



**Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report**



2024-3954

Officer Involved Critical Incident - 3487 Belmont Avenue,
Youngstown, Ohio, 44505

Investigative Activity: Mercy Health - St. Elizabeth Youngstown Hospital Medical Records Review

Involves: Jason A. Cain (S)

Activity Date: 01/29/2025

Activity Location: 4055 Highlander Parkway, Richfield, Ohio 44286

Authoring Agent: SA Eric Lehnhart

Narrative:

On Thursday, January 23, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Eric Lehnhart (SA Lehnhart) received Jason A. Cain's (Cain) medical records from Mercy Health - St. Elizabeth Youngstown Hospital. The records were obtained pursuant to a court order. SA Lehnhart reviewed the medical records and noted the following:

Cain's medical records consisted of 1,335 pages.

[REDACTED]

[REDACTED]

Although hospital drug screen results are for medical purposes only and should not be considered definitive or confirmed [REDACTED]

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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The content of this investigative report is not intended to be a substitute for professional medical advice, diagnosis, treatment, or analysis. Reliance on any information provided by Special Agent Lehnhart or any supporting employee of the Ohio Attorney General's Office is solely at your own risk. Please refer to the attached records for further details.

The medical records obtained are attached to this report.

References:

None

Attachments:

1. Medical Records - Court Order
2. Medical Records - Jason Cain

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IN THE COURT OF COMMON PLEAS
TRUMBULL COUNTY, OHIO

Plaintiff) JUDGE RONALD J. RICE
-vs-)
SECRET,) IN RE: COURT ORDER
Defendant) RELATING TO A
) SUBPOENA OF MEDICAL
) RECORDS
)

Upon application of the Prosecuting Attorney, pursuant to the Grand Jury having issued a Subpoena Duces Tecum for a certified copy of Medical records of, **JASON A. CAIN** (DOB 04/05/93; SSN [REDACTED]) for treatment from December 16, 2024 till end of treatment, from St. Elizabeth's Youngstown Hospital, the Court hereby orders that St. Elizabeth's Youngstown Hospital records librarian produce a **certified copy** of all medical records to include all toxicology, and radiology reports, to the Trumbull County Prosecutor's Office or their agent for further processing in front of the Trumbull County Grand Jury on or before January 24, 2025.

This court hereby orders the medical records librarian send all records to the Trumbull County Prosecutor's Office, 160 High Street, 4th Floor, Warren, Ohio 44481 c/o Attorney Christopher D. Becker 330-675-6647.

01/08/2025
DATED



HONORABLE RONALD J. RICE
COURT OF COMMON PLEAS
TRUMBULL COUNTY, OHIO

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HONORABLE RONALD J. RICE
COURT OF COMMON PLEAS
TRUMBULL COUNTY, OHIO

E-Request ID: _____

Model Attestation Regarding a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care

(The entire form must be completed for the attestation to be valid.) This attestation document may be provided in electronic format, and electronically signed by the person requesting protected health information when the electronic signature is valid under applicable Federal and state law.)

Name of person(s) or specific identification of the class of persons to receive the requested PHI. (e.g., name of investigator and/or agency making the request):

S.A. Joseph Gandy - Ohio BCI

Name or other specific identification of the person or class of persons from whom you are requesting the use or disclosure. (e.g., name of covered entity or business associate that maintains the PHI and/or name of their workforce member who handles requests for PHI):

St Elizabeth's Hospital - Youngstown

Description of specific PHI requested, including name(s) of individual(s), if practicable, or a description of the class of individuals, whose protected health information you are requesting. (e.g., visit summary for [name of individual] on [date]; list of individuals who obtained [name of prescription medication] between [date range]):

Jason A. Cain 12-16-24 thru 12-19-24

I attest that the use or disclosure of PHI that I am requesting is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii) because of one of the following (check one box):

The purpose of the use or disclosure of protected health information is not to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.

The purpose of the use or disclosure of protected health information is to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was not lawful under the circumstances in which it was provided.

I understand that I may be subject to criminal penalties pursuant to 42 U.S.C. 1320d-6 if I knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.

Signature of the person requesting the PHI

Date: 1-16-25

Naell M. Schell
Printed Name: Naell Schell

If you have signed as a representative of the person requesting PHI, provide a description of your authority to act for that person: _____

Ciox Health - PAYMENTS ONLY

P.O. Box 409822
Atlanta, GA 30384-9822
Fed Tax ID 58 - 2659941
1-800-367-1500

Date
01/22/2025
Request ID #
0491857241

Ship To:

Christopher D Becker
TRUMBULL CO PROSECUTING ATTY
160 HIGH ST NW
FL 4
WARREN,OH 44481-1005

Requested By: TRUMBULL CO PROSECUTING ATTY

Patient Name: CAIN JASON

DOB : 04/05/1993

Records From:

MERCY SUBPOENA OHIO
947 S WHEELING ST
OREGON,OH 43616-3210



Datavant - Release of Information Vendor

Patient Name: Jason Cain

Date of Birth: 4/5/1993

Court Case #: _____

CERTIFICATION OF RECORDS

Enclosed are the medical records of Jason Cain. Datavant is producing the records as the Health Insurance Portability and Accountability Act business associate or other qualifying individual of Mercy Youngstown Market and pursuant to a subpoena or patient authorized request issued to Mercy Youngstown Market. Please accept this document as certification of the records produced herewith. The records you requested are maintained by Mercy Youngstown Market. The records produced herewith are accurate, complete, true, and correct copies of all records retrieved by Datavant from the Mercy Youngstown Market medical records pursuant to your request.

Number of pages: 1331

Includes billing records: ~~xx~~ / no

Number of Images/CDs: 0

Date: 1/22/2025

Cheryl Toth

Datavant Representative

Release of Information Vendor for

Mercy Youngstown Market

For questions regarding this request, please contact 844-242-5477. Thank you.