

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

UNITED STATES OF AMERICA

v.

BARTON WADE SHIVELY,
Defendant

Criminal Action No. 21-151 (CKK)

ORDER

(May 10, 2022)

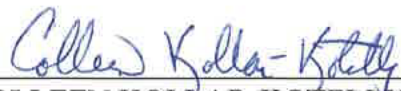
Pursuant to the Court's [42] Order, Defendant Barton Wade Shively ("Defendant") was remanded to custody and is currently being detained at the medical unit of the D.C. Department of Corrections' Correctional Treatment Facility on serious criminal charges, pending further evaluation of Defendant's medical condition and a determination of the appropriate treatment and level of care.

It was brought to the Court's attention that Defendant has been diagnosed with cancer, and was scheduled for chemotherapy at the Lebanon VA Medical Center. The Court has been notified that Defendant has executed a release authorizing the United States Probation Office ("USPO") to obtain Defendant's medical records from the Lebanon VA Release of Information Office, which was faxed to that office on May 6, 2022. *See* Att. A. Defendant, through counsel, also consented to the release of his medical records to the USPO and to the Court during a hearing on May 9, 2022. The Court learned that the Release of Information Office informed USPO that it had 20 days to process the request for medical records.

In light of the emergency medical situation posed by Defendant's medical condition and the requirement that he be detained, and to allow further evaluation of current medical needs to determine the level of medical care Defendant requires and the appropriate placement for his further detention, the Court

ORDERS the Lebanon VA Medical Center Release of Information Office to provide to U.S. Probation Officer Brandon Dubbs **BY NO LATER THAN 1:00 pm on MAY 11, 2022** a copy of Defendant's medical records, to include his diagnosis, treatment plan, and all other records related to his medical file. Officer Dubbs shall personally retrieve the records on May 11, 2022.

SO ORDERED.


COLLEEN KOLLAR-KOTELLY
United States District Judge

ATTACHMENT A

TIME SENT
May 6, 2022 at 12:39:22 PM EDT

REMOTE CSID

DURATION
130

PAGES
2

STATUS
Sent

FAX COVER

To:

Company:

Fax Number: 97172286044

From: Sarah May

Company:

Fax Number: 570-207-5880

Subject: Records Request

Number of pages
(including cover): 2

Date: 5/6/22 Time: 12:37:12 PM

MESSAGE:

Please see the attached request for diagnosis and treatment information.

Thank you,

Sarah May
Data Quality Analyst
U.S. Probation Office
Middle District of Pennsylvania | Scranton
Mobile: 570-914-8532
sarah_may@pamp.uscourts.gov

PROB 11G
(Rev. 5/03)

AUTHORIZATION TO RELEASE INFORMATION
(PRIVATE PERSON OR ORGANIZATION)
TO PROBATION OFFICER

TO WHOM IT MAY CONCERN:

I, BARTON SHIVELY, the undersigned, hereby authorize the United States Probation Office for the Middle District of Pennsylvania, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my:

- ☒ Employment
- ☒ Education Records (including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records)
- ☒ Medical Records
- ☒ Psychological and Psychiatric Records

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, any school, college, or university, or other educational institution; hospital or other repository of medical records; social service agency; any employer or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

Lebanon Veteran Affairs 1700 South Lincoln Ave, Lebanon, PA
(Name and Address of Program) 17042

Regarding protected health information, I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

Barton Shively
(Authorizing Signature - Full Name)

WITNESS —

BARTON SHIVELY
(Full Name - Printed or Typed)

Brandon Dubs
(Probation Officer)

5/6/22
(Date)

5/6/2022
(Date)