VIRGINIA FREEDOM OF INFORMATION ACT (FOIA) REQUEST

Date: January 2, 2026
Requestor: Joseph William Korzen
Address: [redacted]
Phone: [redacted]
CICP
Case No.: CIC [redacted]

TO:

Office of Human Rights
Department of Behavioral Health and Developmental Services (DBHDS)
1201 East Broad Street
Richmond, VA 23219-2079
ATTN: FOIA Coordinator

Subject: Formal Records Request — Human Rights Contact During Hospitalization and Related Treatment

Dear FOIA Coordinator,

I am writing to formally request records under the Virginia Freedom of Information Act (Code of Virginia S 2.2-3700 et seq.) regarding my hospitalization at Mary Washington Hospital (Snowden behavioral health unit) from February 17 to March 7, 2025. This request specifically seeks documentation of my contact with the Office of Human Rights (OHR) and all related treatment records.

Following my conversation with Heather Hilleary, Senior Human Rights Advocate at DBHDS, I am submitting this formal request. I previously submitted a FOIA request to the Department of Medical Assistance Services (DMAS) on December 20, 2025. On December 30, 2025, DMAS confirmed that the Office of Human Rights is part of DBHDS and not DMAS and advised me to direct my request to your office.

Records Requested:

Please provide copies of the following records related to my hospitalization at Mary Washington Hospital (Snowden behavioral health unit) from February 17 to March 7, 2025:

- All documentation of my contact with the Office of Human Rights during my hospitalization.
- Log entries, call records, or case notes regarding my contact with OHR staff. • Documentation of the following specific incidents:

- Department of Human Rights contact, including any nurse documentation (e.g., Post-it note).
- Initial hospitalization details (February 17—18, 2025), including involuntary hold and subsequent release.

- Lawful release and Temporary Detention Order (T DO) apprehension, including 91 1 call and police involvement.
- 52-hour restraint period in the behavioral emergency room unit, including denial of food, medication, and monitoring; police presence; body camera requests; invocation of habeas corpus; and interactions with Officer Williams.
- Transfer to Snowden unit following restraint.
- Psychiatrist's discharge note and diagnostic uncertainty.
- Documentation of ongoing physical symptoms and related staff accusations.
- Allegations of "meandering," "narcissism," and "faking" by staff.

' Medical misdiagnosis, including diagnosis of "cannabis-induced psychosis" and prescription of Depakote.

- ADA violation regarding restraint and accommodations for neurological disorders.
- Text-to-speech document provided to ER staff on February 17, 2025.
- Refusal of emergency care requests.
- False accusation of sexual harassment and related nurse interactions.

- Any follow-up communications with Mary Washington Hospital regarding my treatment.
- Documentation identifying the staff member who called me during my detention.
- Official records confirming the 3-year retention policy for such documentation.

Verification of Identity:

To verify my identity as the subject of these records, I provide the following information:

- Full name: Joseph William Korzen
- Date of birth: [redacted]
- Address: [redacted]
- Hospital: Mary Washington Hospital (Snowden behavioral health unit)
- Date of contact: February 17, 2025 — March 7, 2025
- Additional verification: I possess a Post-it note written by a nurse documenting the Department of Human Rights call during my hospitalization.

Purpose of Request:

These records are required for an official claim with the federal Countermeasures Injury Compensation Program (CICP Case No. CIC [redacted] . Pursuant to Virginia law (S 2.2-3704.2), this request for personal records should be processed at no cost.

Mandatory Response Information:

Please provide a written response within seven (7) business days as required by law. If any fees apply, kindly provide a written estimate before proceeding. I reserve the right to appeal any fee or denial determination to the Office of the Attorney General per S 2.23707.

Certification:

I certify that I am the subject of the requested records and that this request is made for personal use related to a federal compensation claim.

Sincerely,

joseph william korzen

Jos^ h William Korzen

HANDWRITTEN SIGNATURE REDACTED

Date: January 2, 2026

HRSA

Health Resources & Services Administration Reso.æ & Snus

Health Systems Bureau

Countermeasures Injury Compensation Program 5600 Fishers Lane

Rockville, MD 20857

December 3, 2025

Joseph Korzen

[redacted] case

Number: CIC [redacted]

Dear Joseph Korzen:

Thank you for submitting a Request for Benefits fom to the Countermeasures Injury Compensation Program (CICP). In addition to the form, you are required to submit: l) records sufficient to demonstrate that you used or were administered a covered countermeasure; 2) records sufficient to demonstrate that you sustained a covered injury; and 3) a copy of each signed Authorization for Health Information Forrn authorizing the release of records to the Program that you sent to each of your healthcare providers instructing that your records be submitted directly to the Program. 42 C.F.R. {1 10.51 (a).

You must arrange to have your providers submit the following medical records:

(I) All medical records documenting medical visits, procedures, consultations, and test results that occurred on or after the date of administration or use of the covered countenneasure; and

(2) All hospital records, including the admission history and physical examination, the discharge summagy, all physician subspecialty consultation reports, all physician and nursing progress notes, and all test results that occurred on or after the date of administration or use of the covered countermeasure; and

(3) All medical records for one year prior to administration or use of the covered countermeasure as necessary to indicate an injured counterneasure recipient's preexisting medical history.

(4) Proof of vaccination.

42 C.F.R. \1 10.506).

To date. the CICP has received copies of the signed "Authorization for Use or Disclosure of Health Information" förm(s) but has not received the necessary medical records from your providers.

Please complete the steps outlined below to ensure that the CICP receives your medical records and the Request for Benefits can be processed and evaluated for CICP medical eligibility.

1 . Complete an "Authorization for Use or Disclosure of Health Information" form for each healthcare provider that the requester visited, requesting records from the year prior to the use or administration of the countermeasure to the present. For example, if the requester received the covered countermeasure on January l , 202 1 , please request the records for the time period between January 1 , 2020, and the present date. If necessary, you can download additional "Authorization for Use or Disclosure of Health Information" forms from the CICP website: hUE.•:;www.hrsa.go\/cicp!filing-benefits.

2 Submit the completed "Authorization for Use or Disclosure of Health Information" form(s) to requesteös healthcare provider(s) so that they can send us the records AND mail a copy of each completed "Authorization for Use or Disclosure of Health Infbrmation•• törm(s) that you submitted to the CICP either online at this link: cicpsubmit.hrsa.gov, or to the following address:

Health Resources and Services Administration
Countermeasures Injury Compensation Program
5600 Fishers Lane, 14W-18
Rockville, MD 20857

If you have questions, please call 1-855-266-2427 or email the CICP at: CICP@HRSA.gov.

Very Respectfully,

Director
Division of Injury Compensation Program