On 2/20/24 the following happend.

1.) I got 4 replies from Risk Management in one letter, It Said in part:

"Risk Management has received your correspondence dated February 11, 2024 regarding various concerns. The responses to your concerns are listed below:

• For concerns pertaining to pen-pal agencies and legal mail, you may request the Resident Mail Policy via FOIL.

• NCIC does not record phone calls. There is audio and video recording throughout the building. This does not explicitly pick up resident phone calls. Residents are also allotted private phone calls with their attorneys through the use of the legal line.

• Please refer to our previous correspondence regarding legal mail. Letters to the NYS Department of State and NYS OMH would not be considered legal mail and therefore would be required to be left open as per your individualized Service Plan.

• STARC does not have the authority to raise PNA. Residents who participate in programming are able to participate in Vocational programming in order to have more fonds. Residents are expected to budget their funds in order to purchase the items you refrence in your correspondence."

2.) I got 5 replies from Danielle Tope, Executive Director in one letter. It said in part:

"I received your appeals regarding STARC's Risk Management Department's investigations into your various complaints. Your complaints and claims were thoroughly investigated, and I have reviewed and considered the entirety of your concerns. The responses to your appeals are listed below:

• I understand that you are looking for a list of behaviors required for your consideration to move to building 41. The decision to move residents to building 41 is multifaceted and based on individual and

interactive behaviors as well as census needs. Therefore, there is not simply a "checklist" of criteria a given individual may need to meet in order to be considered for movement. I encourage you to discuss this collaboratively with your treatment team and follow their suggestions for you. Regarding the concerns with your peer, as previously stated, a Seperation was in place and you were maintained away from each other when there was active litigation between the two of you. This litigation is no longer active; however, it has been determind that both of you continue to make threats toward each other. A such, a seperation will remain in place for safety. Seperations are handled in multiple ways, at times seperating by building and in other instances by unit and programming schedule.

- I have been advised that you have recently met with your Treatment Team to discussing signing the appropriate consents to begin treatment.

- STARC is currently offering the most amount of recreational and yard hours safely avaliable. There are many factors considered when increasing or decreasing either of these offerings.

- Tablets for residents use continues to be an ongoing discussion with Central Office staff. Residents would be made aware if there are any solid decisions on the matter.

- Regarding your request to have phone numbers for your niece and nephew. These numbers are noted to be active/permitted on your NCIC account."

Then on 2/22/24 the following happened.

1.) I got the following 2 replies from Risk Management:

a.) "Risk Management has received and reviewed your correspondence dated February 13, 2024 regarding staff. Please be advised, your concerns have been forwarded to STARC administration for follow up as deemed indicated."

b.) "Risk Management has received and reviewed your correspondence dated February 19, 2024 regarding concerns with being denied access to the law library while you are serving a loss of privilege. This Concern was previously addressed in an appeal letter from Dr. Tope dated

February 5, 2024. You are encouraged to refrence this response".

Then on 2/26/24 I sent:

1.) Risk Management the following Objection that said in part:

"Under "Description of Problem":

"On 2/20/24 I received a reply from Dr. Tope dated 2/15/24 to 5 Concerns. In one of the replies she wrote in part: "however, it has been determind that both of you continue to make threats toward each other". I don't know ~~where~~ where this fouls information came from because after reviewing my records and speaking to my Tx team there is no evidence I have made any threats between 2015 and today toward resident "M". If her statement was true there would be documentation in my records and my Tx team would have spoken to me."

under "Action Requested":

"1.) Dr. Tope please correct her statement/replie,
2.) I be told where the fouls information came from,
3.) Seperation be discontinued or I be sent to Bldg. 41 if it wont be discontinued,
4.) If none of this will be done, I be told why in writing."

2.) Daniel Tope, Executive Director 6 appeals that said in part: under "Please provide the reason for your appeal":

a.) "Reply is insufficent as "Action Requested" was not answered and "Resident Mail Policy" does not give the definitions requested." (Definitions)

b.) First, I disagree with 2 "Objections to care and Treatment" being combined concerning NCIc. Next, reply is insufficent as "Action Requested" was not answered and contract facility has with NCIc plainly states conversations are recorded. Next, prices NCIC Charges are excessive." (NCIc)

C.) "Reply is insufficent as "Action Requested" was not answered. Next, reply is not a proper reply. Lastly, both letters are "LEGAL MAIL" per 7 NYCRR 721.2 (a)." (Legal Mail not sent)

d.) "Reply is insufficent as "Action Requested" was not answered. Next, there is <u>NO</u> way to budget $35.00 for all needed. Risk Managements reply is insensitive and disrespectful." (PNA)

e.) "Reply is insufficent as ~~aurd~~ "suggested solution to concern" was not answered and no information about the outcome of the concern was given. What was the outcome from STARC Administration": (SCTA D. Tucker)

f.) "Reply is insufficent as it refers me to a 215/24 letter from Dr. Tope. This complaint is a new complaint and should not be connected to a previous complaint. Next, the "LAW LIBRARY" is a RIGHT NOT a priviledge." (Law Library).

3.) Mark Cederbaum, Director, Institutional Sex offenderTreatment
3 appeals that said in part:

a.) "Reply is insufficent as "Action Requested" was not answered. Next, I have NEVER made threats against said peer but he has made them against me, both my records and Tx team will back up that fact. There is no need for a seperation but if there is a belief by the facility that one is needed I should be moved to Bldg. 41. Lastly, both Dr. Tope and Dr. Cederbaum have put in writing that myself and Mr. "M" are not allowed to be in the same building so a move to Bldg. 41 should be warrented if I am programming (which I am)." (Bldg. 41/"M")

b.) "Reply is insufficent as "Action Requested" was not answered and is evasive". (Tablets)

c.) "Reply is insufficent as "Action Requested" was not answered and is evasive" (Yard/Rec.)

Pages 5-10 are what the facility gave me to sign and review in order to get a COVID Shot

NEW YORK STATE OF OPPORTUNITY. | **Office of Mental Health**

COVID-19 Vaccine Screening and Consent Form: **Ages 12 years and older*

Recipient Name (please print)		Preferred Name	
Address	City State Zip		Email Address
Parent/Guardian/ Surrogate (if applicable, please print)		Phone	Preferred Language
DOB	Current Gender ID Indicate ID Below: ☐	**Key:** W – Woman/Girl TW – Transgender Woman/Girl M – Man/Boy TM – Transgender Man/Boy NB – Non-Binary Person GNC – Gender Non-Conforming Q – Not Sure/Questioning NR – Chose not to Respond GNL - Gender not Listed (write-in) *Gender Pronouns: write-in by client's name	
Sex Assigned at Birth Indicate Sex Below: ☐	**Key:** M – Male F – Female I – Intersex NR – Chose not to Respond	Marital Status **Key:** S – Single D – Divorced M – Married Indicate Status Below: W – Widowed V – Civil Union ☐ U – Unknown SEPARATED – Legally Separated PARTNER – Life Partner	
Ethnicity **Key:** DECL – Declined Indicate Ethnicity Below: HIS – Hispanic Origin ☐ NHL – Non-Hispanic Origin UNK – Unknown		Race **Key:** AIA – Native American or Alaskan ASN – Asian Indicate Race Below: BAA – African American or Black DECL – Declined ☐ NHP – Native Hawaiian or Pacific Islander WHT – White OTH – Other or Multiracial	
Clinic/Office Site Where Vaccine is Administered		Primary Care Physician Address/Phone Number	

	Screening Questionnaire			
1.	Are you feeling sick today?	☐ Yes	☐ No	☐ Unknown
2.	In the last 10 days, have you had a COVID-19 test because you had symptoms and are still awaiting your test results or been told by a health care provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure?	☐ Yes	☐ No	☐ Unknown
3.	Have you been treated with antibody therapy or convalescent plasma for COVID- 19 in the past 90 days (3 months)? *If yes, when did you receive the last dose?* Date: _____	☐ Yes	☐ No	☐ Unknown
4.	Have you ever had an immediate allergic reaction (e.g., hives, facial swelling, difficulty breathing, anaphylaxis) to any vaccine, injection, or shot or to any component of the COVID-19 vaccine, or a severe allergic reaction (anaphylaxis) to anything?	☐ Yes	☐ No	☐ Unknown
5.	Are you pregnant or considering becoming pregnant?	☐ Yes	☐ No	☐ Unknown
6.	Do you have cancer, leukemia, HIV/AIDS or any other condition that weakens the immune system?	☐ Yes	☐ No	☐ Unknown

7.	Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments?	☐ Yes	☐ No	☐ Unknown
8.	Do you have a bleeding disorder, a history of blood clots or are you taking a blood thinner?	☐ Yes	☐ No	☐ Unknown
9.	Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart)?	☐ Yes	☐ No	☐ Unknown
10.	Have you had Guillain-Barre Syndrome after receipt of the Janssen vaccine?	☐ Yes	☐ No	☐ Unknown
11.	Do you have a history of MIS-C or MIS-A (multisystem inflammatory syndrome in children or multisystem inflammatory syndrome in adults)?	☐ Yes	☐ No	☐ Unknown
12.	Have you received a COVID vaccine within the last 2 months	☐ Yes	☐ No	☐ Unknown

FDA approval

- Approval of Comirnaty (COVID-19 Vaccine, mRNA) to include the 2023-2024 formula, and a change to a single dose for individuals 12 years of age and older. Comirnaty was previously approved as a two-dose series for individuals 12 years of age and older.
- Approval of Spikevax (COVID-19 Vaccine, mRNA) to include the 2023-2024 formula, a change to a single dose for individuals 18 years of age and older, and approval of a single dose for individuals 12 through 17 years of age. Spikevax was previously approved as a two-dose series for individuals 18 years of age and older

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Executive Deputy Commissioner

For vaccination sites *outside* of the NYC area only

Consent for Participation in NYSIIS for Individuals 19 Years of Age or Older

The New York State Immunization Information System (NYSIIS) is a confidential, computerized system that contains immunization records and allows authorized users access to a person's vaccination record. Strict federal and state laws protect the privacy of your personal information in the system. The benefits of participating in NYSIIS include:

- Your health care provider can use NYSIIS to be sure that you receive the needed immunizations, and proper medical treatment is received when needed.
- There will be a permanent and easily accessible record of your immunizations.

Participation in NYSIIS for people 19 years of age and older is voluntary, so your consent is needed. If you want to participate, please carefully read the consent below and sign in the space provided.

I give my consent for STARC Oakview_____(name of doctor or organization) to release my immunization(s) and identifying information to the New York State Immunization Information System (NYSIIS). I understand the purpose of NYSIIS is to assist in my medical care and to record the immunizations that I have had or will receive in the future. My immunization information may potentially be used by the Department of Health for quality improvement purposes, epidemiologic research, and disease control purposes. Information used for quality improvement or any research purposes will have my personal identifying information removed.

The immunization information in NYSIIS may be released to the following: myself, my health insurance plan, the state and local health departments, the school that I am registered to attend, and authorized medical providers that deliver my medical care.

I understand that there will be no effect on my treatment, payment, or enrollment for benefits if I choose not to enroll in NYSIIS. This consent may be withdrawn at any time by using the form provided. Information about immunizations received by NYSIIS with my consent will remain in NYSIIS if I later choose to withdraw my consent. However, future immunizations will not be recorded in NYSIIS.

_____ _____
Print Name Date of Birth

_____ _____
Signature Date

NEW YORK STATE OF OPPORTUNITY. | **Office of Mental Health**

KATHY HOCHUL	ANN MARIE T. SULLIVAN, M.D.	MOIRA TASHJIAN, MPA
Governor	Commissioner	Executive Deputy Commissioner

Consent

I have read, or had explained to me, the information sheet about the COVID-19 vaccination. Further, I understand that a dose of COVID- 19 vaccine is recommended at least 2 months after receiving any prior COVID booster.

I have had a chance to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) as needed for other public health purposes, including reporting to applicable vaccine registries.

Recipient/Surrogate/Guardian Signature | Date / Time | Print Name | Relationship to Patient (if other than recipient)

Telephonic Interpreter's ID # | Date / Time

OR

Signature: Interpreter | Date/ Time | Print Interpreter's Name | Relationship to Patient

Area Below to be Completed by Vaccinator					
Which vaccine is the patient receiving today?					
Vaccine Name	**Dosage**	**Administration Site**		**Lot #**	**EUA Fact Sheet Date**
Pfizer/BioNTech (2023-2024 Formula) Comirnaty	□ 0.3 ml	□ Left IM **Deltoid**	□ Right IM **Deltoid**		
		□ Left IM **Thigh**	□ Right IM **Thigh**		
Moderna (2023-2024 Formula) Spikevax	□ 0.5 ml	□ Left IM **Deltoid**	□ Right IM **Deltoid**		
		□ Left IM **Thigh**	□ Right IM **Thigh**		

□ I have provided the patient (and/or parent, guardian, or surrogate, as applicable) with information about the above vaccine and consent to vaccination was obtained.

Vaccinator Signature: _____

*** Use of this form is optional** **Updated October 3, 2023**

Information for Recipients and Caregivers
SPIKEVAX (pronounced SPĪK-văx)
(COVID-19 Vaccine, mRNA)
(2023-2024 Formula)

Please read this information sheet before getting SPIKEVAX. This summary is not intended to take the place of talking with your healthcare provider. If you have questions or would like more information, please talk with your healthcare provider.

What is SPIKEVAX?

SPIKEVAX is a vaccine to protect you against COVID-19. SPIKEVAX is for people 12 years of age and older. Vaccination with SPIKEVAX may not protect all people who receive the vaccine.

SPIKEVAX does not contain SARS-CoV-2, the virus that causes COVID-19. SPIKEVAX cannot give you COVID-19.

Who should not get SPIKEVAX?

You should not get SPIKEVAX if you had:

- a severe allergic reaction after a previous dose of SPIKEVAX, Moderna COVID-19 Vaccine (Original monovalent), or Moderna COVID-19 Vaccine, Bivalent[1]
- a severe allergic reaction to any ingredient of this vaccine (see **What are the ingredients in SPIKEVAX?**)

What should I tell my healthcare provider?

Tell your healthcare provider about all of your medical conditions, including if you:

- have any allergies
- had a severe allergic reaction after receiving a previous dose of any COVID-19 vaccine
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received any other COVID-19 vaccine
- have ever fainted in association with an injection

How is SPIKEVAX given?

SPIKEVAX is given as an injection into the muscle.

What are the risks of SPIKEVAX?

Severe allergic reactions have occurred in some people who have received SPIKEVAX,

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[1] SPIKEVAX is made the same way as the Moderna COVID-19 Vaccine (Original monovalent) and Moderna COVID-19 Vaccine, Bivalent, but it encodes the spike protein of SARS-CoV-2 Omicron variant lineage XBB.1.5 (Omicron XBB.1.5).

Moderna COVID-19 Vaccine (Original monovalent), and Moderna COVID-19 Vaccine, Bivalent. There is a very small chance that SPIKEVAX could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to 1 hour after getting a dose of SPIKEVAX. For this reason, your healthcare provider may ask you to stay for a short time at the place where you received your vaccine. Signs of a severe allergic reaction can include:

- Trouble breathing
- Swelling of your face and throat
- A fast heartbeat
- A rash all over your body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received mRNA COVID-19 vaccines, including SPIKEVAX, Moderna COVID-19 Vaccine (Original monovalent), and Moderna COVID-19 Vaccine, Bivalent. Myocarditis and pericarditis following Moderna COVID-19 vaccines have occurred, most commonly in males 18 years through 24 years of age. In most of these individuals, symptoms began within a few days following vaccination. The chance of having this occur is very low. You should seek medical attention right away if you or your child has any of the following symptoms after receiving the vaccine, particularly during the 2 weeks after receiving a dose of the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported in clinical trials with SPIKEVAX, Moderna COVID-19 Vaccine (Original monovalent), and Moderna COVID-19 Vaccine, Bivalent include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, fever, and rash

Other side effects that have been reported include:

- Severe allergic reactions
- Urticaria (itchy rash/hives)
- Myocarditis (inflammation of the heart muscle)
- Pericarditis (inflammation of the lining outside the heart)
- Fainting in association with injection of the vaccine

These may not be all of the possible side effects of SPIKEVAX. Ask your healthcare provider about any side effects that concern you. You may report side effects to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or https://vaers.hhs.gov.

What if I am pregnant or breastfeeding?

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

A pregnancy exposure registry is available. You are encouraged to contact the registry as soon as