AFFIDAVIT OF CUSTODIAN OF MEDICAL RECORDS

C3	<u>_76-</u> 00-64
Patient	Medical Record Number
to subject records, make oath that I am a	to subpoena duces, tecum, copy hereto attached, dated 05/27/09, relating a duly authorized custodian of subject records and have authority to certify
such records; that such records were pre	pared by personnel of the hospital, or by staff physicians, or by persons
under their control, in the ordinary cour	se of business, at or near the time of the act, condition, or event reported
therein; and that	
X the attached is a true, co	omplete and correct copy of all the subject records described in the
subpoena.	
	y a part of the records described in the subpoena, is a true, complete and records which Nashville General Hospital has on subject patient.
after a thorough search, n	o such described records on subject patient can be found.
This affidavit with attached copy of subj	ect medical records is submitted in lieu of personal appearance as so
authorized under Public Act No. 158 ena	acted by the Tennessee legislature in 1977.
The cost to furnish the copies of these me	edical records is:
	Number of Images 7 @ = \$ Number of Images @ = \$ Number of Images = \$ =
	TOTAL S
Melissa Cantrell, RHIA for <u>Quali Sallemore, RHIA</u> Director, Health Information Management	May 27, 2009 ent Date STATE
State of Tennessee County of Davidson Sworn and subscribed before me this	day of LUTE, 20 9 TENNESSEE NOTARY PUBLIC
My commission expires: 11- 222090	Motary Public Notary Public Notary Public

Circuit Criminal Court Montgomery County

Date

GRAND JURY SUBPOENA

Case Number 4 0 9 0 0 4 4 0

Clarksville Tennessee		70100440
	State of Tennessee vs. <u>Timothy Guilfoy</u>	
To Any Lawful Officer of Said (Under penalty prescribed by law,	you are commanded to summon: Our Kids	29,09 Am
	ninal Court Grand Jury of Montgomery Coursee, on ASAPat 8:00 a.m./p.m. befor nnessee in this matter:	
and bring the following:	4-7-0°9	
	ords rethe care and treatment of C2 out 3. Please send records to Assistant D	and C3
District Attorney, 101 N. 3 rd . St., 6	Clarksville, TN. 37040 o/b/o Detective Ging	er Fitting
Issued: MAY 2 0 2009	Clerk / Deputy Clerk - Ci	Tuesed cuit Court
OFFICER'S RETURN: Came has Delivering the within sure Unable to serve because	ibpoena to the witness named herein	
Date:	By:Officer, Title	
ATTORNEY'S RETURN OF S Attorney's Name, Address and Te		Address and Telephone Number

Designee's Name, Address and Telephone Number
nis subpoena on the witness,
_

Room 417, in Clarksville, Tennessee, on ASAP testify in behalf of the State of Tennessee in this matter	at 8:00 a.m./p.m. before the Grand Jury then and there to
and bring the following: Duces Tecum:	-09
Duces Tecum: Furnish certified copies of all records re: the care and	I treatment of C2
on or about 3.6. Please send	records to Assistant District Arthur F. Bieber, Assistant
District Attorney, 101 N. 3 rd . St., Clarksville, TN. 3704	10 o/b/o Detective Ginger Fitting
Issued: MAY 2 0 2009	Clerk / Deputy Clerk - Circuit Court
OFFICER'S RETURN: Came hand this date and executed Delivering the within subpoena to the witnes Unable to serve because	
Date:By	Officer, Title
ATTORNEY'S RETURN OF SERVICE: Attorney's Name, Address and Telephone Number	Designee's Name, Address and Telephone Number
Attorney 3 realite, Address and Telephone realition	Designed 5 Traine, Address and Telephone Trumber
I certify that on the date indicated below I served a copy	
Date:	Signature of Attomor/Docimes



27998034

NASHVILLE GENERAL HOSPITAL MIOD CLINIC

MIOD CLINIC			
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TELE AND DAVIDSON COUNTY

METROPOLITAN NASHVILLE GENERAL HOSPITAL 1818 ALBION STREET NASHVILLE, TENNESSEE 37208

NOTIFICATION OF FORENSIC MEDICAL EVALUATION PROCEDURES

	C3	
	- DOB: 11/28/1996 ACCT: 09 110 00333	
PATIENT NAME	MRUN: 76 DOS: 4/21/2009	CHART NUMBER
	LOC: MCAC BY JM/HG	_AGESEX
being evaluated the health stat	d by the OUR KIDS staff : us of the child, includi juries. This may inclu	d, who is in my custody, is for the purpose of examining ng documentation of physical de photodocumentation or x-
including insport may be perform relevant physiteaching purpo	ection of the child's g med with the use of a .cal findings may be t	ve a complete physical exam, enitalia. This examination colposcope and pictures of aken for documentation and ill not include the child's entification.
tests for pre		tion may include laboratory smitted diseases, bleeding
in accordance Child Protect:	with the Tennessee law	the medical evaluation will, be shared with the county (Department of Children's corney).
		•
Jensifer a	bele	Mother
Signature Nava	in	Relationship
Witness		

printed on recycled paper

DATE 5/27/200

PRINTED BY: jabarry



Nashville General Hospital at Meharry



Metropolitan Nashville Hospital Authority

1804 Hayes Street Nashville, TN 37203

NAME:C3

UNIT#: 760064

ACCT#: 0911000333

DOB: 11/28/96

MOTHER: Jennifer Astle. **COUNTY:** Davidson

DCS WORKER: Shavla Dix

DATE SEEN: 04/21/09 (Montgomery County Child Advocacy Center)

REFERRAL HISTORY:

is a 12-year-old female referred to Our Kids Center on 4/3/09 by Miranda Parker of Montgomery County Department of Children's Services. Ms. Parker reports disclosed in her forensic interview digital-genital contact and digital-buttocks rubbing multiple times by a family friend, Timothy Guilfoy. It is reported that the last contact occurred in February 2009.

PRESENTING HISTORY:

is accompanied to the clinic today by her mother, Jennifer Astle. Ms. Astle reports that in March 2009, she found out that her three daughters had been sexually abused. Ms. Astle reports that she found out because her youngest daughter.C1 grandfather about the contact that was occurring. Ms. Astle reports that the grandfather told her that C1 reported to him that a family friend Tim Guilfoy, 25 years of age, was touching them. Ms. Astle reports that upon learning of the disclosure, she went to pick up the girls from school and talked separately to each girl and learned that the contact had been ongoing since before May 2008. Ms. Astle reports that all three girls told her that they would wake up to find Mr. Guilfoy touching their breasts, vaginas, and bottoms and that he penetrated their vaginas with his finger. Ms. Astle reports that it is her understanding that the girls did not have to touch Mr. Guilfoy anywhere on his body. Ms. Astle reports that she believes the contact occurred with C1 when the family went camping. Ms. Astle reports that the girls were afraid to tell her about the contact because they were afraid they would lose their home if they told, as Mr. Guilfoy was renting the residence to the family. Ms. Astle reports that Mr. Guilfoy did not start touching C3 until September 2008 when the family moved to their new residence in Clarksville. Ms. Astle reports the family previously had been living in Nashville when the contact occurred to her two younger daughters. For this reason, the case has been transferred to Davidson County. Ms. Astle reports that Mr. Guilfoy

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DATE

5/27/2009

currently resides in St. Louis due to posting bond after being arrested on six counts of child rape. Ms. Astle reports that the girls had forensic interviews around March 23 at the Montgomery County Child Advocacy Center and that their disclosures were consistent with what they told her and their grandfather. Ms. Astle reports that C2 is having difficulty in school, but that C3 and C1 both have been doing pretty well. Ms. Astle reports she believes C2 experienced the sexual contact more frequently than her sisters and that she had been subjected to the contact for a longer period of time. She reports that none of the girls has had any behavioral problems. She denies previous concerns of sexual abuse of any of the girls.

MEDICAL HISTORY FROM CHILD:

willingly joined me for questioning. She did not appear to be in any acute distress.

C3 a 12-year-old Caucasian female. She was dressed appropriately and appeared her stated age. Her speech was clear. Language and cognitive skills appeared, grossly, average for her age. Thought process and content appeared normal. No disorders of perception were noted.

Explanations regarding the nature and purpose of the exam were provided to C3. The need to ask questions for the purpose of medical diagnosis and treatment was reviewed. Limits of confidentiality were also reviewed, and C3. demonstrated understanding of the explanations provided to her.

Regarding general health status, C3 reported her primary care physician used to be Dr. Tygart in Chattanooga, but that she does not go to the doctor much anymore. C3 reported she has had a cold for approximately 1 week and that her throat currently hurts. C3 reported she has been taking medication for her cold and her ears as needed. She denied any problems with headaches or breathing. C3 reported she sometimes has difficulty sleeping since Tim got out of jail. She also reported she has been more distracted in school since Tim got out of jail. There is no history of prolonged periods of sadness, thoughts of self-harm, suicidal ideation, broken bones, stitches, hospitalizations, or surgeries. C3 reported she wears eyeglasses to aid in her farsightedness. C3 denied any complications with urination or defecation.

Upon asking .C3 why she was at the Center today, C3 reported, "Because the guy Tim, the guy my mom got the house from, did something to us." When asked what that something was, .C3 reported, "He would touch me and my sisters." When asked how he touched her, C3 reported, "I would be sleeping, and he thought I was asleep, and he would touch me and get up and leave. I wouldn't say anything." When asked what he touched, C3 reported, "My private areas." When asked what her private areas are,

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C3 reported, "My front part and back part." When asked what she does with her front part when she goes to the restroom, C3 reported "pee." When asked what she does reported "poop." When asked with her back part when she goes to the restroom, C3 what Tim touched her private areas with, C3 reported, "His hand." When asked if Tim touched her front private on the inside, outside, or both, C3 reported, "Both." To understanding of genital anatomy, she was asked if she wipes on better determine C3 the inside, outside, or both when she goes to the bathroom to urinate, and C3 "I wipe on both the inside and outside." When asked if Tim touched her back private on the inside, outside, or both, C3 reported. "Outside." When asked if any other part of Tim's body touched her body, C3 reported "no." When asked if any other part of her body touched Tim's body, C3 reported "no." When asked when the contact began, reported, "When we moved into our new house, I believe it was September of 2008." When asked when the last time was that Tim touched her, C3 reported, "It was around March 5th." When asked Tim's last name, C3 reported, "Guilfoy." When asked if anyone else has ever touched her private areas, C3 reported "no." When asked if she had any other worries or concerns today related to her health, c3 reported "no."

Jaha Martin, LCSW

MEDICAL HISTORY:

medical history today is provided by her mother, Jennifer Astle, who reports that and her younger sisters and are at the Montgomery County Child Advocacy Center for an Our Kids evaluation due to concerns of possible sexual abuse. Specifically, the girls have reported digital-genital contact/penetration as well as digital-breasts contact and rubbing of their buttocks by a 25-year-old adult male friend of the family, Tim Guilfoy. The last contact the girls had with Mr. Guilfoy was in early March 2009. None of the girls have any physical complaints, and there have been no previous concerns of sexual abuse.

In regard to the remainder of C3 medical history, Ms. Astle reports C3 was the 8-lb., 11½-oz. product of a term gestation in Cape Canaveral, FL. The pregnancy was without complications, and C3 had a normal birth and nursery course.C3 has had no hospitalizations, surgeries, serious illnesses, or broken bones. She is taking no medication and has no known drug allergies. C3 is in 6th grade at New Providence Middle School where she excels academically. The family moved to Tennessee in the Fall of 2008 and Ms. Astle is attempting to obtain a primary care provider through TennCare at this time.

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There is no history of genital trauma, exposure to sexually explicit materials, prior concerns of sexual abuse, urinary tract infections, chronic diarrhea or constipation, blood in the urine or stool, or recent history of painful or hard bowel movements. The remainder of the review of systems is negative and documented in the medical history questionnaire. Family history is significant for cancer and cardiac disease on the maternal side of the family.

PHYSICAL EXAMINATION:

is an alert, well-developed, well-nourished, Caucasian female child who is cooperative but extremely shy and embarrassed during the genital portion of the exam. Present for the exam is Ms. Astle.

Head: normocephalic and atraumatic.

Eyes: pupils are equal, round, and reactive to light and accommodation, EOMI.

Ears: TMs are gray and translucent with visible landmarks.

Nares: patent without discharge.

Throat: moist mucous membranes without exudate, lesions, or erythema.

Neck: supple without lymphadenopathy.

Chest: clear to auscultation bilaterally; breasts are Tanner Stage II.
Cardio: regular rate and rhythm without murmur, rub, or gallop.

Abdomen: soft, nontender, and nondistended with normal bowel sounds and no

hepatosplenomegaly or masses.

Extremities: warm and well perfused without clubbing, cyanosis, or edema.

Skin: smooth, without significant lesions or rashes.

Neurological: grossly intact.

Anogenital Exam: The colposcope is used to aid in the examination, and colposcopic digital images are obtained of the anogenital areas. The genital exam is accomplished with C3 in the supine lithotomy position where she is noted to be Tanner Stage II. The posterior fourchette and fossa navicularis are unremarkable and atraumatic as are the labia majora, minora, and clitoris. Forward labial traction is used to visualize the internal structures where she is noted to have an estrogenized hymen with a tag at 6 o'clock, no tears or clefts, and at least 4mm-5mm of tissue in the posterior pole. No discharge is present.

The anal exam is accomplished with C3 in the supine knee-chest position. The anal exam reveals normal rugae with positive wink and tone. There are no tags, tears, fissures, or other lesions noted in the anal area.

Hollye Gallion, APRN, BC-PNP

IMPRESSION:

- 1. Medicolegal evaluation following concerns of sexual abuse.
- 2. Medical history from the child today describing digital-genital contact/penetration and digital-anal contact.
- 3. Physical examination, which is within normal limits for the anogenital portion of the exam. A normal exam neither confirms nor rules out the possibility of sexual contact.

RECOMMENDATIONS:

- 1. A copy of this report is to be sent to Davidson County Department of Children's Services in care of Shayla Dix.
- 2. It is recommended to Ms. Astle to seek counseling services to aid C3 in the concerns of sexual abuse. Information is shared with Ms. Astle for the Rape and Sexual Assault Center to aid in this effort.
- 3. Family is encouraged to call with any questions or concerns.

Hollye Gallion, APRN, BC-PNP

Jaha Martin, LCSW

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