

handdelivered to Beth
March 30, 2025
14:41 e.s.t.

Dear ECMCC "Charge Nurse" Beth,

re: ECMCC's Systemic Circumvention of NY State's Mental Hygiene Law

As you are aware, or ought to be aware, I have been forced to remain at Erie County Medical Center Corporation ("ECMCC") since at least 20250322¹ via New York State's Mental Hygiene Law ("NYS MHL") section 9.27².

As you are aware, or ought to be aware, "as a patient in a hospital in New York State", I have the rights³ to, among other things:

- a) review my medical record without charge and
- b) authorize which family members/adults will be given priority when visiting.

As you are aware, or ought to be aware, a NYS MHL section 9.27 involuntary admission requires, among other things:

- a) certificates of two examining physicians⁴ and
- b) an Application made by one of the eleven permitted parties⁵.

As you are aware, or ought to be aware, I have been attempting to exercise my legislated right to review my ECMCC and Kaleida medical records for one week. ECMCC staff's collective denial to permit me to exercise this right prevents me from ascertaining:

- a) by whom the required Application was executed and when; and,
- b) the NYS MHL sections under which I was admitted on 20250320:
 - i/ at approximately 10:00 at Kaleida's "healthcare facility" and
 - ii/ at approximately 23:30 at ECMCC, at least 41 hours prior to arriving in its Zone 5-2

As I have received zero meaningful response from any of Jillian Brown, Karen Kimble or Brenna Fox - addressed written⁶ or verbal requests⁷ — and I am being forced into legal action⁸ — kindly provide access to my complete ECMCC medical record (including the transfer details as legislated) by 17:00 today.

¹No Notifications of Status were ever provided for the 20250320 Admissions ²See ECMCC Notification of Status signed 20250323 ³See ECMCC's Patients' Bill of Rights #18 and #20, respectively ⁴that is, not merely some nurse practitioner impersonating an attending physician and producing false documents (see Fox's 20250324 "Treatment Over Objection Evaluation" — document #5)

⁵See NYS MHL s. 9.27 ⁶See 20250327 and 20250328 letters submitted to Kimble ⁷dates/times of verbal requests available upon request ⁸See 20250327 Notice of Petition

Verily, Yeildie Moale
President, SAQOTU Inc.
Zone 5-2, Room 554

encl. 20250322 N.Y.S. ECMCC's Patients' Bill of Rights; Fox's 20250324 doc #5 T.O.O.B.; NYS MHL's s. 9.27; 20250327 and 20250328 letters to Kimble w/out enclosures; 20250327 Notice of Petition 16.00 / 10
11. nlm

Rec'd ~ 11:30 on 20250327

ERIE COUNTY MEDICAL CENTER
CORPORATION

NOTIFICATION OF STATUS AND RIGHTS INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION

(to be given to the patient at the time of
admission to the hospital)

Section 9.27 Mental Hygiene Law

03/20/25
M001506667
Moore, Deirdre
DOB: 09/28/1965 59 SEX: F
V00007994803 ER

TO: Deirdre Moore

Admission Date:

3	22	25
Mo.	Day	Yr.

Based upon the certificates of two examining physicians, whose findings have been confirmed by a member of the psychiatric staff of this hospital, you have been admitted as an involuntary-status patient to this hospital which provides care and treatment for persons with mental illness. You may be kept in the hospital for a period of up to 60 days from the date of your admission, unless you have had a court hearing. During this 60 day period you may be released, or converted to voluntary or informal status, if you are willing to continue receiving inpatient care and treatment and are suitable for such status.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need involuntary care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

STATE OF NEW YORK
MENTAL HYGIENE LEGAL SERVICE
FOURTH JUDICIAL DEPARTMENT
438 MAIN STREET - SUITE 400
BUFFALO, NY 14202-3211
(716) 845-3650

Michael J. [Signature]
Signature of Staff Physician

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

3/23/25
Date

COPIES TO:

(If None, type in "NONE".)

COPIES TO: Persons designated by patient to be informed of admission.

(Original Applicant)

(Nearest Relative)

2.001/.001
16.002

03/20/25
M001506667
Moore, Deirdre
DOB: 09/28/1965 59 SEX: F
00007994803 ER

's' Bill of Rights

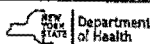
As a patient in a hospital in New York State, you have the right, consistent with law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care — A Guide for Patients and Families."
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge and, obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.
18. Challenge an unexpected bill through the Independent Dispute Resolution process.
19. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
20. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
21. Make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as a health care proxy, will, donor card, or other signed paper). The health care proxy is available from the hospital.

Translation of these rights are available upon request. | La traducción de estos derechos está disponible bajo pedido.

Public Health Law (PHL) 2803 (1)(g) Patient's Rights, 10 NYCRR, 405.7, 405.7(a)(1), 405.7(c)

Publication Number 1500, 2/19



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EC1484PBORENGJUNE2019

16.003

MR# M001506667

Account # V00007994803

Report# 0324-1187

ERIE COUNTY MEDICAL CENTER CORPORATION**NOTES-Psych Management PN**462 Grider St., Buffalo, NY 14215
(716) 898-3000

Patient's Name Moore, Deirdre
Report# 0324-1187
Date of Birth: 09/28/1965
Attending Physician: FOX, BRENNAN E PMHNP
Dictating Provider: FOX, BRENNAN E PMHNP
Primary Provider: NO PRIMARY CARE PROVIDER

MR#: M001506667/Account #: V00007994803

Age/Sex: 59/F

Admission Date/Time: 03/22/25 1035

Admitting Service: PSYCHIATRY & BEHAVIORAL HEALTH

Dictating Date/Time: 03/24/25 1420

Prior to the first "clinical interview" of
20250325 11:30

Treatment Over Objection Eval**Clinical Assessment**

Date of Service: Mar 24, 2025

Clinical Summary

Patient presents with worsening psychotic symptoms including delusions, as well as rapid pressured speech. She has no insight into her symptoms or diagnosis. She is refusing medication here in the hospital, as well as stating that she does not take medications in the community.

Patient Diagnosis

Bipolar 1 disorder versus schizoaffective disorder

Proposed Treatment

Treatment course recommended

Risperdal up to 6 mg PO

Zyprexa up to 30 mg IM if refusing PO Risperdal

Invega Sustenna IM with loading dose of 234 mg, then 156 a week later, then up to 234 mg monthly

Reasonable alternatives, if any

Haldol up to 30 mg (IM if refuses PO)

Haldol Decanoate IM up to 200 mg monthly

Previous on proposed treatment: No

If yes, when/State results

Unknown psychiatric history as she is from Canada.

Tried on other treatments: No

Anticipated benefits

Improvement in psychosis.

Foreseeable adverse effects

EPS, sedation, headaches, GI upset, metabolic syndrome.

Patient at additional risk

NMS, TD.

Prognosis without treatment

Ongoing psychosis.

See ECMCC chart

(or, 10.002 of

Moore's 20250331

Court Submissions)

for page 5/10 due

to ECMCC's Staff's

mis-photocopying of

2-sided original. 4/10

Patient's Capacity

Explained to patient: Condition
Proposed treatment
Anticipated benefits of treatment
Risk/adverse effects of treatment
Availability of other treatments
Comparison of other treatments

Nature of patient objection

"I do not need medication".

Opinion on patient's capacitySee 10.002 for
16.005 ←10.001/.002
16.004

03/20/2025 02:34PM, the Laws database is current through 2025 Chapters 1-49, 61-112

Mental Hygiene

§ 9.27 Involuntary admission on medical certification.

(a) The director of a hospital may receive and retain therein as a patient any person alleged to be mentally ill and in need of involuntary care and treatment upon the certificates of two examining physicians, accompanied by an application for the admission of such person. The examination may be conducted jointly but each examining physician shall execute a separate certificate.

(b) Such application must have been executed within ten days prior to such admission. It may be executed by any one of the following:

- 1. any person with whom the person alleged to be mentally ill resides.
- 2. the father or mother, husband or wife, brother or sister, or the child of any such person or the nearest available relative.
- 3. the committee of such person.
- 4. an officer of any public or well recognized charitable institution or agency or home, including but not limited to the superintendent of a correctional facility, as such term is defined in paragraph (a) of subdivision four of section two of the correction law, in whose institution the person alleged to be mentally ill resides and the designee authorized by the commissioner of the department of corrections and community supervision responsible for community supervision in the region where such person alleged to be mentally ill has been released to any form of supervision following incarceration.
- 5. the director of community services or social services official, as defined in the social services law, of the city or county in which any such person may be.
- 6. the director of the hospital or of a general hospital, as defined in article twenty-eight of the public health law, in which the patient is hospitalized.
- 7. the director or person in charge of a facility providing care to alcoholics, or substance abusers or substance dependent persons.
- 8. the director of the division for youth, acting in accordance with the provisions of section five hundred nine of the executive law.
- 9. subject to the terms of any court order or any instrument executed pursuant to section three hundred eighty-four-a of the social services law, a social services official or authorized agency which has, pursuant to the social services law, care and custody or guardianship and custody of a child over the age of sixteen.
- 10. subject to the terms of any court order a person or entity having custody of a child pursuant to an order issued pursuant to section seven hundred fifty-six or one thousand fifty-five of the family court act.
- 11. a qualified psychiatrist who is either supervising the treatment of or treating such person for a mental illness in a facility licensed or operated by the office of mental health.

(c) Such application shall contain a statement of the facts upon which the allegation of mental illness and need for care and treatment are based and shall be executed under penalty of perjury but shall not require the signature of a notary public thereon.

(d) Before an examining physician completes the certificate of examination of a person for involuntary care and treatment, he shall consider alternative forms of care and treatment that might be adequate to provide for the person's needs without requiring involuntary hospitalization. If the examining physician knows that the person he is examining for involuntary care and treatment has been under prior treatment, he shall, insofar as possible, consult with the physician or psychologist furnishing such prior treatment prior to completing his certificate. Nothing in this section shall prohibit or invalidate any involuntary admission made in accordance with the provisions of this chapter.

6/10

(25 of 20250330 0900
Other Chapter 9
provisions missing)
16.006

(e) The director of the hospital where such person is brought shall cause such person to be examined forthwith by a physician who shall be a member of the psychiatric staff of such hospital other than the original examining physicians whose certificate or certificates accompanied the application and, if such person is found to be in need of involuntary care and treatment, he may be admitted thereto as a patient as herein provided.

(f) Following admission to a hospital, no patient may be sent to another hospital by any form of involuntary admission unless the mental hygiene legal service has been given notice thereof.

(g) Applications for involuntary admission of patients to residential treatment facilities for children and youth or transfer of involuntarily admitted patients to such facilities may be reviewed by the office or commissioner's designee serving such facility in accordance with section 9.51 of this article and in consultation with the residential treatment facility receiving an involuntary admission or transfer of an involuntarily admitted patient.

(h) If a person is examined and determined to be mentally ill, the fact that such person suffers from alcohol or substance abuse shall not preclude commitment under this section.

(i) After an application for the admission of a person has been completed and both physicians have examined such person and separately certified that he or she is mentally ill and in need of involuntary care and treatment in a hospital, either physician is authorized to request peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department, to take into custody and transport such person to a hospital for determination by the director whether such person qualifies for admission pursuant to this section. Upon the request of either physician an ambulance service, as defined by subdivision two of section three thousand one of the public health law, is authorized to transport such person to a hospital for determination by the director whether such person qualifies for admission pursuant to this section.

currently
not relevant

7/10
16.007

March 27, 2025

Dear Karen Kimball,

to Beth
at 0740

re: ECMC's Misdiagnosis & "treatment" choices

for Kimball
and to Michelle
at 1630

An exemplary display of my insight into how Abuse-induced Defensive Dysregulation ("ADD") manifests in me, after leaving the Cornerstone Shelter on 20250320 at ~0945, I stopped at a Kaleida health facility to attempt to obtain a U.S. prn prescription for a CNS-depressant. Instead of "care":

- a) all of my property was confiscated;
- b) I was forcibly detained and transferred to your Erie County Medical Corporation ("ECMC") at approximately 23:00;
- c) I was denied access to my e-mail account and threatened by triage to be thrown into a taxi at midnight;
- d) I was forced into a bed bug-infested, fully-lit, noisily-TV'd collection area²; and,
- e) on 20250326 at ~13:44, I was told by nurse practitioner Brenna Fox that she had decided to schedule a "court appearance" so she could force ingestion or injection of, at a minimum, anti-psychotic agent Haloperidol.

My attempts to assist Kaleida and ECMC-positioned individuals in comprehending how my experience with domestic violence landed me in Buffalo, New York on 20250325 — to re-ignite my journalism initiatives — appears to have resulted in envy. I am now being forced to prove a negative; specifically, that I do not experience any chronic deterioration in mental fortitude or resilience that requires intervention or management. Accordingly, kindly provide to me:

- a) all documents³ contained in my backpack, draw-string sac and fanny pack;
- b) a copy of New York's Mental Hygiene Act;
- c) complete copies of my ECMC and Kaleida charts;
- d) the full product monograph (ie. from the manufacturer) for Haloperidol;
- e) a copy of the DSM-5;
- f) access to a computer and printer so I can print additional evidence; and,
- g) a one-week adjournment in the 20250402 "court proceeding" so I can properly prepare my arguments and evidence, etcetera.

P.S. I'd like immediate access to my device so I can alert my colleagues of my whereabouts (and reasons for my delay/absence); and, photograph the results of the ECMC 39-hour bed bug attack.

Verily,

Deirdre Moore
President, SAQOTU Inc.

8/10

¹ also known as a nervous breakdown and previously labelled "Brief Psychotic Disorder" with marked stressors in the DSM-IV

² an area which, arguably, could trigger a psychotic break and clearly does zero to prevent one

³ this, at least my fifth request to access documents that facilitate comprehension.

16.008

March 28, 2025

Dear Karen Kimble,

re: Incompetence, Negligence &/or Crime

I apologize for spelling your name incorrectly in my 20250327 letter to you; and, I trust that error¹ was not the reason for your decision to not meet with me yesterday.

Ms. Kimble, I have been advised by multiple individuals that you are the "unit manager" through whom I must submit requests. Despite previous efforts, I remain without any of the seven items listed a) to g) in the second paragraph of my 20250327 letter; this, despite:

1. the rights proclaimed in your "Welcome to ECMC"'s "Patients' Bill of Rights",
2. your nurse practitioner Brenna Fox's 20250327 ~11:15 statement that she would provide items listed at a) through d)² as referenced above
3. the fact that I am now forced to prepare for some "court" appearance allegedly scheduled for 20250402 to occur "down the hall around the corner"; and, likely,
4. New York State's Mental Hygiene Law.

Yesterday, I was provided with Ms. Fox's 20250325 BH-Treatment Plan³. It was laden with errors, omissions and [an alarming degree of] malicious obfuscation ("EO & MO") given the detailed testimony with which she was provided directly me — the evidence of which could easily be obtained with small investments of time reviewing:

- a) the documents confiscated on 20250320 by ECMCC and
 - b) my Twitter account⁴;
- two things that Ms. Fox has refused to do. Instead, she claimed she reviewed one of my Instagram accounts that I barely use to update followers from afar.

Ms. Fox also refused to adjourn the 20250402 "court" proceedings so I could properly prepare; including, but not limited to, alerting my publishers⁵ (and Power of Attorney/health care agent) of my current predicament⁶. Furthermore, I have yet to be served any legal documents from ECMC despite them having already been filed with some "court". I am literally being prevented from defending myself against Ms. Fox's false allegations via intentional, systematized denial of access to documentation, legislation and evidence. In Canada, this would constitute multiple crimes; accordingly, please provide a copy of New York's Criminal Code as well.

¹ I also mis-stated the date of my arrival to Buffalo: it was 20250313

² excluding Kaleida's chart which Fox claims I must call for allegedly signed by some Dr. Michael T. Guppenberger as well

⁴ see profile @CaeJak at www.X.com

⁵ Dr. White, owner of Third Man Books, has the right of first refusal regarding the publication of "Unbridled Power & Insatiable Greed: an evidence-based opinion on taxpayer-funded industry in Canada" ⁶ See enclosed 20250326 letter to Dr. Jack White

Verily, 9/10

Jillie Moore
President, SAQOTU Inc.

encl. ECMC's NY Bill of Rights
20250326 letter to Dr. White

16.009

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

In the Matter of the Application of

Erie County Medical Center Corporation

Petitioner,

For an Order Authorizing the Involuntary Treatment of
DEIRDRE MOORE,

A Patient at the Erie County Medical Center Corporation

NOTICE OF PETITION

Index No. _____

PLEASE TAKE NOTICE that a Petition for an Order Authorizing the Involuntary Treatment of DEIRDRE MOORE pursuant to Mental Hygiene Law §33.03 and 14 NYCRR §527.8, has been made by ERIE COUNTY MEDICAL CENTER CORPORATION, Martha Mumbach, Risk Management Department, as Designee of Thomas J. Quatroche, Jr., Ph.D., Chief Executive Officer, and is supported by the attached affidavits and evaluations of Michael Guppenberger, M.D. and Yogesh Bakhai, M.D., and all prior pleadings and proceedings heretofore had in this matter.

Said Petition is returnable at the Courthouse, Erie County Medical Center Corporation, 462 Grider Street, 5th Floor, Buffalo, New York, on the 2nd day of April, 2025 at 9:30 a.m. or as soon thereafter as counsel can be heard.

Dated: March 27, 2025
Buffalo, New York

MAGAVERN MAGAVERN GRIMM LLP

DocuSigned by:

Emily H. O'Reilly

A11C787CA2D048E

Emily H. O'Reilly, Esq.
Attorneys for Petitioner
1100 Rand Building
14 Lafayette Square
Buffalo, New York 14203
(716) 856-3500

10/10

16.010