPC-I 12/23/2014

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**
Date of Service: 12/29/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6513716

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 1
Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: Home - 12
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 12/29/2014	Shift/Duration of Service: 10:15 AM - 10:30 AM	Total Time: 0 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

MHS discussed with mom **R.D.M.**'s behavior in school last week.
[REDACTED]

Assessment of Progress Towards Goal

Mom indicated to MHS about **R.D.M.**'s behavior at home. Mom indicated to MHS about the water bottle idea stating that she does not think it will work but she will try it and see what happens. Mom commented to MHS about not allowing **R.D.M.** to have his iPad until he shows more improvement in his behavior to others both home and in school.
[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/5/2015

Name: **R.D.M.R.D.M.**

Date of Service: 12/29/2014

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6513716

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**
Date of Service: 12/29/2014

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB**
Record #: 605

Note ID#: 6514116

Wright Directions Family Services, LLC
TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 4
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.M.R.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 12/29/2014	Shift/Duration of Service: 12:30 PM - 1:30 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity
(What you did)

Assessment of
Progress Towards
Goal

Client Progress:

[REDACTED]

[REDACTED]

[REDACTED]
R.D.M. complied with MHS by stating what he learned about the trip to the AML facility.
R.D.M. followed through by eating his apple for snack and talking with others kids.
[REDACTED]

[REDACTED]

Next Appointment: None Scheduled

Signature/Credentials/Position:
Victoria Jamison
CSP

Victoria Jamison, BA, MHS

1/5/2015

Name: **R.D.M.&.D.M.**

Date of Service: 12/29/2014

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6514116

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.D.M.**
Date of Service: 1/6/2015

Policy #: **Insurance No.** **ROA Page No. 2492**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6524682
Record #: 605 Page 1 of 2

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60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: **R.D.MR.D.M..D.M.** Date of Birth: **DOB** Location: School - 3
Record #: 605 Policy #: **Insurance No.**
Face To Face: Yes
Overall Affect: N/A

Date: 1/6/2015 Shift/Duration of Service: 11:45 AM - 1:45 PM Total Time: 2 hrs. 0 min.

DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED] **Insurance No.**

Assessment of Progress Towards Goal

R.D.M. responded to MHS by stating that he was trying to beat a fellow classmate back to class and that is why he ran away from MHS in the hallway earlier. **R.D.M.** expressed to MHS that his favorite football team had won a game over the weekend. **R.D.M.** followed through by stating to MHS what he received for Christmas. **R.D.M.** expressed to MHS that one of this older brothers is cool because when **R.D.M.** gets in trouble, his brother does not spank him; he just talks to him about his behavior. [REDACTED] **R.D.M.** expressed to the class during a small discussion that he felt safe at his grandmothers home but now he doesn't because she died.

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6524682

Date of Service: 1/6/2015

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

1/13/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6527579

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 605

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Wright Directions Family Services, LLC

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 8

Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.MR.D.M.,D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 1/7/2015	Shift/Duration of Service: 11:45 AM - 1:45 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

Assessment of Progress Towards Goal

R.D.M. responded to MHS by stating "Nothing now but I was working on a diary entry." [REDACTED] **R.D.M.** was unsuccessful at answering questions to MHS evidenced by not speaking to MHS. **R.D.M.** expressed to MHS that he does not like it when MHS ask him a lot of questions. [REDACTED]

R.D.M. responded to MHS discussion by stating that he still had the cool notebook. **R.D.M.** followed through by stating that he has a notebook of his own that he writes in. **R.D.M.** expressed to MHS does he still have to write in notebook now that he has a water bottle. **R.D.M.** expressed to MHS to read his diary entry. **R.D.M.** indicated in his diary entry that he does not like his water bottle and that he wishes he can throw it in the trash. [REDACTED]

[REDACTED]

[REDACTED]

Client Progress:

[REDACTED]

Next Appointment: None Scheduled

ROA Page No. 2494

FCA Bates No. 026642

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.R.D.M.**

Policy #: **Insurance No. ROA Page No. 2495**

DOB: **DOB**

Note ID#: 6527579

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

1/14/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No.**

DOB: **DOB**

Note ID#: 6527641

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC
TCM

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 1

Service: (S9482HN) 15 Mins. - Family Support

Consumer: R.D.M.R.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: No		
Overall Affect: N/A		

Date: 1/7/2015	Shift/Duration of Service: 4:45 PM - 5:00 PM	Total Time: 0 hrs. 15 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

Intervention/Activity
(What you did)

[REDACTED]

Assessment of
Progress Towards
Goal

Mom expressed to MHS about the new routine **R.D.M.** has to do every morning before coming to school. Mom indicated that she did receive the permission slip for the trip to Columbia but still not sure if **R.D.M.** will be able to go; it would have to depend on his behavior. Mom expressed to MHS that she does not want the school and everyone else to feel like the kids are being neglected. Mom indicated that she does not know what to do and that she does not like it when **R.D.M.** does not tell the truth to others.

[REDACTED]

Client Progress:

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.&.D.M.**

Policy #: **Insurance No**

DOB: **DOB**

Note ID#: 6527641

Date of Service: 1/7/2015

Staff: Jamison, Victoria

Record #: 605

Page 2 of 2

Next Appointment: None Scheduled

Signature/Credentials/Position:

Victoria Jamison

CSP

Victoria Jamison, BA, MHS

1/14/2015

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**
Date of Service: 1/8/2015

Policy #: **Insurance No.**
Staff: Jamison, Victoria

DOB: **DOB** Note ID#: 6527759
Record #: 605

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TCM
60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Units Used: 8
Service: (H2014HN) 15 Mins. - Behavior Modification

Consumer: R.D.M.R.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 1/8/2015	Shift/Duration of Service: 11:45 AM - 1:45 PM	Total Time: 2 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

Intervention/Activity (What you did)

Assessment of Progress Towards Goal

Client Progress:

[Redacted content for Purpose of Contact, Intervention/Activity, and Client Progress]

R.D.M. gestured a wave to MHS. **R.D.M.** cooperated by talking to MHS about his morning enrichment program that he is a part of. **R.D.M.** expressed quietness during the rest of the time at lunch. [Redacted]

Next Appointment: None Scheduled

Signature/Credentials/Position: Victoria Jamison CSP	 BA, MHS	1/15/2015
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ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.R.D.M.**

Date of Service: 1/8/2015

Policy #: **Insurance No.**

Staff: Jamison, Victoria

DOB: **DOB**

Record #: 605

Note ID#: 6527759

Page 2 of 2

Signature/Credentials/Position:

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109

Name: **R.D.M.I.D.M.**

Policy #: **Insurance No. ROA Page No. 2500**

DOB: **DOB**

Note ID#: 6529923

Date of Service: 1/8/2015

Staff: Sutton, Renee

Record #: 605

Page 1 of 2

Wright Directions Family Services, LLC
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Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

60 s railroad ave
ridgeland, SC 29936
Charleston County
Phone: 8436457700

Units Used: 1

Service: (90837HO) 1 Hour Individual Therapy

Consumer: R.D.MR.D.M..D.M.	Date of Birth: DOB	Location: School - 3
Record #: 605	Policy #: Insurance No.	
Face To Face: Yes		
Overall Affect: N/A		

Date: 1/8/2015	Shift/Duration of Service: 2:00 PM - 3:00 PM	Total Time: 1 hrs. 0 min.
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DSM-V Diagnosis: N/A

Purpose of Contact

[REDACTED]

[REDACTED]

[REDACTED]

Intervention/Activity (What you did)

[REDACTED]

[REDACTED]

[REDACTED]

ELECTRONICALLY FILED - 2023 Mar 08 10:19 AM - JASPER - COMMON PLEAS - CASE#2022CP2700109