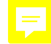
DEPARTMENT OF
VETERANS AFFAIRS
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

Official Business
Penalty for Private Use, $300

DEPARTMENT OF VETERANS AFFAIRS



August 24, 2017

ANTHONY OCONNELL
439 S VISTA DEL RIO
GREEN VALLEY, AZ 85614

What is in:
"345/AJN
File Number:25163900
Anthony OConnell"?
Referring it to would be
interpreted as my
agreeing to it?

In reply, refer to:
345/AJN
File Number: 25163990
ANTHONY OCONNELL

Dear Mr. OCONNELL:

On August 18, 2017, we received email correspondence from the Office of the Secretary regarding your request to expose the document trail of the POA you submitted with the Prescott VA Medical Center in 2009.

- On this email you are requesting a copy of the original inquiry submitted to Secretary Shulkin's Office, as you have submitted previous inquiries. We have attached the original email request you submitted to the Office of the Secretary. We are also attaching VA Form 10-5345a, Individual's Request for a Copy of Their Own Health Information. This form will assist in gathering and requesting any VA medical documents you need.

- You indicated that you did not understand the appointing of Arizona Department of Veterans Services (ADVS) as your POA. We have attached the VA Form 21-22 that you signed on July 16, 2016, appointing Arizona Department of Veterans Services (ADVS) as your POA. This POA is appointed for assistance with compensation benefits and it is not appointed for medical purposes with the Tucson or Prescott VA Medical Centers.

On August 1, 2017, we received email correspondence from the Office of the Secretary where you are requesting assistance in rescinding your medical POA with the Tucson VA Medical Center.

- If you need assistance in rescinding your medical POA please submit this request in writing to the VA Medical Center.

A copy of the above referenced documents have been associated with your record and are being returned to you.

If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

File Number: 25163990
OCONNELL, ANTHONY

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached *Where to Send Your Written Correspondence.*

In all cases, be sure to refer to your VA file number, 25163990.

If you are looking for general information about benefits and eligibility, you should visit our website at http://www.va.gov or search the Frequently Asked Questions (FAQs) at http://iris.va.gov.

We sent a copy of this letter to your representative, ARIZONA DEPARTMENT OF VETERANS' SERVICES, whom you can also contact if you have questions or need assistance.

Sincerely yours,

Regional Office Director

Enclosures: Where to Send Your Written Correspondence
Email correspondence

cc: ARIZONA DEPARTMENT OF VETERANS' SERVICES

Where to Send Your Written Correspondence
In order to properly determine where to send your written correspondence, please first identify your benefit type (Compensation, Veterans Pension, or Survivor Benefits); then, locate the corresponding address based on your location of residence.

For correspondence relating to all **Compensation** claims:

Location of Residence	Address
All United States and Foreign Locations ***Note**: For foreign Veterans Pension and Survivor Benefits please refer to the below addresses.	Department Of Veterans Affairs Evidence Intake Center **P.O. Box 4444** Janesville, WI, 53547-4444 Or fax your information to: Toll Free: 844-531-7818 Local: 248-524-4260

For correspondence relating to all **Veterans Pension** and **Survivor Benefit** claims:

Location of Residence			Address
Alabama Arkansas Illinois Indiana	Kentucky Louisiana Michigan Mississippi	Missouri Ohio Tennessee Wisconsin	Department Of Veterans Affairs Claims Intake Center Attention: Milwaukee Pension Center **P.O. Box 5192** Janesville, WI 53547-5192 Or fax your information to: Toll Free: (844) 655-1604
Alaska Arizona California Colorado Hawaii Idaho Iowa Kansas Minnesota	Montana Nebraska Nevada New Mexico North Dakota Oklahoma Oregon South Dakota	Texas Utah Washington Wyoming Mexico Central America South America Caribbean	Department Of Veterans Affairs Claims Intake Center Attention: St. Paul Pension Center **P.O. Box 5365** Janesville, WI 53547-5365 Or fax your information to: Toll Free: (844) 655-1604
Connecticut Delaware Florida Georgia Maine Maryland Massachusetts Countries outside of North, Central or South America	New Hampshire New Jersey New York North Carolina Pennsylvania Rhode Island	South Carolina Vermont Virginia West Virginia District of Columbia Puerto Rico Canada	Department Of Veterans Affairs Claims Intake Center Attention: Philadelphia Pension Center **P.O. Box 5206** Janesville, WI 53547-5206 Or fax your information to: Toll Free: (844) 655-1604

From: SECVA Inquiry
Sent: Monday, July 24, 2017 10:30 AM
To: 'anthonymineroconnell@gmail.com'
Subject: RE: [EXTERNAL] Power of Attorney

Mr. O'Connell,

The Secretary has received your email dated 23 July 2017. He has forwarded your inquiry to VBA leadership for review and direct feedback to you, and someone will contact you within 14 business days. Thank you for your communication.

**Please note that this email address does not accept replies.

Office of Client Relations - Office of the Secretary
Department of Veterans Affairs
810 Vermont Ave NW
Washington DC 20420

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]
Sent: Sunday, July 23, 2017 2:17 PM
To: Shulkin, David J., MD
Subject: [EXTERNAL] Power of Attorney

Dear VA Secretary David Shulkin:

The Tucson VA's refusal to release my Power of Attorney is wrong. Can we fix it? http://www.tucsonva.com/poa/poa-homeX.html

Sincerely,

Anthony OConnell 7637

Objective - Courteous - Respectful

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]
Sent: Tuesday, August 08, 2017 8:08 AM
To: Shulkin, David J., MD
Subject: [EXTERNAL] Can the VA expose this POA trail?

Dear VA Secretary David Shulkin:

Can the VA expose the document trail of the POA ("VA Advanced Directive: Durable Power of Attorney For Health Care and Living Will, VA Form 10-0137") I gave the Prescott VA shortly after January 30, 2009? If VA trails can't be exposed the VA can't be fixed.
http://www.tucsonva.com/poa/poa-home.html

Anthony OConnell 7637

OMB Approved No. 2900-0321
Respondent Burden: 5 Mins.

Department of Veterans Affairs

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

NOTE - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual as Claimant's Representative." VA Forms are available at www.va.gov/vaforms .

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM

1. LAST-FIRST-MIDDLE NAME OF VETERAN: O'Connell Anthony M

2. VA FILE NUMBER *(Include prefix)*: 25 183 990

3A. NAME OF THE SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS *(See list on reverse side before selecting organization)*: 045 - Arizona Department of Veterans Services

3B. NAME AND JOB TITLE OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 3A *(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)*: James Louis, VBC

3C. E-MAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 3A: lescott@azdvs.gov

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

4. SOCIAL SECURITY NUMBER (OR SERVICE NUMBER, IF NO SSN): 225-52-7637

5. INSURANCE NUMBER(S) *(Include letter prefix)*:

6. NAME OF CLAIMANT *(If other than veteran)*:

7. RELATIONSHIP TO VETERAN:

8. ADDRESS OF CLAIMANT *(No. and street or rural route, city or P.O., State and ZIP Code)*:
439 South Vista Del Rio
Green Valley AZ 85614

9. CLAIMANT'S TELEPHONE NUMBERS *(Include Area Code)*
A. DAYTIME: None
B. EVENING: None

10. E-MAIL ADDRESS: anthonyminaroconnell@gmail.com

11. DATE OF THIS APPOINTMENT: 07-18-2016

12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.
By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.
[X] I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

13. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 12 except:
[ ] DRUG ABUSE
[ ] ALCOHOLISM OR ALCOHOL ABUSE
[ ] INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
[ ] SICKLE CELL ANEMIA

14. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 3A to act on my behalf to change my address in my VA records.
[X] I authorize any official representative of the organization named in Item 3A to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 3A is not my appointed fiduciary.

I, the claimant named in Items 1 or 6, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.*

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

15. SIGNATURE OF VETERAN OR CLAIMANT *(Do Not Print)*: [signature]

16. DATE SIGNED: 07-18-2016

17. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 3B *(Do Not Print)*: [signature]

18. DATE SIGNED: 07-18-2016

RECEIVED 2016 JUL 18 AM

VA USE ONLY	VA FORM 21-22 SENT TO: [ ] VR&E FILE [ ] LG FILE [ ] EDU FILE [ ] INSURANCE FILE	DATE SENT	ACKNOWLEDGED *(Date)*	REVOKED *(Reason and date)*

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

Anthony OConnell <anthonymineroconnell@gmail.com>

Can we expose the trail of the POA I gave the Prescott VA a few days after 2009?

1 message

Anthony OConnell <anthonymineroconnell@gmail.com> Fri, Aug 4, 2017 at 8:15 PM
To: david.shulkin@va.gov

Dear Secrecy Shulkin:

Can we expose the trail of the POA I gave the Prescott VA a few days after January 30, 2009? The Phoenix VA's email of August 1, 2017, muddles the POA trail beyond recognition.

Thank you.
Anthony OConnell 7637
http://www.tucsonva.com/poa/poa-home.html

* * *

Response to your White House inquiry
1 message
Burkett, Vesta, VBAPHNX <Vesta.Burkett@va.gov >
Tue Aug 1, 2017 at 9:43 AM
To: anthonymineroconnell@gmail.com <anthonymineroconnell@gmail.com>
Dear Mr. O'Connell"
Thank you for your recent inquiry to Secretary Shulkin regarding your POA on file with the Tucson VA. Upon review of your compensation file a Power of Attorney is listed as received with your signature on 7/18/16 for compensation claim and appeal purposes appointing Arizona Department of Veterans Services as your POA. If you would like to remove your POA at any†time, please send us a written request stating your wish with the effective date and it will be processed accordingly. At this time there is no listing that you have a POA on file at the Tucson VA Medical Center. You†patience is appreciated while this matter was reviewed for resolution. If you have any additional questions or concerns please, feel free to contact me back at your earliest convenience using the contact information below
With sincere appreciation for your service to our country"Vesta Burkett
Public Contact Team Outreach Specialist
Phoenix VARO
602 627-2980
Vesta burkett@va.gov

Your email of August 1, 2017, at 9:43 am
Tue, Aug 1, 2017 at 2:43 PM
To: vesta.burkett@va.gov
Dear Vesta Burkett of the Phoenix VA:
Thank you for your email of August 1, 2017, at 9:43 am.
I have two requests. Your email says, in part:

1) "Thank you for your recent inquiry to Secretary Shulkin regarding your POA on file with the Tucson VA."

I have written Secretary Shulkin a lot. Please identify or send me a copy of the "your recent inquiry".

2) "Upon review of your compensation file a Power of Attorney is listed as received with your signature on 7/18/16 for compensation claim and appeal purposes appointing Arizona Department of Veterans Services as your POA."

I don't understand this. Please send me a copy of this.

Thank you.
Anthony OConnell

2 attachments

Department of Veterans Affairs

INDIVIDUALS' REQUEST FOR A COPY OF THEIR OWN HEALTH INFORMATION

PRIVACY ACT INFORMATION

The purpose of this form is to provide an individual the means to make a written request for a copy of their information maintained by the Department of Veteran Affairs (VA) in accordance with 38 CFR 1.577. The information on this form is requested under Title 38 U.S.C. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Address of VA Health Care Facility)*

LAST NAME- FIRST NAME- MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH

DESCRIPTION OF INFORMATION REQUESTED

Check applicable box(es) and state the extent or nature of information to be provided:

- ☐ HEALTH SUMMARY *(Prior 2 Years)*
- ☐ INPATIENT DISCHARGE SUMMARY *(Dates)*: ____
- ☐ PROGRESS NOTES:
  - ☐ SPECIFIC CLINICS *(Name & Date Range)*: ____
  - ☐ SPECIFIC PROVIDERS *(Name & Date Range)*: ____
  - ☐ DATE RANGE: ____
- ☐ OPERATIVE/CLINICAL PROCEDURES *(Name & Date)*: ____
- ☐ LAB RESULTS:
  - ☐ SPECIFIC TESTS *(Name & Date)*: ____
  - ☐ DATE RANGE: ____
- ☐ RADIOLOGY REPORTS *(Name & Date)*: ____
- ☐ LIST OF ACTIVE MEDICATIONS ____
- ☐ OTHER *(Describe)*: ____

COPY OF HEALTH INFORMATION IS TO BE DELIVERED TO THE INDIVIDUAL

☐ PAPER ☐ CD-ROM ☐ OTHER: ____

☐ IN-PERSON PICK-UP, PROVIDE CONTACT PHONE NUMBER: ____

☐ MAIL TO ADDRESS:

PATIENT SIGNATURE *(Sign in ink)*	DATE *(mm/dd/yyyy)*

NOTE: If signed by someone other than the individual, indicate the authority (e.g. guardianship or power of attorney) under which request is made.