

February 23, 2002

Edna Moses called for Monsignor Urell at 11:16am. I returned the phone call at 12:15pm and told Edna that Monsignor was in a meeting and leaving right after the meeting for an appointment and would not be returning until 2:00pm.

Edna told me the following information to convey to Monsignor Urell:

[REDACTED] is still receiving counseling and still very depressed. Edna said she would like to end these sessions with [REDACTED] soon, but he is still very depressed. [REDACTED] has tried to find work as an investment broker and has not been very successful in doing so. Edna said this also adds to his depression.

Edna said with the connections that Monsignor Urell has perhaps he can help Joey find a position as an investment broker.

I told Edna Monsignor will be out of town until March 4th; she said there is no rush and will contact him after that date

[REDACTED]

50600892

IMPORTANT MESSAGE

TO Mrs. Will

DATE 2/22 TIME 1116 A.M.
P.M.

WHILE YOU WERE OUT

M Edna Moses

OF _____

PHONE 805-736-1926

Area Code Number Extension

FAX

MOBILE

Area Code Number

TELEPHONED	✓	PLEASE CALL	✓
WAS IN TO SEE YOU		RETURNED YOUR CALL	
WANTS TO SEE YOU		WILL CALL AGAIN	
WILL FAX YOU		URGENT	

Message Please call her
in one hour.

Operator Chris

WHILE YOU WERE OUT MESSAGE

TO Progn. DATE 2-22-02 TIME 11:00

FROM Edna Moses Cell# AREA CODE 805-320- NUMBER _____

OF _____ EXTENSION 0669-

SIGNED
[Signature]

URGENT RETURNED CALL CALL BACK WILL CALL AGAIN PHONED WANTS TO SEE YOU WAS IN

AMPAD NO. 23-776 400 SETS RECYCLED PAPER

[Handwritten mark]

50600893

REC'D MAR 4 2002

Kenneth R. Fineman, Ph.D.

A Psychological Corporation
Diplomate in Clinical Psychology, ABPP, Forensic Psychology, ABPP, Biofeedback, ABCB
Behavioral Medicine, IAMBMC, Pain Management, AAPM, Vocational Neuropsychology, ABVN
Neuropsychiatric Medical • 17822 Beach Blvd., Suite 437 • Huntington Beach, CA 92647
Telephone (714) 842-9377 • Fax (714) 842-6644 • Email kfineman@aol.com

FOLLOWING THIS COVER SHEET, WE ARE TRANSMITTING 2 PAGES

TO THE ATTENTION OF: Reverend Monsignor John Urell
Vicar General/Moderator of the Curia
Dioceses of Orange
Marywood Center

FAX NUMBER: 282-3032

FROM: Kenneth R. Fineman, Ph.D.

DATE: March 4, 2002

RE: 

50600894

Kenneth R. Fineman, Ph.D.

A Psychological Corporation
Diplomate in Clinical Psychology, ABPP, Forensic Psychology, ABFP, Biofeedback, ABCB
Behavioral Medicine, IAMBMC, Pain Management, AAPM, Vocational Neuropsychology, ABVN
Neuropsychiatric Medical • 17822 Beach Blvd., Suite 437 • Huntington Beach, CA 92647
Telephone (714) 842-9377 • Fax (714) 842-6644 • Email kfineman@aol.com

March 4, 2002

Edna L. Moses, LCSW
5041 Ricoso Way
Santa Barbara, CA 93111

Re: [REDACTED]

Dear Ms. Moses:

It has been some time now since I have heard from you, and I have had no response to my latest letter to you. As I indicated in prior communications, I do appreciate the work that you are doing with [REDACTED] and I know that Father Urell and those at the Diocese who are aware of [REDACTED] problems are also happy to hear that he is making progress.

I am concerned, however, as I have not had specific responses to the information that I have inquired about. I do realize that you have provided information and I was happy to receive that information as it bolstered my knowledge concerning [REDACTED] plight as well as his progress.

On the other hand, in my position, as one of the consultants for the Diocese of Orange, I must advise them concerning a variety of issues. Relative to [REDACTED] I must provide advice concerning the appropriateness of his treatment, the necessary amount of treatment, the appropriateness of specific interventions, etc. The Diocese is not a managed care system, but requires input of a similar nature as required by managed care companies in order to make relevant determinations.

Thus, may I again request that you provide the following information in the format requested.

1. Please list the types, levels of, and intensity of impairment that [REDACTED] manifests, or the specific dysfunctions that [REDACTED] manifests.
2. Please state all psychotherapeutic goals that you have for [REDACTED]. Behavioral goals are preferable.
3. Please list [REDACTED] present diagnosis or diagnoses.
4. Please list the specific interventions that are being used relative to each of the goals that you are presently pursuing.

50600895

Re: [REDACTED]

2

March 4, 2002

5. Please state the behavioral or cognitive signs or changes that must occur in order for you to determine that a goal has been accomplished.
6. Please send all psychological testing that has been administered to [REDACTED]
7. What is [REDACTED] present state of psychological and behavioral functioning?
8. Are any consultants being used in your work with [REDACTED]? If so, who are they and what degree of direct contact do they have with [REDACTED]?
9. Is [REDACTED] presently in treatment with you or another therapist?

Thank you so much for your anticipated cooperation with regard to the above request.

Sincerely,

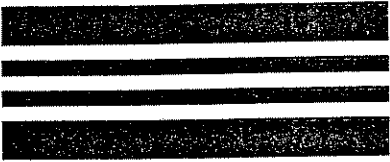
Kenneth R. Fineman, Ph.D.

KRF:jmh

cc: Reverend Monsignor John Urell
Vicar General/Moderator of the Curia
Dioceses of Orange
Marywood Center
2811 East Villa Real Drive
Orange, CA 92667-1999

50600896

PLEASE DO NOT STAPLE IN THIS AREA



HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) CHAMPUS (Sponsor's SSN) CHAMPVA (VA File #) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [REDACTED]

3. PATIENT'S BIRTH DATE MM DD YY [REDACTED] SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial) *Name*

5. PATIENT'S ADDRESS (No., Street) [REDACTED] CITY [REDACTED] STATE *CA*

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street) [REDACTED] CITY [REDACTED] STATE [REDACTED]

8. PATIENT STATUS Single Married Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) [REDACTED]

10. IS PATIENT'S CONDITION RELATED TO: Employed Full-Time Student Part-Time Student

11. INSURED'S POLICY GROUP OR FECA NUMBER [REDACTED]

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE [REDACTED] DATE *2/19/02*

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE [REDACTED] SIGNED [REDACTED]

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY [REDACTED]

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY [REDACTED]

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY [REDACTED]

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE [REDACTED]

17a. I.D. NUMBER OF REFERRING PHYSICIAN [REDACTED]

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY [REDACTED]

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO \$ CHARGES [REDACTED]

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)

22. MEDICAID RESUBMISSION CODE [REDACTED] ORIGINAL REF. NO. [REDACTED]

23. PRIOR AUTHORIZATION NUMBER [REDACTED]

24. A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE From MM DD YY To MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COE	RESERVED FOR LOCAL USE
<i>2 3 02</i>			<i>90806</i>	<i>D5M IV</i>	<i>280 -</i>					
<i>2 12 02</i>			<i>90806</i>	[REDACTED]	<i>280 -</i>					
<i>2 19 02</i>			<i>90806</i>	[REDACTED]	<i>280 -</i>					
<i>2 26 02</i>			<i>90806</i>	[REDACTED]	<i>280 -</i>					

25. FEDERAL TAX I.D. NUMBER [REDACTED] SSN EIN [REDACTED]

26. PATIENT'S ACCOUNT NO. [REDACTED]

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE \$ *1120*

29. AMOUNT PAID \$ [REDACTED]

30. BALANCE DUE \$ [REDACTED]

31. NATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (if certify that the statements on the reverse apply to this bill and are made a part thereof.) [REDACTED]

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office) *Ventura, 93003*

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # *Edna L. Moses, 5041 Rocosco Way, Santa Barbara CA 93111-1830, 805-683-6702*

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CARRIER PATIENT AND INSURED INFORMATION PHYSICIAN OR SUPPLIER INFORMATION

DNA MOSES, LCSW

03/15/2002

1-40626-76

Obligation	Description	Invoice	Vendor	Vendor Acct	Amount	Account Code
40998	COUNSELING *** Total ***		2403		1,120.00 1,120.00	A1.0.00-5402.00-450

DNA MOSES, LCSW

03/15/2002

1-40626-76

Obligation	Description	Invoice	Vendor	Vendor Acct	Amount	Account Code
40998	COUNSELING *** 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

40626

DATE

03/15/2002

AMOUNT

*****1,120.00

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

NOT VALID AFTER 6 MONTHS

\$25,000 OR OVER REQUIRES TWO SIGNATURES

TH
JER

EDNA MOSES, LCSW

5041 ROCOSO WAY
SANTA BARBARA CA 93111

50600898

A CORPORATION SOLE
 2811 E. VILLA REAL DRIVE
 ORANGE, CA 92667

PAYEE NAME	VENDOR NO.
EDNA MOSES	2403

DATE	DESCRIPTION AND/OR INVOICE NO.	AMOUNT	REFERENCE
4/10/02	Counselling to replace check 40626	\$1120.00	A1-5402-450
4/10/02	Check Number 210786	\$1120.00	

ROMAN CATHOLIC BISHOP OF ORANGE A CORPORATION SOLE 2811 E. VILLA REAL DRIVE ORANGE, CA 92667	BANK OF AMERICA <small>ORANGE MAIN OFFICE 345 EAST CHAPMAN AVENUE ORANGE, CA 92668</small>	<small>16-66 1220</small> 210786 CHECK NUMBER 210786 DATE April 10, 2002
---	---	---

PAY EXACTLY ONE THOUSAND ONE HUNDRED TWENTY DOLLARS AND NO/100'S

PAY TO THE ORDER OF

EDNA MOSES
 5041 Rocosso Way
 Santa Barbara, CA 93111-1830

AMOUNT
 \$1,120.00

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

 AUTHORIZED SIGNATURE

⑈ 210786 ⑆ 12200066 ⑆ 02331 ⑈ 04006 ⑈

50600899

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

April 24, 2002

[REDACTED]
Superior Court of California
County of Orange
P.O. Box 14169
Orange, California 92863-1569

Dear [REDACTED]

I recently spoke by phone with Edna Moses, LCSW. As you recall, Edna Moses has been counseling with [REDACTED] assisting him in dealing with sexual abuse by a former priest of the Diocese of Orange.

Edna called with comments and concerns about the letter that she received from Dr. Ken Fineman (copy enclosed). I suggested that her comments and concerns might best be dealt with in a conversation with you in your role as Assistance Ministry Coordinator for the Diocese. Edna agreed that this might be the best way to go, and hence, she asked me to contact you about you calling her.

If you would call her at her cell phone number [REDACTED] both Edna and I would appreciate it.

Thank you for your good work.

With prayerful best wishes to you, I am

Sincerely yours in Christ,

COPY

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

Enclosure (copy of Dr. Fineman letter to Edna Moses, dated March 4, 2002).

C: Edna Moses, LCSW
5041 Rocosso Way
Santa Barbara, California 93111

50600900

[REDACTED]

- I called him on Sun 4/7 @ 3⁵⁵.
- left a message

[REDACTED]

called back - left message on tape @ office
4/9/03 @ 1⁰⁰pm - I got the message on 4/10/03
@ 10¹⁵am - I called back @ 10³⁶ left message

WHILE YOU WERE OUT	TO	Mrs. G -	DATE	4-9-02	TIME	
	FROM	Edna Moses	AREA CODE	705 -	NUMBER	
	OF		EXTENSION	320 -	0669	
	MESSAGE	If possible call Edna Moses before 5:00 PM today. If not - Edna will call you Wed.				
	URGENT	<input type="checkbox"/>	RETURNED CALL	<input type="checkbox"/>	CALL BACK	<input type="checkbox"/>
			WILL CALL AGAIN	<input type="checkbox"/>	PHONED	<input type="checkbox"/>
			WANTS TO SEE YOU	<input type="checkbox"/>	WAS IN	<input type="checkbox"/>

AMPAD NO. 23-776 400 SETS

RECYCLED PAPER

4/09/03

4:30 pm

- [redacted] not in therapy
- Dr. Freeman was called → he never called.
- She will be glad to speak w/ Diane Gorney Valenzuela
- I will ask Diane to call her @ the above number

50600902

REC'D MAY 20 2002

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

May 25, 2002

Reverend Monsignor John Urell, V.G
Vicar General / Moderator of the Curia
Diocese Of Orange
Maywood Center
2811 East Villa Real Drive
Orange, CA 92667-1999

Dear Monsignor Urell,

Re: [REDACTED]

Finely I can start this letter with good news. [REDACTED] was hired as [REDACTED]. Thus he is able to fulfill his dream and proceed in his professional life as planned. For the last six month, [REDACTED] suffered from moderate depression. However, with supportive therapy [REDACTED] was able to maintain his coping skills and his self esteem and despite of the severe stress described in my letter dated February 3, 2002, [REDACTED] did not succumb to a major depression and he was able to achieve his main goal in his professional life: to become a broker. Whether he will be successful, as a broker only future will tell. But there is no question that his hard work in therapy on self-esteem issues and on developing coping skills helped [REDACTED] in fighting hopelessness and struggling relentlessly to reach a major goal in his professional career. As a therapist it was very rewarding to watch [REDACTED] who came initially to therapy with extremely low self-esteem and a profound lack of coping skills, believing in himself despite numerous rejections and following through with his professional goals.

[REDACTED] main impairment, which is directly related to his molestation by Father Ramos, is his sexual dysfunction, which grossly impacts his relationship with the woman he wants to marry. [REDACTED] perceives himself a failure as a man and continues to state, "I will never be a man"; "I will never be normal". Also, [REDACTED] continues to have flashbacks of Father Ramos while he engages in sexual relationships although to lesser degree in comparison to his condition when he initiated therapy. Because of the betrayal of his trust as a young teenager, [REDACTED] ability to establish intimate trustful relationship with his girlfriend is also compromised. At this point, [REDACTED] is caught in a vicious cycle in which his sexual dysfunction leads to perceiving himself as a failure in his masculinity, this perception leads to further failing or to avoidance of sex all together. During the last six month this issue was barely addressed, as [REDACTED] main focus in therapy was his failing career and fighting depression. Also, [REDACTED] was living out of state working on her [REDACTED] in history of art. Sexual dysfunction is a very painful impairment and this issue will be the main target of [REDACTED] treatment in the near future, there are three type of intervention that

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I intend to use: behavioral intervention that [REDACTED] resisted to follow in the past. I plan to intertwine the behavioral intervention with paradoxical intervention as well. These techniques are specifically devised to intervene with sexual dysfunctions and [REDACTED] has agreed to cooperate this time. Also I intend to refer [REDACTED] to a M.D. for prescription of medication that may alleviate the symptoms. I plan to continue using EMDR that has been partially successful in alleviating [REDACTED] symptoms of P.T.S.D. symptoms. The following symptoms of P.T.S.D. have diminished to a lesser degree: intrusive recollections of the trauma have gone down from daily re-experiencing to several times a month, re-living of the trauma has also gone down from daily re-experiencing to few times a month, [REDACTED] level of distress is still high due to his sexual dysfunction. Other symptoms that are consistent with P.T.S.D. like persistent avoidance of thought about the traumatic events and experiencing diminished interest in sex including avoiding activity (sex) associated with the trauma still persist. A technique that I plan to use in conjunction with continuing EMDR while attempting to unblock the reprocessing of the trauma is bringing the adult self to rescue the young [REDACTED] and letting the child who is stuck know that whatever happened to [REDACTED] when he was a child and young adolescent who perceived himself helpless and powerless, happened in the past. The adult [REDACTED] can and will rescue him from the hands of Father Ramos. This technique resembles Gestalt therapy in that the patient is encouraged expressing confidence and convincing the victim to trust the protecting and powerful adult self. Other techniques I plan to use is having [REDACTED] come up with a solution during EMDR to imagine doing something that solves his sexual problem while adding bilateral stimulation. Using EMDR has been utilized successfully in eliminating false cognitions such as "I am not safe", "It was my fault" "I am trapped" "I am gay" etc. Other cognitions like "I am a failure as a man" and "I can't have sexual pleasure" have been resistant to extinguishments and will be addressed as I said before with behavioral (Kaplan approach) and with paradoxical strategies (Milton Erickson, Jay Haley).

I have treated [REDACTED] for the last two years. While some of his PTSD symptoms have diminished it is clear that his sexual dysfunction is extremely distressful. I hope that the medical field can expedite [REDACTED] recovery.

At this point I have decided to see [REDACTED] only every other week. Partially because I believe [REDACTED] needs to focus on his new position, as success in his case, is a healing factor and partially because despite of the problems that are still unresolved, [REDACTED] has made progress and in my estimation he can handle to be seen on bi-weekly basis.

[REDACTED] remains very motivated in his recovery process and his therapeutic alliance with me remains strong. I am still unable to estimate how long it will take [REDACTED] to achieve a complete recovery. I hope that appropriate medication will expedite [REDACTED] recovery.

Thank you for supporting my work with [REDACTED]. He certainly is a challenging case. Should you have any further questions, please feel free to contact me.

Sincerely,
Edna Moses
Edna Moses, LCSW

C: [REDACTED]

Obligation	Description	Invoice	Vendor	Vendor Acct	Amount	Account Code
43854	ASSISTANCE MIN [REDACTED] *** Total ***		2403		2,240.00 2,240.00	A1.0.00-5402.00-355

Obligation	Description	Invoice	Vendor	Vendor Acct	Amount	Account Code
43854	ASSISTANCE MIN [REDACTED] *** Total ***				2,240.00 2,240.00	A1.0.00-5402.00-355

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

42793

DATE
06/14/2002

AMOUNT
*****2,240.00

DAY ** Two Thousand Two Hundred Forty Dollars and 00 Cents **

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

EDNA MOSES, LCSW
5041 ROCOSO WAY
SANTA BARBARA CA 93111

50600905