

INTERROGATORIES

1.

State Patrick Desmond's date and places of birth; social security number; educational background, including all schools, institutions, trade and professional schools attended, the dates of attendance at each, and the degrees, certificates or licenses obtained at each; date(s) of marriage(s), the full names and current addresses of all spouses and former spouses, and the dates and places of termination of any marriage and whether he had any children.

2.

Please identify all health insurance carriers or health plans that covered Patrick Desmond during the last 10 years of his life.

3.

Please state whether decedent was ever refused life, accident, hospitalization or medical insurance because of physical disability or otherwise, providing as to each refusal, the name and address of the insurance company, the date, and the reason for refusal.

4.

If Patrick Desmond ever made or asserted any other claim for personal injury, disability or workers' compensation, whether or not a lawsuit or formal claim was ever filed, please give:

- (a) The date, place and a brief description of the occurrence giving rise to the claim, and state in what manner it caused, contributed to, or aggravated any such injuries or illnesses claimed;
- (b) The name of the individual or entity against whom the claim was asserted or suit was brought;
- (c) A brief description of all injuries received;

- (d) The style and identifying numerical designation of any lawsuit or compensation claim actually filed; and
- (e) The county and state in which suit or claim was filed.

5.

Identify all social, athletic, civic, fraternal, business or professional clubs, churches, organizations, groups, lodges, unions, committees or other associations in which you or the decedent have been an active member during the past ten (10) years.

6.

Please identify and describe with specificity each and every act or omission that you contend constitutes an act of negligence on the part of each Defendant in this lawsuit. For each such act or omission, please describe:

- (a) in what manner you contend each act or omission caused or contributed to Patrick Desmond's death;
- (b) the conduct that you contend under the circumstances would have represented proper care; and
- (c) any damages, special or general, you or the decedent claim in relation thereto;

NOTE: THE OBJECT OF THIS INTERROGATORY IS TO DETERMINE SPECIFICALLY WHAT YOU CONTEND SAID DEFENDANTS DID WRONG AND WHAT, TO THE CONTRARY, YOU CONTEND SHOULD HAVE BEEN DONE.

7.

Please itemize by dollar amount and separately describe each element of special damage and economic or monetary loss which you claim or claim on decedent's behalf against Defendants in this case, including but not limited to:

- (a) Hospital bills;
- (b) Other medical expenses, including doctors' fees;
- (c) Costs of drugs and medication;
- (d) Lost earnings, wages, or profits including the relevant dates and rates of pay; and
- (e) All other monetary losses or expenses for which you seek recovery in the instant action.

8.

With respect to any payments or benefits which are available or which you or decedent received (or which were made on decedent's behalf by any source) as a result of or in relation to any of the alleged incidents giving rise to this lawsuit, please state the amount and payee of such benefit, the name and address of the person, insurance company, corporation or other entity making each payment or benefit available, and the nature of each payment or benefit made (i.e., group or individual disability benefits, group or individual medical coverage, U.S. or State government, Medicare, Medicaid, etc.).

9.

Please identify with reasonable particularity all books, treatises, articles, letters, memoranda, photographs, drawings, recordings, videotapes, medical or other records, and any other documents or tangible things which support your contentions in this lawsuit, and give the name and address of the person(s) having possession, custody or control of same.

10.

Please describe your understanding or contentions with regard to Patrick Desmond's actions during the 48 hours prior to his death, including without limitation his location, all

persons present at each location and the nature of his activities at all locations during this period of time.

11.

If you or the decedent's estate contend that this Defendant, or any agent or employee of this Defendant or Narconon International have made any statement or admission, whether oral, written or recorded, which supports the allegations of your Complaint, please identify as to each:

- (a) The name of the individual making the statement or admission;
- (b) When and where the statement or admission was made;
- (c) The individual or individuals present when the statement or admission was made;
and
- (d) The substance of the statement or admission.

Pursuant to O.C.G.A. § 9-11-26(b)(3), attach to your responses a copy of all written or recorded statements taken from or provided by any agent or employee of this Defendant.

12.

Please identify and describe with specificity any and all contracts, express or implied, alleged to have been entered into between you or decedent and each Defendant, as well as any alleged breach thereof on the part of each Defendant, as well as any damages allegedly suffered by you or decedent as a result of any such breach.

13.

Pursuant to O.C.G.A. § 9-11-26(b) (4)(A), please state whether any medical consultant, nurse, physician, other practitioner of the healing arts, or any other expert witness of any type, including but not limited to experts concerning negligence, causation, injuries, damages,

economists, and life care planners, are expected to testify as an expert witness at trial and, if so, please provide as to each expert:

- (a) The name, present address and telephone number of the expert;
- (b) The subject matter on which the expert is expected to testify;
- (c) The substance of the facts and opinions to which the expert is expected to testify;
- (d) A summary of the grounds for each opinion, including, but not limited to, each specification of professional negligence; and
- (e) The qualifications of the expert to give these opinions. (A copy of the C.V. will be accepted in lieu of a detailed answer to this subpart).

14.

Please state the full name, home address and telephone number, current employer and business address and phone number of every person who, to your knowledge, information or belief, has any knowledge, information or opinions regarding the facts or circumstances which are the subject matter of this lawsuit, including but not limited to any issues of negligence, liability, causation, injuries and damages, or who has knowledge or information of any facts or circumstances supporting any claims against each Defendant in this case.

15.

Please state the name, address, telephone number and employer of all persons who, to your knowledge, information or belief, have investigated any aspect of the occurrence which is the subject matter of this lawsuit, indicate whether or not each has made a written or recorded record of the investigation or any part thereof, indicate the date or approximate date each record was made, and state whether a copy of these written or recorded records are in the possession, custody or control of you, your attorneys, investigators, agents or representatives.

16.

Have you or decedent ever been involved in any other legal action, either criminal or civil, as a defendant, plaintiff or prosecutor? If so, state:

- (a) the date and place each such action was filed giving the name of the court, the name of the other party or parties involved, the number of such action and names of the attorneys representing each party;
- (b) a description of the nature of each such action, the disposition of each such action; and
- (c) with respect to any criminal charges, include all felonies, misdemeanors, first offender or *nolo contendere* pleas.

17.

State whether or not decedent filed state and federal income tax returns for the years 2004 through the time of decedent's death and if so, state where each return was filed, the social security or tax number on each, and total wages, salaries, tips, etc. on each. You do not have to answer this question if you will voluntarily attach copies of each return or state in your response that you are willing to execute any appropriate authorization for the release of each return.

18.

Describe with reasonable particularity all photographs, x-rays, radiographic tests, medical records, examinations, charts, diagrams, videotapes, and other illustrations of any person, place or thing involved in this lawsuit, giving the date each was made and identify the person(s) with possession, custody or control of each item or a copy of any item.

19.

Identify all written material in your or your attorneys' possession, custody or control created by or obtained from any Defendant in this case, or any officers, employees, or agents of any Defendant in this case, other than as produced by Defendants to you in this litigation.

20.

Please identify each and every substance abuse program or center in which decedent was ever enrolled and participated prior to his entry into the Narconon of Georgia program, including in your answer the name, address, phone number and director of each program, the dates of participation or enrollment and the reason your decedent left the program.

21.

Identify all doctors, osteopaths, psychologists, physical therapists, occupational therapists, respiratory therapists, speech therapists, chiropractors, hospitals, infirmaries, clinics, sanitariums, nursing homes, asylums, and other practitioners and institutions of the healing arts of every type that have treated the decedent during the fifteen (15) years preceding his death, including anyone who treated decedent as a result of this occurrence(s), and indicate whether each has issued a written report regarding treatment of decedent.

22.

Excluding those physicians identified in your answer to the preceding interrogatory, please state the name, present address and telephone number of every other physician or medical examiner who examined or treated decedent after the alleged incident(s) giving rise to this Complaint.

23.

Did decedent have any impaired physical or mental condition or disability at the time or prior to the incident(s) described in your Complaint, including but not limited to, congenital, medical, psychological, alcohol or substance induced, vision impairment or otherwise? If so, please explain in reasonable detail.

24.

Please reasonably describe each fact and circumstance regarding the decedent that you contend should bear upon a jury's determination of "the full value of the life of the decedent" under Georgia law, including both economic and non-economic factors.

25.

Please describe with specificity each and every alleged misrepresentation that was made by Narconon of Georgia or Narconon International, including but not limited to the persons involved in each communication, any documents that evidence the communication, the time, place and circumstances of each communication and all persons with knowledge of each communication.

26.

Identify all persons who have relevant knowledge of the contentions against any Defendant in this case or who has knowledge of the events of the last 48 hours of Patrick Desmond's life.

27.

Please state whether you will sign a HIPAA release form for all your decedent's medical care providers. If so, please copy as necessary, sign the form attached and return it with your responses. If not, please state why not.

This the 16th day of July, 2010.

DREW ECKL & FARNHAM, LLP

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***Attorneys for Defendant Narconon of
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5346-76636

STATE COURT OF
DEKALB COUNTY, GA

2011 MAY 26 PM 12:08

FILED

Adams

Sam

**AUTHORIZATION FOR DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

TO: CUSTODIAN OF MEDICAL RECORDS AND BILLING RECORDS

RE: Release of medical records and/or billing records for:

Patient Name: Patrick Desmond

Date of Birth:

Social Security Number:

Pursuant to HIPAA Standards for Privacy of Individually Identifiable health Information, 45 C.F.R. §§ 164.512 & 164.508, I hereby authorize you to use or disclose Patrick Desmond's protected health information, as described below. I further authorize the following individuals or organizations to receive such health information: **Drew Eckl, & Farnham, LLP**. The purpose of the requested use or disclosure is: **at the request of the individual's personal representative for purposes of investigation and litigation**; or Other (please specify)

The information to be used or disclosed includes the following specified information:

Complete Medical Record from, _____ including information related to my diagnosis, prognosis and/or treatment (which may include substance abuse, mental health, and/or HIV/AIDS information).

- | | |
|---|--|
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> Consultation Reports |
| <input checked="" type="checkbox"/> ER Records | <input checked="" type="checkbox"/> History and Physical |
| <input checked="" type="checkbox"/> Nursing Notes | <input checked="" type="checkbox"/> Progress Notes/Orders |
| <input checked="" type="checkbox"/> Operative report | <input checked="" type="checkbox"/> Lab Reports |
| <input checked="" type="checkbox"/> Pathology report | <input checked="" type="checkbox"/> Radiology Reports |
| <input checked="" type="checkbox"/> Diagnostic Studies | <input checked="" type="checkbox"/> Media Files |
| <input checked="" type="checkbox"/> Office Notes/Visits | <input checked="" type="checkbox"/> Billing Records |
| <input checked="" type="checkbox"/> Hospital Chart (Entire) | <input checked="" type="checkbox"/> Records from other providers |

_____ Psychiatric notes (subject to uncombined authorization)

_____ Other (specify) _____

I understand that the information in Patrick Desmond's health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol and/or drug abuse. I authorize the release of such information, with the following exceptions:

Federal and state laws protect the information disclosed pursuant to this Authorization. I understand that if the authorized recipient of the information is not a health care provider or health plan covered by federal privacy regulations, the information may be re-disclosed and no longer protected. However, the recipient may be prohibited from disclosing any substance abuse information under the federal confidentiality requirements for alcohol and drug abuse patient records and the Public Health Service Act. Such information may not be used to criminally investigate or prosecute any alcohol or drug patient. Further, pursuant to O.C.G.A. § 24-9-47, state law prohibits a recipient from making any further disclosure of test results relating to HIV and AIDS without the specific written consent of the person to whom such information pertains. A general authorization for the release of medical or other information is NOT sufficient for such purpose.

This authorization will expire upon the occurrence of the following event or condition:

On this Date: _____ or **Other event or condition: Termination of lawsuit.**

If no event or condition is listed, it will expire in 60 days. I understand that I have the right to revoke this Authorization at any time, and in order to do so, I must present a written revocation to you. I understand that the revocation will not apply to information that already has been released in response to or in reliance upon this Authorization. I understand that I need not sign this Authorization in order to ensure health care treatment, payment, enrollment in any health plan, or eligibility for benefits. I understand that if this authorization is sought by a covered entity I will be given a copy of this Authorization form, after signing it.

_____(Initial if applicable) I acknowledge receipt of my copy of my medical record.

Signature of Patient/Authorized Representative (include relationship or nature of authority)

Signature of Patient's Personal Representative

Relationship to Patient: _____

Date: _____

SWORN TO AND SUBSCRIBED


before me this ____ day of _____, 2010.

Notary Public

My commission expires: _____

Robert G. Tanner, Esquire
Weinberg Wheeler Hudgins
Gunn & Dial, LLC
950 E. Paces Ferry Rd., Suite 3000
Atlanta, GA 30326

This 16th day of July, 2010


Kathryn S. Whitlock
Georgia Bar No. 756233

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