

Debra Miller, Individually and as Personal
Representative of the Estate of Melinda Smith,

Plaintiff,

vs.

UHS of Greenville, LLC d/b/a The Carolina Center
for Behavioral Health and John and Jane Does 1-10

Defendant.

IN THE COURT OF COMMON PLEAS
FOR THE THIRTEENTH JUDICIAL CIRCUIT

CASE NO.: _____

**NOTICE OF INTENT TO FILE SUIT
IN A MEDICAL MALPRACTICE CASE**

The Plaintiff, Debra Miller, as Personal Representative of the Estate of Melinda Rae Smith, complaining of the Defendants, pursuant to S.C. Code Ann. § 15-79-125, files this Notice of Intent to File Suit in a medical malpractice case against the Defendant, UHS of Greenville, LLC d/b/a The Carolina Center for Behavioral Health. Attached hereto as "Exhibit A" and incorporated by reference is a short and plain statement of facts relevant to this claim. Attached as "Exhibit B" and incorporated by reference is an affidavit from an expert delineating at least one negligent act or omission giving rise to this case, as well as that expert's curriculum vitae. Attached as "Exhibit C" are Answers to Standard Interrogatories, as set forth in S.C.R.C.P. 33(b).

Respectfully submitted,

CLAWSON FARGNOLI, LLC

s/ Samuel R. Clawson, Jr.
Samuel R. Clawson, Jr. (SC Bar #76065)
Christy R. Fagnoli (SC Bar #77525)
474 King Street, Suite D
Charleston, South Carolina 29403
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Charleston, South Carolina
July 31, 2018

Exhibit A

Debra Miller, Individually and as Personal
Representative of the Estate of Melinda Smith,

Plaintiff,

vs.

UHS of Greenville, LLC d/b/a The Carolina Center
for Behavioral Health and John and Jane Does 1-10

Defendant.

IN THE COURT OF COMMON PLEAS
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CASE NO.: _____

SHORT AND PLAIN STATEMENT OF FACTS

The Plaintiff, Debra Miller, Individually and as Personal Representative of the Estate of Melinda Rae Smith, sets forth the following short and plain statement of facts relevant to this claim:

1. Plaintiff, Debra Miller ("Ms. Miller"), is a citizen and resident of Spartanburg County, South Carolina and is the duly appointed Personal Representative of the Estate of Melinda Smith.
2. Defendant, UHS of Greenville, LLC ("UHS"), is a company organized in the State of Delaware that is licensed to operate in, owns or leases property in, and regularly transacts business in Greenville County, South Carolina.
3. UHS is a health care institution that characterizes itself as a provider of behavioral health care services, including psychiatric and substance abuse disorders, with comprehensive, individualized treatment that meets the complex needs of each patient.
4. UHS provides the aforementioned health care services under the name The Carolina Center for Behavioral Health ("Carolina Center"), which is an inpatient health care facility in Greenville County, South Carolina.
5. Defendants John and Jane Does 1-10 are health care providers and employees, agents, servants and/or representatives of UHS, who provide the aforementioned health care services at the Carolina Center.
6. UHS is directly liable for any negligence in failing to properly and adequately hire, train, supervise

and, retain John and Jane Does 1-10.

7. UHS is vicariously liable for any negligent acts or omissions of John and Jane Does 1-10 via the doctrines of respondeat superior and / or agency.
8. Melinda Smith ("Ms. Smith") voluntarily admitted herself into the Carolina Center on February 11, 2016 to seek assistance with alcohol dependence, opioid dependence and depression.
9. UHS and John and Jane Does 1-10 failed to obtain a complete and accurate history from Ms. Smith.
10. UHS and John and Jane Does 1-10 failed to conduct a complete and accurate physical examination of Ms. Smith.
11. UHS and John and Jane Does 1-10 failed to generate a complete and accurate clinical assessment of Ms. Smith's conditions and diagnoses.
12. UHS and John and Jane Does 1-10 failed to develop a safe and appropriate initial treatment plan for Ms. Smith.
13. UHS and John and Jane Does 1-10 failed to fully and properly implement the unsafe and inappropriate treatment plan that was developed for Ms. Smith, including failing to accurately confirm the current dosages of Ms. Smith's medications and failing to prescribe and administer safe and appropriate combinations of medications in safe and appropriate dosages.
14. UHS and John and Jane Does 1-10 failed to properly monitor Ms. Smith's condition while under their care, including failing to check in and assess her condition at appropriate time intervals.
15. UHS and John and Jane Does 1-10 failed to properly document Ms. Smith's changes in condition, including obvious signs of narcotic intoxication and medication overdose, such as poor concentration, visual hallucinations, confusion, sedation, decreased oxygen saturation levels, agonal breathing, and failure to respond to a sternal rub.
16. UHS and John and Jane Does 1-10 failed to timely relay information to each other regarding Ms. Smith's obviously deteriorating condition and to adjust the treatment plan accordingly.

17. UHS and John and Jane Does 1-10 failed to properly respond when Ms. Smith was discovered unresponsive and in an active dying process on February 13, 2016, including failing to provide appropriate emergency care and failing to contact emergency medical services in a timely fashion.
18. Ms. Smith was eventually transported by EMS to a hospital, where she endured conscious pain and suffering during the sixteen days that she was hospitalized from the date of the incident at Carolina Center on February 13, 2016 to the date of her death on February 28, 2016.
19. Ms. Smith died as a result of narcotic intoxication, specifically a Methadone overdose that was complicated by high dosing of numerous other sedating substances, all of which were prescribed and administered by UHS and John and Jane Does 1-10.
20. Ms. Smith was approximately 45 years old at the time of her death and had a life expectancy of another approximately 37 years.
21. Upon information and belief, this is not the first time that a patient of the Carolina Center has suffered catastrophic injury or death due to the negligence of UHS and John and Jane Does 1-10.
22. Ms. Smith's untimely and entirely preventable death was the result of multiple rules violations and breaches of the applicable standard of care by UHS and John and Jane Does 1-10, which together represent a massive systemic failure that is capable of repetition and poses a threat of catastrophic injury or death to others in the future.
23. The aforementioned acts, omissions, failures, rules violations and breaches of the standard of care by UHS and John and Jane Does 1-10 constitute negligence and gross negligence.
24. Further, to the extent that the aforementioned acts, omissions, failures, rules violations and breaches of the standard of care by UHS and John and Jane Does 1-10 constitute violations of any state or federal law or regulation, such violation will constitute a prima facie case of negligence per se.

25. Ms. Smith's injuries, including conscious pain and suffering and death, were directly and proximately caused by the negligence, gross negligence and negligence per se of UHS and John and Jane Does 1-10.
26. Ms. Miller, as Personal Representative of the Estate of Ms. Smith, is seeking actual damages for conscious pain and suffering, wrongful death, funeral expenses, medical expenses, loss of family services, deprivation of normal life expectancy, loss of enjoyment of life, pain and suffering, psychological trauma, mental anguish and emotional distress.
27. Ms. Miller, as Personal Representative of the Estate of Ms. Smith, is seeking punitive damages to punish UHS and John and Jane Does 1-10 for their reckless conduct and to deter other similarly situated health care institutions and health care providers from engaging in similar conduct to the detriment of others.
28. Ms. Miller is willing and able to comply with the statutory requirement to conduct a pre-suit mediation within 120 days. Ms. Miller desires to conduct a meaningful mediation with UHS and John and Jane Does 1-10 and representatives of any entities who are contractually obligated to defend and indemnify them as soon as is practicable.
29. If the parties are unable to resolve these claims and causes of action at the mandatory pre-suit mediation, and at such time as all conditions precedent under the laws of the State of South Carolina have been met, Ms. Miller, as Personal Representative of the Estate of Ms. Smith, will file suit against the UHS and John and Jane Does 1-10 seeking actual damages for economic and non-economic loss and punitive damages in an amount to be determined by a jury, for the reasonable costs of this action and for such other and further relief as the trial court deems just and proper.

Respectfully submitted,

CLAWSON FARGNOLI, LLC

s/ Samuel R. Clawson, Jr.
Samuel R. Clawson, Jr. (SC Bar #76065)
Christy R. Fagnoli (SC Bar #77525)
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Email: christy@clawsonfagnoli.com
sam@clawsonfagnoli.com

Charleston, South Carolina
July 31, 2018

Exhibit B

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

AFFIDAVIT OF DR. KELLY J. CLARK

The Affiant, Kelly J. Clark, MD, MBA, DFAPA, DFASAM having been duly sworn, testifies as follows:

1. I am over the age of 18 and I make this affidavit based upon the medical records provided to me as well as my background, education, training, and experience.
2. I am a medical doctor and am board certified in both addiction medicine and psychiatry. My qualifications and experience are set forth in my curriculum vitae (CV), a copy of which is attached to this affidavit and is incorporated herein by reference.
3. I have actual professional knowledge and experience in my areas of practice, including the care and treatment of patients in psychiatric and drug treatment facilities.
4. This Affidavit is made pursuant to South Carolina Code section 15-36-100, which requires that this Affidavit specifically name at least one negligent act or omission claimed to exist and the factual basis for each claim based on the available evidence at the time of the filing of the Affidavit.
5. The evidence made available to me, for my review, prior to the making of this Affidavit, includes information provided to me and medical records from the following medical care providers:
 - The Carolina Center for Behavioral Health
 - Greenville County EMS
 - McCall Hospice House of Greenville County
 - St. Francis Hospital
 - Greenville County Coroner's Office
 - Greenville County Office of the Medical Examiner
6. Through my professional experience and standing, as set forth above, I am familiar with the applicable standard of care by nurses and doctors in an inpatient psychiatric and drug treatment facility and otherwise applicable to the conduct of the Defendant(s). The standard of care requires the following:

- **Medical staff must perform relevant history and physical examinations and develop a safe and appropriate treatment plan.**
 - **Treatment plan, including medications, must be based upon the clinical assessment of the patient upon admission and altered as additional information, including changes in their condition, becomes known.**
 - **Medical, nursing and other facility staff must monitor and validly document clinical information, including physical and vital signs, lab results, and any clarification in the patient's history. This information must be relayed in a timely way to the covering physician and the physician must assess this information to determine needs for change in treatment.**
 - **Physicians, nursing staff, and the facility must ensure that the clinical staff on duty are adequately trained to monitor and act to ensure safety of the patients during what could be anticipated clinical courses while treated on the facility's unit.**
 - **Facility and nursing staff have a responsibility to ensure nurses can act appropriately when a patient is in a medical crisis situation, activating the emergency medical services and providing basic care until Emergency Medical Service personnel arrive.**
7. In my professional opinion, Defendant deviated from the standard of care and skill exercised by nurses and doctors at inpatient psychiatric and drug treatment facilities under similar conditions and like surrounding circumstances as those presented by Melinda Smith. In particular, and without limitation, the Defendant(s) deviated from the standard of care in the following particulars:
- **The medical staff did not obtain and assess the patient's actual status upon admission both physically and by history. Multiple documents by medical personnel are inconsistent with the facts of her known history and physical status, and an appropriate treatment plan was not chosen.**

- Initial medications were inappropriately dosed at high levels, having been ordered based upon the level to which she had been titrated by the time of her prior discharge from the facility. The patient and her next of kin indicated she had not been taking these in the days immediately prior to her last admission, consistent with the facility's medical records, and no verification of current dosing of methadone, beyond last ordered dose weeks earlier, was obtained.
 - The medical and nursing staff physician and facility staff failed to document valid and appropriate ongoing information, including clinical assessments and review of lab tests, to support ongoing treatment plan. Ordered lab test results were not reviewed in a timely manner to assist with treatment planning, no documentation of deceased being found on the floor and not recognizing her sister was done, and multiple items of the documentation is not consistent with either the rest of the medical record or with accepted documentation practices.
 - The deceased showed signs of over sedation and possibly delirium during alcohol withdrawal, found on the ground unable to recognize her and, while this should have led to her immediate transfer to a hospital, these were neither documented nor the information provided immediately to a physician. Instances where orders were not followed are noted, and no physician or medical notes indicate decision making process for treatment balancing her multiple medical and risk issues.
 - The deceased was found non-responsive in an active dying process, but while the medical record is highly inconsistent, objective information shows that there was a significant time lag between her being found in enough distress that an ECG was done without an order and was suspicious for not enough blood going to the heart, and the time that EMS were actually called. The staff called the doctor on call before activating EMS while the deceased was actively dying with agonal breathing.
8. The cause of death was primarily due to methadone overdose, which was complicated by high dosing of multiple other sedating substances given with 48 hours of admission to which she had no tolerance. Deceased had signs of opioid overdose and became aroused and agitated twice when given Narcan which is the typical

response in opioid overdose. Due to her sedation, she aspirated and the consequence of her body's lack of ability to send oxygen through her body was both heart malfunction and permanent brain damage, and she did not recover from her overdose.

9. I specifically reserve the right to add, amend or subtract from this Affidavit as new evidence is presented in the course of this litigation or as new opinions are formulated.

AFFIANT FURTHER SAYETH NAUGHT.



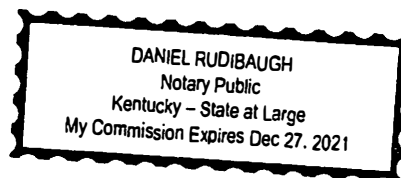
Kelly J. Clark, MD, MBA, DFAPA, DFASAM

State of Kentucky

County of Jefferson

The foregoing instrument was acknowledged before me on this 14th day of June, 2018 by Kelly J. Clark.


(Signature and Seal of Notary)



KELLY J. CLARK, MD, MBA, DFASAM, DFAPA

CHIEF MEDICAL OFFICER, CleanSlate Addiction Treatment Centers
PRESIDENT, ASAM American Society of Addiction Medicine
FOUNDING MEMBER, National Rx Drug Abuse Summit

502-767-6388 | drkellyclark@gmail.com
Louisville, KY 40207

EDUCATION

The Fuqua School of Business, Duke University, Durham, NC	2007
Master of Business Administration (MBA) and Certificate in Health Sector Management	
University of Wisconsin, Madison, WI	1989
Doctor of Medicine (MD)	
Coe College, Cedar Rapids, IA	1983
Bachelor of Arts (BA) in Psychology, Honors: <i>cum laude</i> , Honor Society: Phi Beta Kappa	

MEDICAL RESIDENCY

Medical College of Wisconsin, Milwaukee, WI	1992–1994
Psychiatric Residency Program, Years III-IV	
University of Wisconsin, Milwaukee Campus	1990–1992
Psychiatric Residency Program, Years I-II	

ACADEMIC AFFILIATIONS

Virginia Tech Carilion School of Medicine	2010–2016
Founding Faculty, Adjunct Assistant Professor Department of Interprofessionalism	
University of Massachusetts	1996–2004
Assistant Professor of Psychiatry	

CERTIFICATIONS

Re-Certification in Psychiatry	2016–2026
Re-Certification in Psychiatry	2006–2016
Board Certified in Psychiatry	1997–2007
American Board of Neurology and Psychiatry	
Re-Certification in Addiction Medicine	2014–2024
Board Certified in Addiction Medicine	2004–2014
American Society of Addiction Medicine, American Board of Addiction Medicine	

ACTIVE MEDICAL LICENSURE

- Florida (FL), Indiana (IN), Kentucky (KY), Massachusetts (MA), Maryland (MD)
- New York (NY), Pennsylvania (PA), Rhode Island (RI), Virginia (VA), Wisconsin (WI)

KELLY J. CLARK, MD, MBA, DFAPA, DFASAM

PROFESSIONAL EXPERIENCE

CleanSlate Centers, Northampton, MA

2014–Present

Chief Medical Officer

Provide clinical policy and payment subject matter expertise in opioid addiction to drive strategic planning, clinical program development, and quality improvements in 17 leading science- and medicine-based addiction treatment centers in 3 states across US. Lead clinical programs with 130+ providers and 6K patients using insurance benefits for treatment. Work collaboratively with regulatory agencies to support compliance and oversee government relations function. Establish and maintain relationships with external stakeholder groups at local, state and national levels.

- Led negotiations and establishment of value-based, bundled payment contracts.
- Employed knowledge of data and costs to support contracts and highlighted metrics, scale, and reach in market to achieve partnerships with Medicaid, Medicare, and commercial payers.
- Drove expansion into PA and IN markets with business, treatment, and network expertise; identified value proposition, built formal business development functions, developed strategies and marketing materials, set up meetings, and presented.

Dr. Kelly Clark, PLLC, Louisville, KY

1995–Present

Addiction and Psychiatric Physician | Consultant

Specialize in addiction, treatment, mental health, and quality care; provide evidence-based treatment in public and private settings. Offer direct care, including emergency, acute, sub-acute, and chronic institutions; community, county, state, federal sites; tax-paying and nonprofit organizations; voluntary, involuntary and criminal justice settings.

- Contributed across various settings and gained national recognition as expert on policy, bio-psycho-social outcome goals, evidence-informed care, identifying ineffective care, diversion control, quality metrics, and decreasing costs of care. Recent Clients including Braeburn, National Safety Council.

LEADERSHIP | POLICY | CONSULTING EXPERIENCE

American Society of Addiction Medicine, Rockville, MD

2015–Present

President

Represent largest group of physicians and allied health professionals specializing in the treatment of addictive diseases; 4K+ physicians and 150+ associated professionals. Previously served as Chair of Public Policy Council, Legislative Advocacy Committee, and Finance Committee, as well as President of the Kentucky Society of Addiction Medicine.

- Led high-profile task force that raised \$1.3M funds; oversaw development of national reports on effectiveness and costs of medication-assisted treatment for opioid addiction and issues with insurance coverage of public and private payers nationally.
- Developed national opioid addiction treatment guidelines, including need for diversion control protocol.
- Built bipartisan and multi-stakeholder coalitions to pass new legislation/policies, including CARA, CURES, and updated HHS guidelines to allow expanded access.
- Expanded access to payment for quality addiction services; advocated for, established, and led startup of Payer Relations Committee.

KELLY J. CLARK, MD, MBA, DFAPA, DFASAM

CVS Caremark, Northbrook, IL

2014–2015

Medical Director

Expanded leadership teams' awareness by contributing medical acumen regarding overextending members and unusual practice patterns of providers, retail pharmacies, and dual-eligible Medicare/Medicaid initiatives.

- Utilized expertise in opioid therapies and addiction to collaborate across enterprise regarding over-utilization of controlled substances, fraud, waste, and abuse.

Behavioral Health Group (BHG), Dallas, Texas

2012 –2014

Chief Medical Officer | Medical Affairs Officer

Served as liaison to federal, state, community, and association stakeholders to inform, educate, and collaborate on patient-centered treatments utilizing medication-assistance to help patients restore, maintain, and enhance well-being and achieve optimal level of functioning.

- Oversaw and led 37 opioid treatment program facilities in 8 states: Colorado, Kansas, Kentucky, Louisiana, Missouri, Oklahoma, Tennessee and Texas.

Publicis Touchpoint Solutions, Yardley, PA

2013–2014

Medical Science Liaison

Provided comprehensive managed-care clinical presentations, clinical support, and medical information to internal and external customers.

- Facilitated the exchange of unbiased scientific information between medical community and Orexo during launch of Zubsolv, a buprenorphine product.

Capital District Physician's Health Plan, Albany, NY

2009–2012

Medical Director for Behavioral Health

Provided clinical leadership to Behavioral Health team and clinical expertise to medical management staff. Developed appropriate policies and procedures for the management of behavioral health benefits, in-sourced plans, and integrated with medical management. Chaired Behavioral Health Committee and represented Behavioral Health management at Quality Management, Credentialing, and Pharmacy/Therapeutics committee meetings.

- Saved \$2.3M in 2 years; proposed and directed psychotropic medication strategy.
- Recuperated costs in 6 months and exceeded startup project goals.
- Instituted hub-and-spoke buprenorphine model; engaged clinical community in medical-necessity determinations and redirected treatment to outpatient.
- Implemented the embedding of behavioral health case management into patient-centered medical homes; piloting at federally-qualified health center, academic medical center faculty, resident practice, and traditional private practice.

POLICY EXPERIENCE

Kentucky's Regulations 201 KAR 9:270: "Professional Standards for Prescribing or Dispensing Buprenorphine-Mono-Product or Buprenorphine-Combined-With Naloxone"

Operation UNITE: Work with Operation UNITE, which is supported by Representative Hal Rogers. Founding Member of Advisory Board for National RX Drug Abuse Summit. Provided taped presentation, which meets Kentucky's prescriber requirement for opioid education. <http://www.cecentral.com/activity/7077>

KELLY J. CLARK, MD, MBA, DFAPA, DFASAM

Johns Hopkins Bloomberg School of Public Health: "The Prescription Drug Epidemic: An Evidence Based Approach" <http://www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/opioid-epidemic-town-hall-2015/2015-prescription-opioid-epidemic-report.pdf>

Association of Managed Care Pharmacy Addiction Treatment Advisory Group: "Role of Managed Care Pharmacy in Providing Access to Naloxone" and "Findings and Considerations for the Evidence-Based Use of Medications Used in the Treatment of Substance Use Disorders" <http://www.amcp.org/Newsletter.aspx?id=21664>

Substance Abuse and Mental Health Services Administration: Buprenorphine Summit https://www.samhsa.gov/sites/default/files/proceedings_of_2014_buprenorphine_summit_030915_508.pdf

American Society of Addiction Medicine: "Guidelines for the Use of Medications in the Treatment of Opioid Use Disorder" <http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>

"Standards of Care for the Addiction Specialist Physician" <http://www.asam.org/docs/default-source/practice-support/quality-improvement/standards-of-care-final-design-document.pdf?sfvrsn=0>

"Drug Testing: a White Paper of the American Society of Addiction Medicine" <http://www.asam.org/docs/default-source/public-policy-statements/drug-testing-a-white-paper-by-asam.pdf>

American Society of Addiction Medicine (ASAM): President and Chair of Legislative Advocacy Committee; worked with Congress, the White House, and Department of Health and Human Services on legislative changes to improve access to clinical and cost effective care. Instrumental in legislative, federal policy, and insurance payer changes. www.asam.org

PROFESSIONAL PRESENTATIONS

- | | |
|---|------------|
| Speaker: "Case Study and Outcomes Presentation: Office-Based, ASAM-Consistent Opioid Treatment" | April 2017 |
| National Rx Drug Abuse and Heroin Summit, Atlanta, GA | |
| Moderator: The Role of Treatment in Response to the Opioid Epidemic | April 2017 |
| National Rx Drug Abuse and Heroin Summit, Atlanta, GA | |
| Speaker, Panelist: "Federal Changes Impacting the Delivery of Treatment for Opioid Addiction" | April 2017 |
| National Rx Drug Abuse and Heroin Summit, Atlanta, GA | |
| Moderator: Buprenorphine among Substance Use Disorder Treatment Clients and in Abstinence-Based Treatment. | April 2017 |
| Rx Drug Abuse and Heroin Summit, Atlanta, GA | |
| Moderator: Opening Scientific Plenary & Distinguished Scientist Lecture | April 2017 |
| 48 th Annual ASAM Meeting, New Orleans, LA | |
| Moderator: Policy Plenary: Addiction Policy Outlook in the New Administration | April 2017 |
| 48 th Annual ASAM Meeting, New Orleans, LA | |
| Opening Session Speaker: "State of the Science: Treatment and Delivery Systems for Addiction" | March 2017 |
| National Association of Psychiatric Health Systems Annual Meeting, Washington, DC | |

Speaker, Panelist: "Optimizing Customer Experience with Effective Addiction Treatment"

KELLY J. CLARK, MD, MBA, DFAPA, DFASAM

Open Minds Institute, Clearwater, FL	February 2017
Speaker: "Treating Addiction and Saving Lives: The Use of Medical Assisted Treatment & Naloxone," Challenge of Tarrant County Opiate Symposium, Fort Worth, TX	September 2016
Speaker, Panelist: Substance Abuse and Recovery Task Force, United States Conference of Mayors Annual Meeting Indianapolis, IN	June 2016
Speaker, Panelist: "Treatment System Evolution and Synthesis: Program Integration in 2016" National Association of Addiction Treatment Providers Annual Conference, Jacksonville, FL	May 2016
Speaker: "But How Do I Get Paid: Valuing Psychiatric Services in the New World Order" 2016 Regional Integrated Mental Health Conference, West Baden, IN	April 2016
Speaker, Panelist: "Opioid Addiction Treatment- Current State and Future Opportunities" Staying on Course with Legislative and Regulatory Issues, Academy of Managed Care Pharmacy Annual Meeting, San Francisco, CA	April 2016
Speaker, Panelist: "Policy Plenary- Parity and the ACA: Implementation Update and Issues on the Horizon for Addiction Medicine" American Society of Addiction Medicine Annual Conference, Baltimore, MD	April 2016
Speaker, Panelist: "Payment for Addiction Medicine Services" American Society of Addiction Medicine Annual Conference, Baltimore, MD	April 2016
Panelist: The Tennessee Pain, Opioids, Problems and Solutions Forum, Nashville, TN	April 2016
Speaker, Panelist: "Buprenorphine: Knocking Out Pill Mills and Minimizing Diversion" National Rx Drug Abuse and Heroin Summit, Atlanta, GA	March 2016
Moderator: Co-Prescribing Opioids and Benzodiazepines: Risks and Recommendations, National Rx Drug Abuse and Heroin Summit, Atlanta, GA	March 2016
Moderator: Community Responses to Heroin: North Carolina and Northern Kentucky, National Rx Drug Abuse and Heroin Summit, Atlanta, GA	March 2016
Moderator: Pre-Summit Workshop: Medication Assisted Therapy, National Rx Drug Abuse and Heroin Summit, Atlanta, GA	March 2016
Speaker: "Attacking the Opioid Epidemic: ASAM's Proposal and Implications for Kentucky" Kentucky Society of Addiction Medicine, Louisville, KY	August 2015
Speaker, Panelist: "Dietz Wolfe Lecture: The Heroin Epidemic" Louisville, KY	August 2015
Speaker, Panelist: "Get Involved in Policy Changes: Make Big Differences Using a Little Savvy" American Society of Addiction Medicine Annual Conference, Austin, TX	April 2015
Moderator: "FDA on Decreasing Opioid Risks and VA on Exploring Non-Opioid Options"	April 2015

KELLY J. CLARK, MD, MBA, DFAPA, DFASAM

National RX Drug Abuse Summit, Atlanta, GA

Speaker, Panelist: "Trends in Drugs of Choice" National RX Drug Abuse Summit, Atlanta, GA April 2015

Moderator: "The Evidence Base for Opioid Addiction Treatment and the ASAM Criteria"
National RX Drug Abuse Summit, Atlanta, GA April 2015

Speaker: "Strategies to Address Substance Abuse and reporting Requirements – Diagnosis
and Treatment of Prescription Drug Abuse" Kentucky Medical Association, Louisville, KY November 2014

Moderator: "Clinical ER/LA Opioid REMS – Achieving Safe Use While Improving Patient Care"
National RX Drug Abuse Summit, Atlanta, GA April 2014

Speaker, Panelist: "Barriers to Access to care: American Society of Addiction Medicine's
Advancing Access to Addiction Medications Initiative" National RX Drug Abuse Summit, Atlanta, GA April 2014

Speaker, Panelist: "Influencing Health Policy: ASAM Advocacy in 2014"
American Society of Addiction Medicine Annual Conference, Orlando, FL April 2014

Speaker: "Substance Abuse Treatment as an Integral Part of the Health Care System"
The Good, the Bad, and the Ugly of Addiction, Lexington, KY August 2013

Speaker, Panelist: "The Good, the Bad, and the Ugly- Practical Issues in Addressing
the Epidemic of Prescription Drug Abuse" American Psychiatric Association, San Francisco, CA May 2013

Panelist: "Patient Access to Medication Assisted Treatment: Responding to State Access Limitations"
American Society of Addiction Medicine, Chicago, IL April 2013

Panelist: Policy Plenary; "US Drug Crisis – The Addiction Treatment Gap"
American Society of Addiction Medicine, Chicago, IL April 2013

Speaker: "Influencing Health Policy: ASAM Advocacy in 2013"
American Society of Addiction Medicine, Chicago, IL April 2013

Moderator: "Access to Treatment Challenges"
National Rx Drug Abuse Summit, Orlando, FL April 2013

Moderator: "Prescribing Practices"
National Rx Drug Abuse Summit, Orlando, FL April 2013

Speaker, Panelist: "Opioid Dependence: Health Plan Problems and Strategies"
National Rx Drug Abuse Summit, Orlando, FL April 2012

Moderator: "A Paradigm Shift of Payer Strategy"
National Rx Drug Abuse Summit, Orlando, FL April 2012

Moderator: "Treatment and Recovery in America"
National Rx Drug Abuse Summit, Orlando, FL April 2012

Speaker, Panelist: "Chronic Pain and Addiction" April 2012

KELLY J. CLARK, MD, MBA, DFAPA, DFASAM

National Rx Drug Abuse Summit, Orlando, FL

Plenary Panel Member: "Addressing Prescription Drug Abuse: Role of the Physician in Counteracting Diversion, Misuse & Addiction" American Society of Addiction Medicine, Atlanta, GA April 2012

Speaker: "Prescription Drug Abuse and Treatment in KY: Costs and Consequences" Kentucky Society of Addiction Medicine, Kentucky Medical Association Annual Meeting, Louisville, KY September 2012

Speaker, Panelist: Public Health Policy Forum New York Society of Addiction Medicine, New York, NY February 2012

Speaker, Panelist: "Successful Integration of Behavioral Health into Primary Care: Fiscal and Policy Initiatives," Family Medicine Education Consortium, Danvers, MA October 2011

Speaker: "The Role of US Health Plans in Opioid Management." International Society of Addiction Medicine Annual Meeting, Oslo, Norway September 2011

Speaker, Panelist: "Health Care Reform and Opportunities for Addiction Medicine" American Society of Addiction Medicine, Washington, DC. April 2011

Speaker: "Health Care Reform and Opportunities for Psychiatry" Capital District Branch, New York State Psychiatric Association, Albany, NY March 2011

Speaker, Panelist: "Health Care Reform and Psychiatric Opportunities" Louisiana Psychiatric Medical Association, New Orleans, LA March 2011

Speaker, Panelist: "Healthcare Reform and Opportunities for Addiction Medicine" New York Society of Addiction Medicine, New York, NY February 2011

Speaker, Panelist: "Health Care Reform and Behavioral Health" New York State Psychological Association February 2011

Speaker: Annual NYSPA Business of Practice Workshop, Psychologists' Continuing Education Units, New York, NY November 2010

Speaker: "Asking the Critical Questions about Data Analysis" Continuing Medical Education Faculty: Westwood Lodge Hospital, Westwood, MA March 2004

Roundtable Facilitator: "Market Research on Namenda and Lexapro with Clinical Data" Led groups of 20-30 physicians in multiple locations in Western US. Advisory Board Faculty: Forest Laboratories 2003–2005

National Consultant Speaker: Forest Laboratories Presented 200+ physician advocate programs to groups of physicians. Led roundtable discussions across US on behalf of Forest Laboratories' products Namenda, Celexa, Lexapro. 2002–2007

Corporate Business Consultant and Speaker for Corporate Clients 2002–2007

KELLY J. CLARK, MD, MBA, DFAPA, DFASAM

Provided education and sales support for promotion of Abilify, Aricept, Effexor, Provigil, Suboxone, Wellbutrin, and Zoloft by speaking throughout regional Bristol-Myers Squibb, Cephalon, GlaxoSmithKline, Pfizer, Reckitt Benckiser, and Wyeth.

RESEARCH EXPERIENCE

University of Massachusetts – Assistant Professor of Psychiatry	2000–2004
▪ Participated in Phase IV multiple studies.	
Woods Veteran’s Medical Center – Psychopharmacology	1993
▪ Served as research assistant for initiation of Phase III trials of atypical antipsychotic agent (sertindole).	
University of Wisconsin – Psychiatry/Pharmacovigilance	1986
▪ Evaluated pre-marketing and post-marketing adverse events associated with various Lithium preparations as reported to worldwide Lithium Information Center.	
▪ <u>Clark KJ, Jefferson JW</u> . Lithium Allergy. <i>J Clin Psychopharmacol</i> . 1987 Aug; 7(4):287-9.	
Marquette University – Neuroscience	1983
▪ Served as research assistant for animal studies of neural pain pathways. Performed stereotaxic cannula implants, ran noxious stimulation trials, prepared histological brain specimens, and examined for accurate anatomic placement.	
Columbia University – Psychiatric Epidemiology	1983
▪ Interned for large epidemiological study of incidence and prevalence of DSM-diagnosable disorders. Performed data coding and data cleaning.	
Coe College – Behavioral Psychopharmacology	1982
▪ Conducted research as Research Assistant for animal studies of learning paradigms; partnered in research design, computer programming, running animal trials, collecting and analyzing data.	

INDEPENDENT REVIEW EXPERIENCE

Capital District Physician’s Health Plan, Albany, NY	2012– Present
▪ Perform initial and appeal utilization reviews for all levels of care; conducted pharmacy reviews July 2012–March 2014.	
Bluegrass Health Network, Louisville, KY	2005– Present
▪ Execute expert reviews for utilization, disability, worker’s compensation, pharmacy benefit management.	
MES Solutions, Boston, MA	2003– 2014
▪ Complete expert reviews for utilization, disability, pharmacy benefit management, prior authorization, concurrent and retrospective reviews, and Independent Medical Examinations.	
MCMC, Formerly CORE, Boston, MA	1999–2014

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- Handle expert reviews for utilization, disability, worker's compensation, pharmacy benefit management; prior authorization, concurrent and retrospective.
- Synthesize data from medical records, legal contracts, and attending physicians to assess medical necessity of proposed treatments.
- Produce written consultative reports, function as Acting Medical Director during absences of Permanent Medical Director, and perform Independent Medical Examinations.

Behavioral Medical Interventions, Eden Prairie, MN

2011–2014

- Performed expert reviews of worker's compensation claims for relatedness and medical necessity.

Reliable Review Services, Formerly Reed Review Services, Boca Raton, FL

2003–2013

- Completed expert reviews for utilization, disability, and worker's compensation.
- Mentored new physician consultants.

Alicare Medical Management, New York, NY

2005–2009

- Reviewed disability benefits and performed expert reviews for utilization, worker's compensation, pharmacy benefit management; prior authorization, concurrent and retrospective reviews.

SHPS, Louisville, KY

2005–2009

- Performed expert reviews for utilization, as prior authorization, concurrent and retrospective reviews.

MEDICO-LEGAL EXPERIENCE

Court Recognized Medical Expert:

- Kentucky, Massachusetts, New Hampshire, Rhode Island, Wisconsin

Commonwealth of Kentucky, District Disability Court, Louisville, KY
Independent Disability and Guardianship Evaluations

2005–2013

- Provided court 300+ independent expert opinions as physician member of multi-disciplinary court-appointed team; presented on issues of multiple areas of disability, need for substituted decision-maker and respondents residing in levels of care include acute, sub-acute and chronic hospital and rehabilitation facilities; skilled nursing facilities; assisted living facilities; group home facilities; and home care facilities.

Commonwealth of Rhode Island, Worker's Compensation Court, Providence, RI
Independent Health Care Reviewer

2003–2004

- Supplied court-appointed, independent-expert written opinions on issues of disability, casual relationship with injuries, diagnosis/prognosis, attainment of maximum medical improvement, and quality of care.

Social Security Administration, Milford, MA
Physician Examiner

2003–2004

- Court-appointed to provide written expert opinions to Social Security Administrative Law Judge regarding issues of psychiatric disability.

CLINIC AFFILIATIONS

Louisville Behavioral Health, Louisville, KY,	2004–Present
<ul style="list-style-type: none"> Provide services to general adult, geriatric psychiatry, and Independent Medical Examinations. 	
Behavioral Health Group, Paintsville, Pikeville, Lexington, and Hazard, KY	2013–2014
<ul style="list-style-type: none"> Provided program physician services to opioid treatment program using both methadone and buprenorphine in medication-assisted treatment. 	
Paducah Professional Associates, Paducah, KY	2005–2009
<ul style="list-style-type: none"> Served as Medical Director; managed and oversaw clinical care, aligned and supervised clinical staff, and ensured compliance with applicable federal and state clinical treatment regulations. Grew clinic population size 18.6% and increased revenue by introducing innovative clinical techniques. 	
Lexington Professional Associates, Lexington, KY	2007–2008
<ul style="list-style-type: none"> Led interdisciplinary team in provision of outpatient treatment of substance abuse disorders As Interim Medical Director and Staff Psychiatrist. 	
Bowling Green Professional Associates, Bowling Green, KY	2005–2006
<ul style="list-style-type: none"> Oversaw clinical care and led interdisciplinary teams in provision of outpatient treatment of substance abuse disorders as Medical Director. 	
Tri-County Psychiatric Associates, Milford, MA	1999– 2004
<ul style="list-style-type: none"> Provided ongoing direct treatment for over 200 adult and geriatric patients in the community, including consultation services to physicians and surgeons at Tri-County Medical Associates. Taught medical student and resident physicians of University of Massachusetts. 	
Brockton Multi-Service Center, Brockton, MA	1995–1998
<ul style="list-style-type: none"> Provided outpatient treatment for indigent and chronically mentally ill patients in a community mental health center setting. Taught Harvard Medical School resident physicians. 	
Brockton Multi-Service Center, Plymouth Clinical Center, Plymouth, MA	1995–1996
<ul style="list-style-type: none"> Successfully positioned clinic for full accreditation as Site Medical Director, accountable for clinical turn-around in preparation for JCAHO accreditation site evaluation. 	
Advanced Healthcare Systems, Former Division of MSPCC, Boston, MA	1996–1997
<ul style="list-style-type: none"> Consulted to primary care physicians on assessment and treatment of patients in skilled nursing home and group home residences. 	
Lakes Region Mental Health Clinic, Laconia, NH	1994–1995
<ul style="list-style-type: none"> Led multidisciplinary team in the diagnosis and treatment of adult and geriatric patients in an outpatient community mental health center setting. 	

HOSPITAL EXPERIENCE & AFFILIATIONS

KELLY J. CLARK, MD, MBA, DFAPA, DFASAM

Madison State Hospital, Madison, IN	2008–2009
<ul style="list-style-type: none"> Provided on-site covering physician for general adult, geriatric, and mentally retarded/developmentally disabled inpatients. 	
Central State Hospital, Louisville, KY	2004–2005; 2009
<ul style="list-style-type: none"> Brought in for Locum tenens position and expanded to include additional contracts; led a multidisciplinary team in diagnosis and treatment of geriatric and medically fragile patients in both acute and sub-acute state hospital settings. Performed legal assessments and testimony. 	
Ten Broeck Hospitals, KMI and Dupont Campuses, Louisville, KY	2005–2006
<ul style="list-style-type: none"> Handled services for private practice of adult and geriatric inpatient psychiatry. 	
Tewksbury State Hospital, Tewksbury, MA	2000–2004
<ul style="list-style-type: none"> Provided on-site covering physician for general adult, geriatric, child and adolescent units. 	
Milford Regional Medical Center, Milford, MA	1999–2004
<ul style="list-style-type: none"> Brought in to provide consultation-liaison services to physicians and surgeons 	
Marlborough Hospital, Marlborough, MA	1996– 2004
<ul style="list-style-type: none"> Provided acute inpatient care for patients with mental illnesses and/or addiction disorders. Supervised resident physicians and medical students during required substance abuse And clinical psychiatry rotations; provided consultation-liaison services. 	
Corrigan Mental Health Center, Fall River, MA	1999
<ul style="list-style-type: none"> Led multidisciplinary treatment team in diagnosis and treatment of acutely ill adult and geriatric patients in an inpatient setting in Locum tenens position. 	
Portland Providence Hospital, Portland, OR	1998-1999
<ul style="list-style-type: none"> Psychiatric Emergency Room Physician 	
Oregon State Hospital, Salem, OR	1998–1999
<ul style="list-style-type: none"> Led interdisciplinary team in diagnosis and treatment if patients in a chronic state hospital setting and performed legal assessments and testimony, as needed. 	
Mercy Hospital d/b/a Providence Hospital, Springfield MA	1997–1998
<ul style="list-style-type: none"> On-site covering physician for adult, geriatric, child and adolescents. 	
Charles River Hospital West, Chicopee, MA	1996–1997
<ul style="list-style-type: none"> On-site covering physician for general adult, geriatric, child and adolescent units. 	
Beverly Hospital d/b/a Bay Ridge Hospital, Lynn, MA	1996
<ul style="list-style-type: none"> Served as Locum tenens adult and geriatric inpatient physician, subsequently hired as emergency evaluation, partial hospital and intensive outpatient physician. 	
Lakes Region Medical Center, Laconia, NH	1994–1995
<ul style="list-style-type: none"> Supervised emergency room evaluations, consulted to physicians and surgeons at Lakes 	

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Region General Hospital, and provided attending physician inpatient services.

Mendota Mental Health Institute, Madison, WI

1992–1994

- On-site covering physician for maximum security penal wards, geriatric, general adult, child and adolescent units.

Milwaukee Country Mental Health Center, Milwaukee, WI

1992–1994

- Psychiatric emergency room and on-site covering physician

PROFESSIONAL AFFILIATIONS**American Society of Addiction Medicine**

2005– Present

Distinguished Fellow (DFASAM)

President

2017-Present

President-Elect

2015– 2017

Director

2011– Present

Chair of Finance Committee

2011–2015

Chair of Legislative Action Committee

2011–2015

Chair of Public Policy Council

2015-2017

Finance Committee

2010– Present

Membership Committee Member

2011– 2016

Patient Advocacy Task Force

2012–2015

Member of Writing Committee of White Paper on Clinical Use of Drug Testing

2013

Chapters Committee

2011–2012

Parity Committees

2010–2011

Pain and Addiction Committee

2009

Pharmacological Issues Workgroup

2009

Utilization Review Accreditation Liaison

2005

Kentucky Society of Addiction Medicine

2011–Present

Chair of Public Policy Committee

2011–Present

Immediate Past President

2012–2014

President

2011–2012

American Psychiatric Association

1988– Present

Distinguished Fellow (DFAPA)

2011– Present

Member Integration Work Group

2012-2017

Kentucky Medical Association

2015– Present

Delegate from Greater Louisville Medical Society

2015– Present

Member Annual Meeting Reference Committee

2016

International Society of Addiction Medicine

2011– Present

Global Addiction Association

2017 - Present

**American Association for Physician Leadership /
American College of Physician Executives**

2006– Present

American Academy of Addiction Psychiatry	2012–2014
Member Public Policy Committee	
New York State Psychiatric Association Capital District Branch	2009–2012
President-Elect	2012
Secretary	2011–2012
Executive Committee Liaison for Payment Strategies	2009–2011

TASK FORCES | EXPERT PANELS | WRITING GROUPS

National Rx Drug Abuse Summit	2012–Present
Advisory Board Member	
Association of Managed Care Pharmacies	2015–Present
Member of Addiction Treatment Action Group	
The Council of State Governments Justice Center	2017–Present
Judges' and Psychiatrists' Leadership Initiative, New York, NY	
Convening on Behavioral Health Systems of Care and Conditions of Release	
National Safety Council: Prescription Drug Overdose Initiative, Arlington, VA	2016
Prescription Drug Expert Panel	
Comptroller General's Forum: Preventing the use of Illicit Drugs and Abuse of Prescription Drugs	2016
Participant. Washington, DC	
Johns Hopkins Bloomberg School of Public Health	2015
"The Prescriptions Opioid Epidemic: An Evidence-Based Approach"	
Member, Treatment Section Writing Committee	
United States Department of Health and Human Services, Rockville, MD	2014
Substance Abuse and Mental Health Services Administration Buprenorphine Summit	
Moderator and participant of work group "Addressing Health Systems and Reimbursement."	
Collaborative Care Research Network, American Academy of Family Practice	2011–2014
Steering Committee Member	
New York State Office of Alcohol and Substance Abuse Services Medical Advisory Panel	2012
Panel Member	
Patient Centered Primary Care Collaborative	2010–2012
Behavioral Health Task Force Member	
Alliance of Community Health Plan Behavioral Health Medical Directors Network	2009–2012

Exhibit C

Debra Miller, individually and as Personal
Representative of the Estate of Melinda Smith,

Plaintiff,

vs.

UHS of Greenville, LLC d/b/a The Carolina Center
for Behavioral Health and John and Jane Does 1-10

Defendant.

IN THE COURT OF COMMON PLEAS
FOR THE THIRTEENTH JUDICIAL CIRCUIT

CASE NO.: _____

ANSWERS TO STANDARD INTERROGATORIES

PLEASE TAKE NOTICE that the Plaintiff, Debra Miller, as Personal Representative of the Estate of Melinda Rae Smith, pursuant to Rule 33 of the South Carolina Rules of Civil Procedure, hereby answers the Standard Interrogatories as follows;

1. Give the names and addresses of persons known to the parties or counsel to be witnesses concerning the facts of the case and indicate whether or not written or recorded statements have been taken from the witnesses and indicate who has possession of such statements.

ANSWER: **A. Debra Miller**
C/O Clawson Fagnoli, LLC
474 King Street, Suite D
Charleston, SC 29403

Ms. Miller is the mother of Melinda Smith, the duly appointed personal representative of Ms. Smith's Estate and the Plaintiff in this action. It is anticipated that Ms. Miller will testify as to her knowledge of the facts and circumstances alleged in the Notice of Intent to File Suit, injuries and damages. Counsel is not in possession of any statement.

B. Representatives of UHS of Greenville, LLC d/b/a The Carolina Center for Behavioral Health
2700 E. Phillips Road
Greer, SC 29650

UHS of Greenville, LLC d/b/a The Carolina Center for Behavioral Health is a defendant in this action. It is anticipated that representatives of UHS of Greenville, LLC d/b/a The Carolina Center for Behavioral Health, including physicians, nurses and other medical care providers, will testify as to their knowledge of the facts and circumstances alleged in the Notice of Intent to File

Suit. Counsel is in possession of medical records from UHS of Greenville, LLC d/b/a The Carolina Center for Behavioral Health.

- C. **John and Jane Does 1-10**
2700 E. Phillips Road
Greer, SC 29650

John and Jane Does 1-10 are defendants in this action and employees, agents, servants and/r representatives of UHS of Greenville, LLC d/b/a The Carolina Center for Behavioral Health. It is anticipated that John and Jane Does 1-10, including physicians, nurses and other medical care providers, will testify as to their knowledge of the facts and circumstances alleged in the Notice of Intent to File Suit. Counsel is in possession of medical records from John and Jane Does 1-10.

- D. **All health care institutions and health care providers identified in the Answer to Interrogatory No. 3.**
- E. **All witnesses identified by any other party to this action.**

Plaintiff reserves the right to supplement this Answer.

2. Set forth a list of photographs, plats, sketches or other prepared documents in possession of the party that relate to the claim or defense in the case.

- ANSWER:**
- A. **Records from the Carolina Center for Behavioral Health, 2700 E. Phillips Road Greer, SC 29650.**
- B. **Records from Greenville County EMS, 301 University Ridge, Greenville, SC 29601.**
- C. **Records from St. Francis Hospital, 1 St. Francis Drive, Greenville, SC 29601.**
- D. **Records from McCall Hospice House of Greenville, 1836 West Georgie Road, Simpsonville, SC 29680.**
- E. **Records from Greenville County Coroner, 1190 Wes Faris Road, Greenville, SC 29605.**

Plaintiff reserves the right to supplement this Answer.

3. In cases involving personal injury set forth the names and addresses of all physicians who have treated the party and all hospitals to which the party has been committed in connection with said injuries and also set forth a statement of all medical costs involved.

- ANSWER:**
- A. Carolina Center for Behavioral Health
2700 E. Phillips Road
Greer, SC 29650.**
 - B. Greenville County EMS
301 University Ridge
Greenville, SC 29601.**
 - C. St. Francis Hospital
1 St. Francis Drive
Greenville, SC 29601.**
 - D. McCall Hospice House of Greenville
1836 West Georgie Road
Simpsonville, SC 29680.**
 - E. Greenville County Coroner
1190 Wes Faris Road
Greenville, SC 29605.**

Plaintiff has not yet determined the exact amount of medical costs involved and will supplement this response with specificity in the future, but would state that she is seeking all damages available under South Carolina law for wrongful death and survival actions including, but not limited to, actual damages for medical expenses, economic loss, non-economic loss, pain and suffering, mental anguish, loss of enjoyment of life, death and funeral expenses, as well as punitive damages.

Plaintiff reserves the right to supplement this Answer.

4. Set forth the names and addresses of all insurance companies which have liability insurance coverage relating to the claim and set forth the number or numbers of the policies involved and the amount or amounts of liability coverage provided in each policy.

ANSWER: Not applicable to the Plaintiff. This information is in the possession and control of the Defendants.

5. Set forth an itemized statement of all damages, exclusive of pain and suffering, claimed to have been sustained by the party.

ANSWER: Plaintiff has not yet determined the exact amount of medical costs involved and will supplement this response with specificity in the future, but would state that she is seeking all damages available under South Carolina law for wrongful death and survival actions including, but not limited to, actual damages for medical expenses, economic loss, non-economic loss, pain and suffering, mental anguish, loss of enjoyment of life, death and funeral expenses, as well as punitive damages.

6. List the names and addresses of any expert witnesses whom the party proposes to use as a witness at the trial of the case.

ANSWER: Plaintiff has not identified an expert to testify at trial at this time. Plaintiff has consulted with the expert identified in the Notice of Intent for the purpose of filing the same and reserves the right to later identify this or any other person as an expert witness for use at trial.

7. For each person known to the parties or counsel to be a witness concerning the facts of the case, set forth either a summary sufficient to inform the other party of the important facts known to or observed by such witness, or provide a copy of any written or recorded statements taken from such witnesses.

ANSWER: See Answer to Interrogatory No. 1 above.

Respectfully submitted,

CLAWSON FARGNOLI, LLC

s/ Samuel R. Clawson, Jr.
Samuel R. Clawson, Jr. (SC Bar #76065)
Christy R. Fagnoli (SC Bar #77525)
474 King Street, Suite D
Charleston, South Carolina 29403
Phone: (843) 970-2700
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sam@clawsonfagnoli.com

Charleston, South Carolina

July 31, 2018