

# Temple Behavioral Healthcare Hospital Inc in Temple - Psychiatric Hospital

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## Temple Behavioral Healthcare Hospital Inc - NPI 1427671064

Temple Behavioral Healthcare Hospital Inc is a Psychiatric Hospital in Temple, Texas. The NPI Number for Temple Behavioral Healthcare Hospital Inc is 1427671064.

The current location address for Temple Behavioral Healthcare Hospital Inc is 1201 Canyon Creek Dr, , Temple, Texas and the contact number is 512-544-8279 and fax number is --. The mailing address for Temple Behavioral Healthcare Hospital Inc is 1201 Canyon Creek Dr, , Temple, Texas - 76502 (mailing address contact number - 512-544-8279).

### Provider Profile Details:

|                                    |   |
|------------------------------------|---|
| Provider Name                      | TEMPLE BEHAVIORAL HEALTHCARE HOSPITAL INC         |
| Other Name                         | Temple Behavioral Healthcare Hospital Inc         |
| Address                            | 1201 Canyon Creek Dr, ,<br>Temple<br>Texas, 76502 |
| Phone Number                       | 512-544-8279                                      |
| Fax Number                         | --  |
| Authorized Official Name           | Steve Filton                                      |
| Authorized Official Title/Position | Vice President                                    |
| Authorized Official Contact Number | 610-768-3300                                      |

### NPI Number Details:

NPI Number 1427671064  
 Provider Enumeration Date 05/18/2020  
 Last Update Date 05/18/2020

Other NPI Numbers Associated with this Address:

| NPI Number | Org Name | Type | Phone |
|------------|----------|------|-------|
|------------|----------|------|-------|

Provider Business Mailing Address Details:

Address 1201 Canyon Creek Dr,  
 City Temple  
 State Texas  
 Zip 76502  
 Phone Number 512-544-8279  
 Fax Number --

Provider's Primary Taxonomy Details:

Type Hospitals  
 Speciality Psychiatric Hospital  
 Taxonomy 283Q00000X

Definition:  
 An organization including a physical plant and personnel that provides multidisciplinary diagnostic and treatment mental health services to patients requiring the safety, security, and shelter of the inpatient or partial hospitalization settings.

Provider's Legacy Identifiers: (Medicare, Medicaid, UPIN)

| Identifier | Identifier Type | Identifier State | Identifier Issuer |
|------------|-----------------|------------------|-------------------|
|------------|-----------------|------------------|-------------------|

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10/21/2021 3:45:18 PM  
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kdr@bcm

No. 21CM15770

HE STATE OF TEXAS                                   §       IN THE COUNTY COURT AT LAW #1  
For the Best Interest and Protection of J.       §       OF  
D.   §       BELL COUNTY, TEXAS

**NOTICE OF HEARING,  
COURT-ORDERED TEMPORARY MENTAL HEALTH SERVICES**


To: **JAMES DRISKILL**

You are hereby notified, pursuant to an Application for Court-Ordered Temporary Mental Health Service, supported by a Certificate of Medical Examination for Mental Illness, on November 01, 2021 at 9:00 AM at County Court at Law #1 in Bell County, Texas, a hearing will be held on the attached Application to determine whether or not you are mentally ill and meet the criteria for Court-Ordered mental health services for a period not to exceed 45 days. Said hearing will be before the Court unless a trial by jury is requested by you or your attorney. You have the right to be present, but your presence may be waived by you or your Attorney.

You are advised that Attorney at Law, JON JON MCDURMITT, PO BOX 855 BELTON TX 76513 has been appointed to represent you; however, you may obtain your own counsel at your own expense. You may consult with your Attorney concerning the Application and your rights in this case.

Issued on October 21, 2021

**Shelley Coston**  
County Clerk  
Bell County, Texas  
*DKaura*



**Officer's Return**

Came to hand on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_M., and executed in \_\_\_\_\_ County, Texas, by delivering to the within named \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_M., \_\_\_\_\_ in person, a true copy of this notice with a true and correct copy of the petition thereto attached.

To certify which witness by hand officially, \_\_\_\_\_ Sheriff/Constable  
\_\_\_\_\_ County, Texas  
By: \_\_\_\_\_ Deputy



# Audio Spoken Voice

Wow Just Wow ---

I hold the DOCUMENTS REAL --- -

[ Something Wrong With My Textbox Composing --- Posting As Is --- Will Edit

"Unchallenged Respect For Authority Is The Greatest Enemy Of Truth"

-Anounmou8s -- Let us Assign Such Quotes Upon God's Divine Love

=====

This post is not spam --- release the forum ban for my other account James Driskill for the moderator interference ---- or the naming of defendants to this hate conspiracy coverup will include NPINO.COM -- I guarantee you --- My attention to detail is on key --- to break an exposed and also court level beyond a reasonable doubt massive mischievous marvel of molding muck conspiracy,

Since Gangstalking creates a break in security --- I am an open book to the documentation of my medical records --- so consent to publish is affirmed here. Accepting the need of format to publish respects my rights of action, and if you do it again, flagging this as spam --- only goes to confirm your knowing truth of these stated facts and you are an enemy of the truth involved in actions of society wide agnotology. Time to give up the hate agenda in this nightmare experienced ---

Leading to My Discharge Papers --- and what was in play to have my life taken away COMMITTED PROTECTIVE CUSTODY --- Would that be FOREVERMORE CRUELTY set forth involved in conspiracy..

I DEMAND A COMMUNITY AFFAIRS LEGAL CAPACITY TO SET THE RECORD AND THE TRUTH ON THE NEW PATH OF GREATNESS -- REVEALING THE HARM BEING IMPOSED ONTO OUR ENTIRE NATION.

----

Written in an email having Humana addressing:

I am making DEMANDS for REFUND --- DEMANDS ALL STAFF THAT I ENCOUNTERED INTERVIEWED TO PLACE THE KNOWING OF THIS IS HAPPENING --- TO DENOUNCE THEIR

KNOWING OF SUCH PRACTICES ARE ILLEGAL --- AND A FULL AND COMPLETE SIGNED APOLOGY SIGNED BY THE MENTAL HEALTH PROFESSIONS THAT I WAS GIVEN THE INFORMED

KNOWLEDGE OF PATIENT HISTORY THAT IS RELEVANT TO MY MENTAL HEALTH PRESENTATION -- AND REQUIRED UNDERSTANDING TO FORWARD TREATMENT

GIVEN TO ACKNOWLEDGE THE PUBLISHED RESEARCH FINDINGS IN THE SUBJECT OF MENTAL HEALTH AT THE NATIONAL INSTITUTES OF HEALTH DOCUMENT ARCHIVE.

ASKING FOR A DOCTOR PROVIDER TO PERFORM AN SIMPLE INSTRUCTION TO PERFORM THIS OUTSIDE OF A COURT ORDER DEMAND IS ABSOLUTELY INSULT AFTER INSULT!

IMPOSSIBLE FOR THE PROFESSIONAL MEANS TO ADJUST THE AGNOTOLOGY AFFECT IN THIS FIELD OF A GREAT BLUNDER OF MENTAL ABUSE EFFECTING

NOTED PUBLISHED TENS OF THOUSANDS AND MUCH MORE PERSONS [ Citizen's ] REPORTING AND IDENTIFIED A TARGETED INDIVIDUALS OF GANG STALKING.

I DEMAND THE "LEGAL CAPACITY" TO PLACE THESE TRUTHS ONTO THE SCOPE OF NATIONAL WAY TO FIX THE DEEDS OF MENTAL ABUSE --- GREAT HARMS!

INSTILLED TO CONTINUE HAPPENING ---- YOU HATERS DROP THE HATE --- RESTATE AND FIX THE TRUTH AND THE CORRUPTION OF AGNOTOLOGY ACROSS

THIS FIELD OF MEDICINE HAS THEIR OWN SICKNESS THAT IS AN INFECTED AGENDA THAT IS DESTRUCTIVE TO OUR NATIONS TRUST -- YOU ALL ARE BUSTED! FALL DOWN ON YOUR OWN SWORDS!

IN COURT IN THE PUBLIC VIEW FOR THE KNOWING OF PUBLIC INTERESTS --- PUBLIC DISCUSSION TOOL OF DISQUS ATTACHED TO NPI RECORDS.

We Can Back Up To An 58 Day Stay at the Williamson County Correctional Facility JailHouse ---- and the YouTube Casting of Local News to the News Accounts of Sheriff Department Abuse and Wrongdoing --- the Corruption instilled into community -- in view of Mental Health and Jail and the incarceration of persons in jail --- Correctional? Nah -- What I encountered is serious violations in view of jail house standards --- administration of jail house out of original built specification ---



This is running congruent to this conspiracy -- directly relevant

Directed To Court Appointed Attorney Todd VerWiere As An Introduction To These Circumstances That MUST BE ACKNOWLEDGED and MUST BE ADDRESSED and MUST BE FIXED:

OGG Audio: Playtime 7 Minutes

Fuck You All Haters

https://uploads.disquscdn.c...

Filed for Record  
10/21/2021 3:42:35 PM  
Shelby County  
Court Clerk, Bell Co, Texas  
kolnadm

No. 21CMI15770

THE STATE OF TEXAS    §     IN THE COUNTY COURT AT LAW #1  
for the Best Interest and Protection of               §     OF  
J. D.     §     BELL COUNTY, TEXAS

**NOTIFICATION OF PROBABLE CAUSE HEARING**

On October 21, 2021, the Court heard evidence concerning the need for protective custody of **JAMES DRISKILL** (hereinafter referred to as Proposed Patient). The Proposed Patient was given the opportunity to challenge allegations that he/she presents a substantial risk of serious harm to self or others.

The Proposed Patient and their Attorney **JON JON MCDURMITT**, have been given written notice that the Proposed Patient was placed under an Order of Protective Custody and the reasons for such order on October 19, 2021.

I have examined the Certificate of Medical Examination for Mental Illness  
Prepared by: **CARA MCDERMOTT, DO**

Based upon this evidence, I find that there is probable cause to believe that the Proposed Patient presents a substantial risk of  
 serious harm to self  
 serious harm to others

such that they cannot be at liberty pending a final hearing because the patient presents a substantial risk of serious harm to self and/or others. *glo* (initial)


A copy of the Notification of Probable Cause Hearing and the supporting evidence shall also be filed with the County Court which entered the original Order of Protective Custody.

Signed this 21<sup>st</sup> day of October, 2021.

*[Signature]*  
Judge Presiding

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Admit date: <u>10.14.21</u>   |  | Discharge date: <u>11.3.21</u>                     |  | Time of discharge: <u>1300</u>   |  |
| Discharge Status <input type="checkbox"/> Scheduled <input type="checkbox"/> AMA <input type="checkbox"/> Other: _____  |  |  |  |  |  |
| Discharge Disposition:  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Home with: <u>Family</u>  |  | <input type="checkbox"/> Inpatient Facility:       |  | <input type="checkbox"/> Residential:  |  |
| <input type="checkbox"/> Nursing Home:  |  | <input type="checkbox"/> Shelter:                  |  | <input type="checkbox"/> Group home:   |  |
| <input type="checkbox"/> Other: _____   |  |  |  |  |  |
| MODE OF TRANSPORT: <input type="checkbox"/> SELF (private vehicle) <input type="checkbox"/> FAMILY MEMBER NAME/RELATIONSHIP   |  |  |  |  |  |
| <input type="checkbox"/> AMBULANCE <input type="checkbox"/> TAXI <input type="checkbox"/> POLICE/DETENTION STAFF <input type="checkbox"/> FACILITY TRANSPORTATION (PHP ONLY)  |  |  |  |  |  |
| <input checked="" type="checkbox"/> OTHER: <u>Ambulance</u>   |  |  |  |  |  |
| Follow-Up Appointments  |  |  |  |  |  |
| Name/Facility   |  | Address  |  | Phone Number   |  |
| MD:   |  |  |  | Ph: _____<br>Fax: _____  |  |
| Therapist:  |  |  |  | Ph: _____<br>Fax: _____  |  |
| PHI/OP:   |  |  |  | Ph: _____<br>Fax: _____  |  |
| Other: <u>Mental Health Systems</u>   |  | <u>10710 Santa Antonia Co Hwy</u>                  |  | Ph: <u>909.488.9824</u><br>Fax: _____  |  |
| Other aftercare services/referrals:   |  |  |  |  |  |
| <input type="checkbox"/> AA/NA  |  | <input type="checkbox"/> Support group             |  | <input type="checkbox"/> School/Education  |  |
| <input type="checkbox"/> Other: _____   |  | Alcohol/substance use treatment                    |  | <input type="checkbox"/> CINA <input checked="" type="checkbox"/> pt refused <input type="checkbox"/> referral made: _____ |  |
| <b>Safety Concerns:</b>   |  |  |  |  |  |
| If weapons, lethal medications or other lethal means of self-harm are present in the patient's home, have they been removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |  |  |  |  |
| Date: <u>11.03.21</u>   |  | Name or person contacted: <u>Veronica Driskill</u> |  | Response: <u>Weapons secured</u>   |  |

|  |  |                                |         |      |
|--|--|--------------------------------|---------|------|
| Guardian/Support Person (if Applicable): |  | Signature                      | Date    | Time |
| Social Worker/Therapist:                 |  | <i>Debra [Signature]</i> LPC-A | 11.3.21 | 1200 |
|  |  | Signature                      | Date    | Time |

|   |  |  |
|---|--|--|
|  | <b>Discharge Plan Part II</b><br>(Social Services) | DRISKILL, JAMES  |
|   |  | M# 000001131<br>09/01/1965 056 M<br>1001557-0012 10/14/2021<br>Z. RYDER MD |

Canyon Creek Behavioral Health  
1201 Canyon Creek Rd  
Temple, TX 76702

**\$900.00**  
11/02/2021 03:16:39 PM



---

Name: James Driskill      Dates of Service:

Account Number: 10015570012

Auth Code: 091614      *10-14-21 to 11-3-21*

**Authorization**  
I agree to pay the above total amount according to the card issuer agreement.

*x [Signature]*

Thank you for your payment.

### Search Hospitals

### Practice Location on Map



### More Hospitals in Temple, TX

**BAYLOR SCOTT & WHITE** ([//npino.com/hospital/1811371784-baylor-scott-%26-white/](https://npino.com/hospital/1811371784-baylor-scott-%26-white/) )  
General Acute Care Hospital  
NPI Number: 1811371784 ([//npino.com/hospital/1811371784-baylor-scott-%26-white/](https://npino.com/hospital/1811371784-baylor-scott-%26-white/) )  
Address: 2601 Thornton Lane, , Temple, TX, 76502  
Phone: 469-387-7569 Fax: --

**BAYLOR SCOTT & WHITE CONTINUING CARE HOSPITAL** ([//npino.com/hospital/1013085083-](https://npino.com/hospital/1013085083-)



**baylor-scott-%26-white-continuing-care-hospital/ )**

Long Term Care Hospital

NPI Number: 1013085083 ([//npino.com/hospital/1013085083-baylor-scott-%26-white-continuing-care-hospital/](https://npino.com/hospital/1013085083-baylor-scott-%26-white-continuing-care-hospital/) )

Address: 546 N Kegley Rd, , Temple, TX, 76502

Phone: 254-215-0888 Fax: 254-724-1667

**BAYLOR SCOTT & WHITE MEDICAL CENTER - TEMPLE ([//npino.com/hospital/1477516466-baylor-scott-%26-white-medical-center--temple/](https://npino.com/hospital/1477516466-baylor-scott-%26-white-medical-center--temple/) )**

General Acute Care Hospital

NPI Number: 1477516466 ([//npino.com/hospital/1477516466-baylor-scott-%26-white-medical-center--temple/](https://npino.com/hospital/1477516466-baylor-scott-%26-white-medical-center--temple/) )

Address: 2401 S 31st St, , Temple, TX, 76508

Phone: 254-724-2111 Fax: --

**CENTAL TEXAS VETERANS HEALTH CARE SYSTEM ([//npino.com/hospital/1437160371-cental-texas-veterans-health-care-system/](https://npino.com/hospital/1437160371-cental-texas-veterans-health-care-system/) )**

General Acute Care Hospital

NPI Number: 1437160371 ([//npino.com/hospital/1437160371-cental-texas-veterans-health-care-system/](https://npino.com/hospital/1437160371-cental-texas-veterans-health-care-system/) )

Address: 1901 S 1st St, , Temple, TX, 76504

Phone: 254-743-2783 Fax: --

## Hospital Types

### Acute General Hospital

An acute general hospital is an institution whose primary function is to provide inpatient diagnostic and therapeutic services for a variety of medical conditions, both surgical and non-surgical, to a wide population group. The hospital treats patients in an acute phase of illness or injury, characterized by a single episode or a fairly short duration, from which the patient returns to his or her normal or previous level of activity.

### Psychiatric Hospital

An organization including a physical plant and personnel that provides multidisciplinary diagnostic and treatment mental health services to patients requiring the safety, security, and shelter of the inpatient or partial hospitalization settings.

### Long Term Care Hospital

Long-term care hospitals (LTCHs) furnish extended medical and rehabilitative care to individuals who are clinically complex and have multiple acute or chronic conditions.

### Rehabilitation Hospital

A hospital or facility that provides health-related, social and/or vocational services to disabled persons to help them attain their maximum functional capacity.

### Chronic Disease Hospital

A hospital including a physical plant and personnel that provides multidisciplinary diagnosis and treatment for diseases that have one or more of the following characteristics: is permanent; leaves residual disability; is caused by nonreversible pathological alteration; requires special training of the patient for rehabilitation; and/or may be expected to require a long period of supervision or care. In addition, patients require the safety, security, and shelter of these specialized inpatient or partial hospitalization settings.

**What is a NPI Number?** : The National Provider Identifier (NPI) is a unique identification number for covered health care providers. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA (Health Insurance Portability and Accountability Act).

**Where NPI should be used?** : The NPI must be used in place of legacy provider identifiers, such as a Unique Provider Identification Number (UPIN), Online Survey Certification & Reporting (OSCAR) and National Supplier Clearinghouse (NSC) in HIPAA standard transactions. There are two categories of health care providers for NPI enumeration purposes. Entity Type 1 providers are individual providers who render health care (e.g., physicians, dentists, nurses). Sole proprietors and sole proprietorships are Entity Type 1 (Individual) providers. Organization health care providers (e.g., hospitals, home health agencies, ambulance companies) are considered Entity Type 2 (Organization) providers.

**Who must obtain NPI?** : All health care providers who are HIPAA-covered entities, whether they are individuals (e.g., physicians, nurses, dentists, chiropractors, physical therapists, or pharmacists) or organizations (e.g., hospitals, home health agencies, clinics, nursing homes, residential treatment centers, laboratories, ambulance companies, group practices, Health Maintenance Organizations [HMOs], suppliers of durable medical equipment, pharmacies) must obtain an NPI. The NPI will be used by HIPAA-covered entities (e.g., health plans, health care clearinghouses, and certain health care providers) to identify health care providers in HIPAA standard transactions. A covered health care provider, under HIPAA, is any health care provider who transmits health information in electronic form in connection with a transaction for which the Secretary of Health and Human Services has adopted a standard, even if the health care provider uses a business associate to do so.

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