

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

	:	
UNITED STATES OF AMERICA	:	Case No.: 21-cr-292 RCL
	:	
v.	:	
	:	
CHRISTOPHER WORRELL,	:	
Defendant.	:	
	:	

**NOTICE OF FILING OF AND UPDATE ON DEFENDANT’S MEDICAL RECORDS**

The United States of America, by and through its attorney, the Acting United States Attorney for the District of Columbia, and Assistant United States Attorney William Dreher, hereby files the attached medical records (attached as Exhibit 5), received from the D.C. Department of Corrections (DOC) on the evening of Thursday, October 14, 2021, and provided to the Court and defense counsel via email on Friday, October 15, 2021. The government has conferred with defense counsel regarding this filing, to ensure appropriate redactions were made in the attached documents.

As an update, the government notifies the Court that DOC has stated that Mr. Worrell’s hand surgery has been tentatively scheduled for next week. The government has also provided a copy of the Court’s recent order (Dkt. 111) authorizing the disclosure of Mr. Worrell’s medical records to DOC and to the orthopedics department at Howard University Hospital.<sup>1</sup>

Respectfully submitted,

CHANNING D. PHILLIPS

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<sup>1</sup> The government also seeks to clarify one statement in its Unopposed Motion for Entry of Proposed Consent Order, in which the government stated: “The Department of Corrections has always timely provided [Mr. Worrell’s medical records] upon request.” See Dkt. 110 at 1. That statement was overbroad. It was meant to narrowly refer only to the fact that, after the Court’s entry of an August order authorizing the disclosure of medical records, see Dkt. 83, DOC thereafter timely provided Mr. Worrell’s *electronic medical record* (EMR) to counsel for the parties (and the parties in turn provided the EMR to the Court in the parties’ filings in August and September). However, as the Court observed at the October 13, 2021 hearing, the records provided by DOC to the parties (i.e, the EMR) did not include the hand specialist’s notes requested by the U.S. Marshals Service. See Dkt. 111 at 1 n.1. The government did not intend, in its recent motion, to characterize as “timely” DOC’s response to the U.S. Marshals Service’s request for those records, and the government’s submission should have been clearer on that point.

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# Exhibit 5

*Ulgut*

10/14/21

Unity Health Care Consultation Request	
<i>MCS</i>	10/8/21
Referring Provider Signature	Date
<i>M. Chenoweth, MD</i>	
Referring Provider Name	pager/phone #
(Stamp or print clinic name, address, telephone # and fax below.)	
<p><i>HH Orthopedic Clinic</i></p>	

PATIENT NAME (LAST, FIRST)	
<i>Warcell, Christopher</i>	
<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE	ID NUMBER
OTHER	<i>377183</i>
DATE OF BIRTH	SEX
[REDACTED]	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (STREET CITY STATE)	
[REDACTED]	
STATE, ZIP	
[REDACTED]	
SOCIAL SECURITY #	MEDICAL RECORD #
[REDACTED]	[REDACTED]

SPECIALIST NAME	AUTHORIZATION #	NUMBER OF VISITS AUTHORIZED
<i>HH Ormo Wilson</i>		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> _____
SPECIALIST ADDRESS	PHONE	
DIAGNOSIS	<input type="checkbox"/> INITIAL CONSULTATION	<input checked="" type="checkbox"/> FOLLOW-UP EVALUATION
1. <i>(R) 5<sup>th</sup> metacarpal fx</i>		
2.	APPOINTMENT DATE	APPOINTMENT TIME
	<i>10/14/21</i>	<i>12:30</i> AM <input checked="" type="radio"/> PM
REASON FOR REFERRAL		
<i>SO w/o M E fx of (R) 5<sup>th</sup> metacarpal, prev recommended for surgical repair but impending pain. Please eval / tx.</i>		
<i>* Please send back regular office note as well. Thanks *</i>		
CONSULTANT'S REPORT		
<i>50 yo ♂ w/ (R) 9<sup>th</sup> and 5<sup>th</sup> metacarpals and malunion of 1/4/5 metacarpals. Long, contusion, disunion. Surgery indications are weak, though pt insistent on repair of malunion. Risks are moderate and chance of improving function limited. Pt is unwavering. Therefore, will proceed surgically and put best effort to improve. Pt agrees and demands that plan.</i>		
CONSULTANT SIGNATURE	PROVIDER #	DATE
<i>[Signature]</i>		<i>10/13/21</i>
FOR OFFICE USE ONLY		
<input type="checkbox"/> Mail Referral to Pt. <input type="checkbox"/> Call Pt. to Pick Up Referral <input type="checkbox"/> Fax Referral to Consultant <input type="checkbox"/> Pt. Waiting _____ <input type="checkbox"/> Patient Will Pick Up Referral on (date) _____ Other: _____		

NOTE: Consultant, please mail all correspondence/findings to the address listed above for the Health Center. Thank You!

All-4 Form 117 MR R04/02

White Copy - Consultant Yellow Copy - Unity Chart

10/18/21