

NOV 13 2001

EDNA L. MOSES LCSW  
5041 ROCOSO WAY  
SANTA BARBARA, CA. 93111  
Phone: (805) 683-6702  
Fax: (805) 683-6702

November 7, 2001

Reverend Monsignor John Urell, V.G.  
Vicar General / Moderator of the Curia  
Office of the Vicar General/Moderator The Curia  
Maywood Center  
P.O. Box 14195  
2811 E. Villa Real Drive  
Orange, CA 92863-1595

Re: [REDACTED]

Dear Reverend Monsignor Vicar General,

I am responding to your letter dated October 8, 2001 in which you voiced your concerns about the open-ended therapy provided to [REDACTED] (by that I mean I cannot give you a date of successful termination of [REDACTED] therapy). You also voiced a concern that you are not getting monthly bills and you are not informed more frequently about [REDACTED] progress in therapy. I will make all the efforts to bill you on a monthly basis and provide you with progress reports every three-month as I initially promised. Also, I definitely understand the financial constraints involved in such a case and I continue to be deeply impressed by the church's willingness to make reparation to [REDACTED] by paying for his therapy without any intervention of the judicial system (a process which [REDACTED] wants to avoid).

During the last several months I have continued to use EMDR in order to reprocess the trauma [REDACTED] experienced through the molest by Father Ramos. [REDACTED] has made a considerable progress in his healing work. Some of his PTSD symptoms have diminished and his functioning in all areas except for his sexual problems has improved. However [REDACTED] still feels that living with the secret of molestation by a priest for twenty years took a major toll on his life and it put a halt on his development in several important areas of functioning such as his career, social skills, self esteem and his sexuality. Consequently, [REDACTED] is now thirty-three years old and is struggling in establishing a career and establishing healthy relationship with the woman he wants to marry. [REDACTED] feels that he lost twenty precious years of his life; his adolescence and his young adulthood, he did not go to college (a major stumbling block in establishing the career he has chosen) and he engaged in multiple dysfunctional relationships in order to numb the pain and avoid

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dealing with his victimization issues. [REDACTED] has made a considerable progress in the area of self-esteem. Yet still at times he feels as if he is a little frightened child. But he is able to overcome this sense of paralysis relatively quickly. The only area that [REDACTED] has not made any progress is his sexual dysfunction. I consulted with a prominent psychologist in Ventura County, Dr. Kathryn Emerick Ph.D. She is an expert in EMDR and in sex therapy. She concurred my belief that I need to continue with EMDR to allow [REDACTED] to reprocess frozen memories that have yet not surfaced.

As I wrote to you in the past [REDACTED] is highly cooperative and fully dedicated to his recovery. He is not resentful, neither is he revengeful. [REDACTED] does not use the trauma as a crutch. He just wants to heal and go on with his life. [REDACTED] is the patient and only he can dictate his pace of his recovery. And as much as I want him to heal quickly for his own sake, and because of my awareness that the dioceses has financial constraints paying for the therapy I cannot push [REDACTED] more than he pushes himself. I plan to continue to use EMDR and I continue to consult with Dr. Sheila K. McHenry Worman, Psy.D. MFT (making payment to her without involvement of the diocese) as I feel that with challenging cases such as the case of [REDACTED] it is important to obtain an additional perspective of a person who is an expert in the field.

I hope this letter will satisfy you for the time being, a further progress report will be submitted in three month.

Sincerely Yours,



Edna L. Moses, LCSW

DIOCESE OF ORANGE



OFFICE OF VICAR GENERAL /  
MODERATOR THE CURIA  
MARYWOOD CENTER  
P.O BOX 14195  
2811 E. VILLA REAL DRIVE  
ORANGE, CALIFORNIA 92863-1595  
PHONE (714) 282-3000  
EMAIL: msgr.jurell@rcbo.org  
FAX (714) 282-3029

November 18, 2001

Kenneth R. Fineman Ph.D.  
17822 Beach Boulevard, Suite 437  
Huntington Beach, California 92647

Dear Dr. Fineman,

I am enclosing a recent letter from Edna Moses, LCSW, in which she describes the ongoing treatment of [REDACTED] and the "plan" (as it is) for his future treatment. Note, there is no "end point" of what is now a regularly schedule two hour per week counseling program. (This two hour per week counseling has been taking place for almost one year now).

As you know, I am quite in favor of [REDACTED] receiving the best of care and the help he needs; I am still at a loss as to how some kind of limit is to be set on the counseling process, if that is at all appropriate.

May I have some direction from you in this regard? Thanks for your professional assistance to me.

With kindest personal regards, I am

Sincerely yours in Christ

COPY

Reverend Monsignor John Urell, V.G.  
Vicar General / Moderator of the Curia

enclosure

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# DIOCESE OF ORANGE



OFFICE OF THE VICAR GENERAL/  
MODERATOR OF THE CURIA  
MARYWOOD CENTER  
2811 E. VILLA REAL DRIVE  
POST OFFICE BOX 14195  
ORANGE, CALIFORNIA 92863-1595  
PHONE: (714) 282-3000  
FAX: (714) 282-3029  
EMAIL: msgr.jurell@rcbo.org

## MEMORANDUM

TO: Robbie

FR: Reverend Monsignor John Urell, V.G.  
Vicar General/Moderator of the Curia

DT: Friday, January 04, 2002

COPY

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Kindly make a check request in the amount of \$1120.00, payable to

**Edna Moses, LCSW  
5041 Rocosco Way  
Santa Barbara, California 93111**

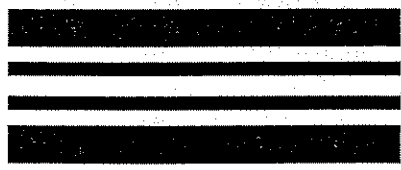
This is for counseling expenses for ongoing therapy. The details are in my office.

I would like a copy of the check....but the Finance Office can mail it.

Thank you.

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PLEASE DO NOT STAPLE IN THIS AREA



HEALTH INSURANCE CLAIM FORM

PICA

PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
2. PATIENT'S NAME (Last, First, Middle Initial)	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE	6. PATIENT RELATIONSHIP TO INSURED
5. PATIENT'S ADDRESS (No., Street)	7. INSURED'S ADDRESS (No., Street)
8. PATIENT STATUS	11. INSURED'S POLICY GROUP OR FECA NUMBER
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
10a. EMPLOYMENT? (CURRENT OR PREVIOUS)	11a. INSURED'S DATE OF BIRTH
10b. AUTO ACCIDENT?	11b. EMPLOYER'S NAME OR SCHOOL NAME
10c. OTHER ACCIDENT?	11c. INSURANCE PLAN NAME OR PROGRAM NAME
10d. RESERVED FOR LOCAL USE	11d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a. I.D. NUMBER OF REFERRING PHYSICIAN
19. RESERVED FOR LOCAL USE	20. OUTSIDE LAB? \$ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)	22. MEDICAID RESUBMISSION CODE
23. PRIOR AUTHORIZATION NUMBER	24. DATE(S) OF SERVICE
25. FEDERAL TAX I.D. NUMBER	26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE
29. AMOUNT PAID	30. BALANCE DUE
31. SIGNATURE OF PHYSICIAN OR SUPPLIER	32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	

SECOND FOLD

WHICF-10 ENV-SS

FIRST FOLD

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

CARRIER

DIOCESE OF ORANGE



OFFICE OF THE VICAR GENERAL/  
MODERATOR OF THE CURIA  
MARYWOOD CENTER  
2811 E. VILLA REAL DRIVE  
POST OFFICE BOX 14195  
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PHONE: (714) 282-3000  
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MEMORANDUM

TO: Robbie

FR: Reverend Monsignor John Urell, V.G.  
Vicar General/Moderator of the Curia

DT: Friday, January 04, 2002

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Kindly make a check request in the amount of \$1120.00, payable to

**Edna Moses, LCSW  
5041 Rocosco Way  
Santa Barbara, California 93111**

This is for counseling expenses for ongoing therapy. The details are in my office.

I would like a copy of the check...but the Finance Office can mail it.

Thank you.

*To him - 1-4-01  
You will be receiving copy of check -  
R.*

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DNA MOSES, LCSW

01/11/2002

5-38973-68

Obligation	Description	Invoice	Vendor	Vendor Acct	Amount	Account Code
3824	COUNSELING EXPENSE *** Total ***				1,120.00 1,120.00	A1.0.00-5402.00-450

ROMAN CATHOLIC BISHOP OF ORANGE  
A CORPORATION SOLE

2811 E. VILLA REAL DRIVE  
ORANGE, CA 92667

BANK OF AMERICA  
ORANGE MAIN OFFICE  
345 EAST CHAPMAN AVENUE

16-66/1220

38973

DATE  
01/11/2002

AMOUNT  
\*\*\*\*\*1,120.00

PAY \*\* One Thousand One Hundred Twenty Dollars and 00 Cents \*\*

NOT VALID AFTER 6 MONTHS  
\$25,000 OR OVER REQUIRES TWO SIGNATURES

TO THE  
ORDER  
OF

EDNA MOSES, LCSW  
5041 ROCOSO WAY  
SANTA BARBARA CA 93111

⑈ 38973 ⑈

⑆ 12200066 ⑆

0233104006⑈

A/C # \_\_\_\_\_

AMT \$ \_\_\_\_\_

ACCT APPROVAL \_\_\_\_\_

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- She has agreed to send in reports every three months now (letter of November 7, 2001; that means that one should come in the first week of February 2002).

#### The questions:

- How is [REDACTED] really doing?
- How long is this going to go on with Edna Moses?
- Why can't she make a treatment plan with some end date in mind...or some change of therapeutic intervention other than a weekly two-hour session?
- [REDACTED] getting the best therapy...for the money being spent

#### The next steps?

- Diane Gomez Valenzuela, in the role of Assistance Ministry Coordinator, calls Joey and sees how he is doing
- Diane Gomez Valenzuela contacts Edna Moses and sees how we might come to some common agreement on the treatment plan and end time for it...or other options than two hour weekly sessions.

(2/12/02)  
12

3.0

• some earlier info from Edna & addressing suggesting his impaired functioning, w/ anxiety, etc. Was he ever suicidal or assessed for suicide or other risk?

• what about possible molest by others (did she take a tx?)

• other fam. rel., etc. & how impacted issue of molest (everything - that is, all impairment is based on molest)

(re: letter from Dr. Fineman)

• although specific requests prev. made, good to outline once again

• do you want this present state of functioning, probably state so

• requesting behavioral goals probably better, easier to observe & measure

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• probably, also request info. on currently utilized consultants (to what degree & in direct intervention ( [redacted] ) )

Also,

- is girlfriend currently being seen?
- if issue now is sexual dysfunction, then diocese needs to decide how to handle this in treatment

(side ? to Sr. Fineman)

- What does he think about E. Moses' comments such as "no shortcuts in treating victims of sexual abuse", statements re: avoiding judicial intervention
- What about editorial comments by Sr. McHenry, Woman & also need to defend Edna Moses' professionalism.

FEB 15 2002

EDNA L. MOSES LCSW  
5041 ROCOSO WAY  
SANTA BARBARA, CA. 93111  
Phone: (805) 683-6702  
Fax: (805) 683-6702

February 3, 2002

Reverend Monsignor John Urell, V.G.  
Vicar General / Moderator of the Curia  
Office of the Vicar General/Moderator The Curia  
Maywood Center  
P.O. Box 14195  
2811 E. Villa Real Drive  
Orange, CA 92863-1595

Re [REDACTED]

Dear Reverend Monsignor Vicar General,

During the last quarter since I have reported to you last [REDACTED] has gone through and is still going through a very stressful time. As you may know [REDACTED] has been working in [REDACTED] for the last ten years. A year ago [REDACTED] management promised Joey that he would be promoted to a [REDACTED] position. This promise was not kept and it has cost [REDACTED] a great deal of frustration and anger. [REDACTED] has gone to interviews with other banks but so far, unfortunately, no offers were made. In addition, other issues at his work are highly stressful and exhaust [REDACTED] emotional energy. [REDACTED] is trying to cope with these emotionally charged issues, but lately I have become progressively concerned about his fragile coping skills as well as about maintaining his still vulnerable self-esteem. During last three weeks I have been worried that [REDACTED] might break down and succumb to a major depression.

[REDACTED] continues to feel that the molestation by Father Ramos took a major toll on his life and put a halt on his development in all major areas that were mentioned in my last progress report. I continue to work with [REDACTED] on enhancing his coping skills, self esteem issues that seem to crumble under stress, and his sexual issues.

I do hope that this crisis will be over with soon and intend to continue to use EMDR in order to achieve full recovery. A further progress report will be submitted in three month.

I hope that this letter will satisfy you, but if you have any questions or doubts, please contact me.

Sincerely,

*Edna Moses*  
Edna Moses, L.C.S.W.

SE DO NOT  
TABLE IN  
THIS AREA

FEB 15 2002

# HEALTH INSURANCE CLAIM FORM

(CHECK APPLICABLE PROGRAM BLOCK BELOW)

FORM APPROVED  
OAS NO. 0930-0008

MEDICARE (MEDICARE NO.)   
  MEDICAID (MEDICAID NO.)   
  CHAMPUS (SPONSOR'S SSN)   
  CHAMPVA (VA FILE NO.)   
  FECA BLACK LUNG (SSN)   
  OTHER (CERTIFICATE SSN)

### PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) [REDACTED]  
 2. PATIENT'S DATE OF BIRTH [REDACTED]  
 3. INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) [REDACTED]  
 4. INSURED'S LD. NO. (FROM PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS) [REDACTED]  
 5. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]  
 6. INSURED'S GROUP NO. OR GROUP NAME OR FECA CLAIM NO. [REDACTED]  
 7. PATIENT'S SEX: MALE  FEMALE   
 8. INSURED'S EMPLOYMENT AND COVERED BY EMPLOYER HEALTH PLAN:   
 9. PATIENT'S RELATIONSHIP TO INSURED: SELF  SPOUSE  CHILD  OTHER   
 10. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]  
 11. INSURED'S EMPLOYMENT: YES  NO   
 12. ACCIDENT: AUTO  OTHER   
 13. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]  
 14. CHAMPUS SPONSOR'S STATUS: ACTIVE DUTY  DECEASED  RETIRED   
 15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING) [REDACTED] DATE 1-8-02  
 16. AUTHORITY WHO ACCEPTS ASSIGNMENT BELOW [REDACTED] SIGNED [REDACTED]

### PHYSICIAN OR SUPPLIER INFORMATION

17. DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) [REDACTED]  
 18. DATE FIRST CONSULTED YOU FOR THIS CONDITION [REDACTED]  
 19. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES [REDACTED]  
 20. IF EMERGENCY CHECK HERE   
 21. DATES OF PARTIAL DISABILITY FROM [REDACTED] THROUGH [REDACTED]  
 22. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES: ADMITTED [REDACTED] DISCHARGED [REDACTED]  
 23. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES  NO  CHARGES: [REDACTED]

24. A. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR ICD CODE

A. DATE OF SERVICE FROM	B. PLACE OF SERVICE	C. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN	D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	G. T.O.S.	H. LEAVE BLANK
1-8-02	[REDACTED]	90806	DSM IV	280			
1-15-02	[REDACTED]	90806	[REDACTED]	280			
1-22-02	[REDACTED]	90806	[REDACTED]	280			
1-29-02	[REDACTED]	90806	[REDACTED]	140			

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE(S) OR IDENTICALS) & CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO HIS BILL AND ARE MADE A PART THEREOF: *Edna Moses, LCSW*  
 26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK): YES  NO   
 27. YOUR SOCIAL SECURITY NO. [REDACTED]  
 28. YOUR EMPLOYER LD. NO. SAME  
 29. TOTAL CHARGE: 980  
 30. AMOUNT PAID: [REDACTED]  
 31. BALANCE DUE: [REDACTED]  
 32. PHYSICIAN'S, SUPPLIER'S AND/OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO.: Edna Moses, 5041 Rocoso Way, Santa Barbara CA 93111, 805-683-6702

EDNA MOSES, LCSW

02/22/2002

9-40136-42

Obligation	Description	Invoice	Vendor	Vendor Acct	Amount	Account Code
40371	COUNSELLING SVCS *** Total ***				980.00 980.00	A1.0.00-5402.00-450

WARNING: AN ARTIFICIAL WATER MARK IN A CRISS-CROSS PATTERN IS PRESENT ON THE REVERSE SIDE. TO VIEW WATER MARK HOLD AT AN ANGLE.

ROMAN CATHOLIC BISHOP OF ORANGE  
A CORPORATION SOLE

2811 E. VILLA REAL DRIVE  
ORANGE, CA 92667

BANK OF AMERICA  
ORANGE MAIN OFFICE  
345 EAST CHAPMAN AVENUE

16-66/1220

40136

DATE  
02/22/2002

AMOUNT  
\*\*\*\*\*980.00

PAY \*\* Nine Hundred Eighty Dollars and 00 Cents \*\*

NOT VALID AFTER 6 MONTHS  
\$25,000 OR OVER REQUIRES TWO SIGNATURES

TO THE  
ORDER  
OF

EDNA MOSES, LCSW  
5041 ROCOSO WAY  
SANTA BARBARA CA 93111

*[Handwritten Signature]*

⑈40136⑈

⑆⑆2200066⑆⑆

0233⑆⑆04006⑈

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