

1111 University Blvd West #405  
Silver Spring, Maryland 20902  
(301) 649-1319

June 5, 2006

Holy Cross Hospital  
Medical Records Department  
ATTN: Ileana Sosa-Urgell  
1500 Forest Glen Road  
Silver Spring, Maryland 20910

Dear Ms. Sosa-Urgell,

Per your instructions I am enclosing the completed form that you sent, entitled "Request to Amend/Correct Health Information Held by Holy Cross Hospital." I am asking for these corrections pursuant to Maryland Health-General Code Annotated § 4-304.

As stated in the form, the record in question is that of my late father, Israel Neustadter, a patient at Holy Cross Hospital from March 10 to March 27, 2003. I request that the erroneous entries be clearly labeled as such - stricken through with the word "error" written in close proximity and initialed, and that corrected entries be written in their place. I ask that all known paper, film and electronic copies of the erroneous record in your or your agent's possession be completely corrected or replaced if correction is not possible. Errors are as follows:

1. Physician Order Form of 3/10/03, Physician Progress Notes of 3/11/03, Nurses' Progress Notes of 3/20/03 erroneously list patient as DNR. Please indicate clearly on each of these pages that my father was not in a DNR status.
2. Do Not Resuscitate Physician Order Form of 3/16/03. This form is invalid. It was written at Dr. Ball's initiative, without my knowledge or consent. Dr. Ball was unauthorized to sign this form as he was not the attending physician. In any event this form expired upon my father's transfer from the Critical Care Unit to the Intermediate Care Unit. Please indicate clearly on this form that it is erroneous and that at no time was my father in a DNR status.
3. Nurses' cardex chart and notations in margins of Physician Progress Notes of 3/11/03, 3/12/03 and 3/13/03 indicate a levaquin dosage of 500 mg QD. This is in error. Second Physician Order Form of 3/10/03 clearly indicates that a dosage of only 250 mg QD was ordered from pharmacy.
4. Physician Progress Notes of 3/17/03 state: "Dobhoff placed yesterday per radiology." This is in error; the Dobhoff catheter was never placed.

5. Death Summary (document #354855) contains erroneous information as quoted below in italic text:

- *“Admitted to the hospital with aspiration pneumonia”* Records indicate patient was not admitted with aspiration pneumonia. ER workup and progress note entries by Dr. Nawaz indicate no evidence of aspiration pneumonia whatsoever.
- *“The patient remained intubated for a few weeks”* He was intubated for 4 days.
- *“Multiple antibiotics were changed during the patient’s stay in the intensive care unit”* No antibiotic changes.
- *“GI consult was obtained from Dr. Milton Koch”* This consult was obtained from Dr. Alan Diamond.
- *“Dr. Shamim and Dr. Kariya had a long conversation with son again for further management because the patient needed intubation at the time. The family decided not to intubate...”* This conversation never occurred. Proof is as follows:
  - At November 30, 2005 meeting with hospital, Dr. Kariya stated that he did not deem intubation an option in my father's case, hence no reason to discuss it with me. By way of analogy he explained that if I would have wished a craniotomy done on my father he would not have been required to discuss it with me either. Multiple witnesses were present at this meeting.
  - Logistically, Dr. Shamim could not have discussed intubation with me. He saw my father earlier in the day on 3/25/03, yet makes no reference in the progress notes to respiratory distress or to patient needing intubation. He writes "placement→rehab." My father is not described in the nurses' notes as being in distress at that time either: "He looks so restful. His sat is 100%," the notes state.
  - Dr. Kariya saw my father at 6:00 pm on 3/25/03, an hour after crises began. This is where you would expect to see evidence in the record of a conversation with me about intubation, yet no such evidence exists.\* In fact, Dr. Kariya writes that I am "unrealistic," indicating he knew that I would still have wanted the most aggressive treatment had he offered it to my father.

Thank you for your help in correcting these errors. Please send me a copy of the revised records. In accordance with Maryland law, if you are denying this request please provide me with a detailed explanation of your rationale, information on any appeals process and/or instructions on how to submit a statement addressing the above entries that would be inserted into the record.

Sincerely,



Alexander H. Neustadter

\* Dr. Shamim testified that he *did not* discuss intubation with son  
 Dr. Kariya testified that intubation was *not needed* at the time.  
 According to Holy Cross Hospital intubation was *never "recommended"* for this patient.  
 Dr. Nawaz now *admits he had no basis* for this statement (he made it up).



HOLY CROSS HOSPITAL

REQUEST TO AMEND/CORRECT HEALTH INFORMATION HELD BY HOLY CROSS HOSPITAL

Patient Name: Isaac / Neustatter (deceased) Date: 6-5-06

Address: 1111 University Blvd. W. #405, Silver Spring, Md. 20902

Telephone: 301-649-1319 Date of Birth: 4-14-11 Social Security # \_\_\_\_\_

Medical Record or Account #: 0306900162 Date of Treatment: March 10 - 27, 2003 (optional)

We will only process your request for amendment/correction of your health information if all sections of this form are completed. We reserve the right to deny your request.

Describe the amendment or correction that you wish us to make:

Please see attached letters.

Describe why you think the amendment or correction that you are requesting is appropriate or necessary:

IT is appropriate because it is pursuant to Maryland law. IT is necessary because my father was euthanized at this hospital against his wishes and those of his family. He had no terminal illness and suffered no pain. His only crime was being old. Future deterrence and posthumouse respect mandate that the record be set completely straight.

Identify any other persons or entities you believe have received your health information and need to be notified of the amendment/correction that you are requesting. Please include the complete mailing address for each person or entity identified.

Please see attached sheet.

We will act on your request within 60 days (or 90 days if the extra time is needed) from the date we receive this request and will inform you in writing as to whether the amendment will be made or denied.

By submitting this form, I hereby request that Holy Cross Hospital amend or correct my health information maintained by the Hospital, as described above. I understand that if Holy Cross Hospital agrees to my request, that the Hospital will provide the amendment/correction to relevant third parties, including, but not limited to, the individuals I identified above, and third parties with which the Hospital contracts to provide services to or on behalf of the Hospital.

Isaac H Neustatter  
Signature of Patient or Representative

6-5-06  
Date

\_\_\_\_\_  
Name of Workforce Member who received this form

\_\_\_\_\_  
Date Form Received