MARTIN CLEARWATER & BELL LLP

DEFENSE PRACTICE UPDATE

DEC 2017

The Benefits of Electronic Prescription Laws on Opioid Abuse and Prevention of Medical Malpractice Actions

BY: JOHN J. BARBERA AND MATTHEW M. FRANK

Hypothetical Case

A patient develops chronic pain after an orthopedic injury and is given a paper prescription for opioids by her orthopedist. This particular patient becomes dependent on opioids, and begins to engage in drug-seeking behavior. She visits a neurologist, a pain management specialist, and a hospital emergency room, and is given a paper prescription for opioids by each provider. Each provider is unaware that the patient is receiving prescriptions from other providers and believes in good faith that the opioids are being reasonably prescribed. The patient may also obtain access to official paper prescription forms or be prescribed opioids by family members. The patient subsequently expires from opioid toxicity. Unfortunately, this is not an uncommon scenario. Drug overdose is the leading cause of injury death in the United States. The U.S. Department of Health & Human Services estimates that 12.5 million people misused prescription opioids in 2015.

Medicine Behind Opioid Overdose

Opioids are central nervous system (CNS) depressants, as are barbiturates, benzodiazepines, alcohol, and even over the counter medications, such as Benadryl. CNS depression can cause respiratory and circulatory insufficiency, and in some cases lead to cardiovascular collapse and death. To complicate matters, overdoses often occur through combined effect intoxication, wherein two or more CNS depressants are taken at or around the same time. Due to synergistic effects, overdose can occur, even where none of the drugs would have been of toxic levels on their own. CNS toxicity can also be further complicated by hypoglycemia or kidney disease.

Medical Malpractice Litigation

Whether an intentional or accidental overdose, the patient's family may commence a lawsuit against the treating physician, claiming a departure from accepted practice in failing to properly monitor the patient's opioid use. Under the traditional paper prescription system, in order to establish a proper defense, the treating physician must have properly documented: 1) that the physician's prescriptions were indicated for the patient's pain level and proper in dosage and frequency; 2) that the physician asked the patient what other CNS depressants the patient was taking and from what other providers; and 3) that there were no contraindications with taking the various medications at the same time. The physician must rely on the recollection and honesty of the patient. Proper documentation is

Continued on page 2

Effective March 27, 2016, all practitioners in New York State were mandated to electronically prescribe both controlled and non-controlled substances, essentially eliminating the standard paper prescription form, with limited exceptions.

particularly important in the case of fatal overdose, where evidentiary rules may prevent the doctor from testifying at trial as to communications he had with the deceased patient.

The New Electronic Prescription Legislation and its Benefits

Effective March 27, 2016, all practitioners in New York State were mandated to electronically prescribe both controlled and non-controlled substances, essentially eliminating the standard paper prescription form, with limited exceptions.[1] These prescriptions are recorded in the Prescription Monitoring Program (PMP) Registry. Prescribers are required to consult the Registry prior to prescribing controlled substances.

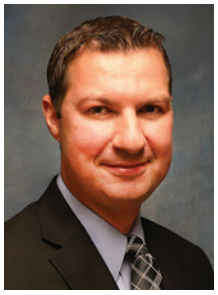
Connecticut has enacted a similar law requiring electronic prescriptions for controlled substances, going into full effect on January 1, 2018.[2] The Connecticut legislation similarly requires all controlled substances to be electronically prescribed and entered into the Connecticut Prescription Monitoring and Reporting System (CPMRS).

Electronic prescriptions and electronic controlled substance registries serve to minimize fraudulent prescriptions and allow the treating physician to review a complete list of prior and current prescriptions, regardless of what provider prescribed the opioids. With this list, the physician is able to judge the appropriate dosage, frequency, and type of opioid to be prescribed (or withheld as the case may be, especially when the registry shows that the patient is doctor shopping for prescriptions), as well as whether the patient is taking another CNS depressant which may contraindicate the contemplated prescription.

Conclusion

The new electronic prescription legislation in New York and Connecticut, in conjunction with the respective electronic registries, are required tools for the practitioner to become familiar with to prevent opioid diversion and abuse, as well as protect against claims of medical malpractice alleging a failure to properly monitor opioid use. These systems do not exclusively rely on patient history to obtain complete information on prior and current drug prescriptions. They also limit misuse of paper prescription forms. However, it is not a substitute for eliciting a proper drug history from the patient, educating the patient on the dangers of opioids and the combined effects of opioids with other CNS depressants, and keeping proper documentation of all prescriptions and communications with the patient regarding the prescribing of such medications.

John J. Barbera is a senior partner and trial attorney and focuses his practice on the defense of professional liability claims, complex personal injury cases, and health care law matters. Mr. Barbera manages the defense of physicians and hospitals from the investigatory stages of a claim through trial. As a member of the Firm's Health Care Group, he represents health care professionals in professional disciplinary proceedings with the New York State Department of Health. He also advises and defends hospitals and their directors and officers, in physician-staff credentialing matters.



Matthew M. Frank is a Senior Associate at Martin Clearwater & Bell LLP. His practice encompasses all areas of design professionals malpractice, medical malpractice, and general liability defense. He defends architects, engineers, land surveyors, construction managers, physicians, hospitals, health care systems and nursing homes, among many others. In addition to litigation, Mr. Frank has expertise in pre-litigation claim prevention, alternative dispute resolution, and contract drafting, review, and negotiation.

1. 10 NYCRR Part 80.
2. CT HB 7052, repealing and amending portions of sections 20 and 21a of the general statutes.

The Introduction of Social Media Evidence at Trial

By: Daniel L. Freidlin and Ryan T. Cox

The importance of social media investigation during the course of discovery often goes underappreciated. In this day and age, websites and apps such as Facebook, Twitter, LinkedIn, Instagram and others provide a digital platform for people to update the world on their day-to-day activities and accomplishments. Plaintiffs in litigation are no exception, and often they do not realize that the statements and photographs posted on social media sites may be used against them to show that the injuries being claimed are exaggerated or feigned.

While social media profiles may provide attorneys with a treasure trove of relevant information,[1] it is of limited use if it cannot be admitted into evidence. At trial, in addition to demonstrating relevance, photographs must be properly authenticated before they can be admitted into evidence. When it comes to authenticating a photograph, the party seeking to introduce it has the burden of establishing that it is a fair and accurate representation of what is depicted. Digital photographs obtained on the internet or from social media profiles pose the additional challenge of showing that they have not been digitally altered.

In *People v. Price,*[2] the New York Court of Appeals recently held that in order to show that a photograph obtained from a social media profile "accurately represents the subject matter depicted," the foundation must be laid through the testimony of the individual who took the photograph, the subject of the photograph, or an expert, to establish that the photograph has not been altered. The criminal case involved an alleged armed robbery where the State's evidence at trial included a digital photograph that purported to show the defendant holding the same weapon used during the crime. The defense objected to the introduction of the photograph, which was obtained from a social media profile purportedly belonging to the criminal defendant. The photograph was allowed into evidence and the defendant was convicted. On appeal to the Court of Appeals, the conviction was overturned as the Court found that the State did not adequately authenticate the photograph.

Some states[3] have held that photographs obtained from the internet can be authenticated if it can be shown that the website is attributable and controlled by the individual depicted. Another argument that can be raised is that the photograph is authenticated by showing that the plaintiff "liked"[4] it on someone else's social media profile. Although these arguments were raised by the State in *People v. Price,* the Court of Appeals held that there was insufficient proof to connect the defendant to the social media profile as there was no evidence elicited at trial as to whether the defendant used the social media website, communicated with anyone through the account, or whether the account was password protected. As such, the issue of whether the photograph could be authenticated by demonstrating that the internet profile page did in fact belong to the defendant was left undecided.

A Case Example of Social Media Used at Trial

Photographs and statements obtained from social media profiles can reduce the value of a case as evidenced by the result of a recent high exposure damages trial handled by Martin Clearwater & Bell LLP. The plaintiff in our case intended to prove that a low voltage electric shock sustained when he inadvertently came into contact with temporary electrical wiring[5] caused a diffuse neurological injury affecting the left optic nerve (resulting in double vision), the right sensory cortex of the brain (resulting in a lack of sensation on the left side of his body), a left foot drop and other neuropsychological deficits. In addition to pain and suffering, future lost earnings of over $3 million were claimed as plaintiff was allegedly unable to return to his $150,000/year job. His wife had a derivative claim.

The plaintiff's proof at trial included a videotaped deposition of his treating burn surgeon who contended that the alleged low voltage electric shock sustained by the plaintiff caused his claimed brain injury. The plaintiff's certified medical records documented that there

Continued on page 4

1. This article does not intend to focus on the relevance or discoverability of social media profiles.
2. 2017 Slip Op 05174 (N.Y. Ct. App. June 27, 2017).
3. *See, San Diego Gas & Electric v. ABB,* 2016 US Dis. LEXIS 157346 (S.D. California 2016); *United States v. Washington, State v. Jones,* 318 P3d 1020 (Kansas Ct. of Appeals 2014); *Smoot v. State,* 316 Ga App 102 (Georgia Ct. of Appeals 2012); *United States v. Bansal,* 663 F3d 624 (3d Circuit 2011); *Tienda v. State,* 358 SW3d 633 (Texas Crim. App 2012).
4. Some social media sites allow a user to "Like" another individual's post or photograph.
5. As running temporary electrical wiring across the floor of a construction site constituted a violation of industrial code, the plaintiffs were able to prevail on summary judgment under Labor Law 241(6), and the sole issue at trial was the damages caused by the electric shock.

 Continued from page 3

were in fact neurological deficits. As if having the plaintiff's own treating doctor offer an opinion on causation was not damaging enough, there were objective signs of physical compromise found by the defendants' own examining physicians during the course of discovery. This overwhelming proof was compounded by the fact that the plaintiff spoke with a convincing stutter, walked with a limp, and appeared to have legitimate neurological injuries. Despite the plaintiff's overwhelming proof, we had reason to believe that the plaintiff was exaggerating his injuries based upon Workers Compensation records. Unfortunately, the records that helped us were inadmissible.

While the cards were stacked against the defense, the case had to be tried to a verdict due to the plaintiff's inflexible seven figure settlement demand. There was limited admissible evidence to support the defense position that the plaintiff was exaggerating his injuries. However, the tide turned shortly before the commencement of jury selection when we discovered the plaintiff's recently created Facebook profile page. The social media page contained photographs of the plaintiff without his prism glasses – which he testified were needed to correct his double vision – vacationing in Hawaii and Sacramento…with his new girlfriend. This quickly disposed of the wife's derivative claim. Better yet, we linked to his girlfriend's page where we found additional photographs of the couple vacationing in New York, Canada and Panama. These photographs included evidence of our allegedly neurologically compromised plaintiff zip-lining. Our plaintiff "liked" each of the photographs, which we were prepared to use to demonstrate their authenticity.

In addition to photographs, we used updates on the plaintiff's LinkedIn profile to argue that the plaintiff was not unemployable as he claimed and was likely running his own business.

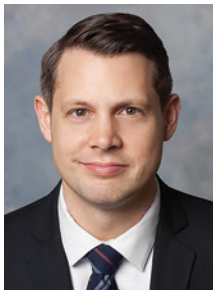
Although plaintiff – unsuccessfully – argued that the social media evidence was irrelevant, he did not raise authenticity as an objection. As such, we do not know how the trial judge would have applied the holding in *People v. Price*. In summation, we argued that that the plaintiff was malingering and while he was able to fool his treating physicians, the photographs clearly demonstrated that the plaintiff was not as injured as he purported to be. The jury agreed.

Conclusion

The burden of demonstrating that a digital photograph is a fair and accurate representation of the subject matter depicted and has not been altered may at times be difficult to overcome. Following *People v. Price,* photographs obtained from social media profiles can be authenticated by offering the testimony of the person who took the photograph (if that person is known) or by an expert to testify that the photograph was unaltered. Of course, the picture can be authenticated through the admission of the plaintiff himself, but a well-prepared plaintiff will know to leave open the possibility that the picture was digitally altered so that it cannot be demonstrated that the picture is a "fair and accurate representation" of the subject matter depicted. It remains unclear if New York will adopt the standard used in other jurisdictions that the profile pages are self-authenticating if it can be shown that the profile page is controlled by the plaintiff (or criminal defendant) and is password protected. Ultimately, it is the trial judge that acts as the gatekeeper of what evidence is permitted.

This case result shows the importance of not only conducting thorough social media investigations of the plaintiff and family members, but also obtaining deposition testimony regarding their use of social media. Deposition testimony that the social media sites belong to the plaintiff and are password protected can help to establish the necessary foundation to introduce relevant social media postings into evidence at trial. Locking the plaintiff into testimony at their deposition can make it difficult for them to later contend that the social media postings were not theirs. There is no question that it is critical to conduct social media investigations of plaintiffs early and often, and be prepared to lock them into testimony at the time of their deposition which can later be used to properly authenticate digital evidence at trial.

Daniel L. Freidlin is a Partner at Martin Clearwater & Bell LLP. His practice encompasses all areas of medical malpractice and professional liability defense. He has also handled matters involving general liability, professional liability, insurance law and electronic discovery. Mr. Freidlin defended major medical centers in mass tort litigation, including in the areas of hepatitis C/HIV transmission, neurosurgery, and alleged fraudulent billing. Mr. Freidlin's practice includes the defense of health care professionals and hospitals in medical malpractice actions from inception through trial.



Ryan T. Cox is a Partner at Martin Clearwater & Bell LLP. Mr. Cox's practice encompasses all areas of medical malpractice, dental malpractice, podiatric malpractice, nursing home defense, construction accident defense, general liability, professional liability and employment/labor law. He also has experience in defending individual physicians and facilities in federal court litigation involving complex neurosurgical procedures.

Lavern's Law: Will New York Reset the Statute of Limitations Clock for Cancer Cases?

By: Thomas A. Mobilia and Aryeh S. Klonsky

On June 21, 2017, the New York State Legislature passed a law that would significantly extend the time for patients to initiate a medical malpractice lawsuit against healthcare providers in cases involving an alleged failure to diagnose a malignant tumor or cancer. The bill (Senate 6800/Assembly 8516), known colloquially as "Lavern's Law," has been working its way through the State Legislature ever since the bill's namesake Lavern Wilkinson was time-barred from bringing a lawsuit following a lung cancer diagnosis.

Lavern Wilkinson was a 38 year-old woman who presented to a NYC hospital emergency room with chest pains. A radiologist noted a suspicious mass on the x-ray, but she was sent home without being advised of the mass. Several years later, Ms. Wilkinson was diagnosed with lung cancer and sought to bring a suit against the hospital claiming that the fatal cancer was diagnosable and treatable during the ER visit in 2010. By the time of diagnosis, however, Ms. Wilkinson was time-barred from bringing the suit, and subsequently died from lung cancer in 2013.

In general, plaintiffs have up to 2.5 years from the date of the alleged negligent act, omission or failure complained of, to commence a medical, dental or podiatric malpractice action. In certain cases, plaintiffs already have the benefit of various extensions or "tolls" to the deadline, thereby permitting lawsuits beyond the 2.5 year statute of limitations. Under New York's "continuous treatment doctrine," for example, the 2.5 year statute of limitations is tolled until the last date of treatment, provided that there has been continuous treatment for the same illness, injury or condition which gave rise to the claimed malpractice.

Citing to Lavern Wilkinson's case as an injustice, patient advocates, plaintiffs' attorneys and lobbyists pressed New York lawmakers to adopt a "discovery rule" to extend New York's statute of limitations. Specifically, the current 2.5 years from the date of occurrence would be changed to 2.5 years from the date the patient discovered the occurrence. A retroactive date was also proposed which allowed a one-year window to revive cases that were time-barred under current law.

While the total impact on healthcare providers and hospitals remains to be seen, the bill has the potential to substantially increase the number of cancer-related malpractice actions and raise insurance premiums.

Ultimately, a modified version of the bill cleared both the New York State Assembly and Senate in June 2017, which extended the statute of limitations for medical, dental or malpractice actions involving a claimed failure to diagnose a malignant tumor or cancer. The bill provides that such cases must be commenced within 2.5 years of when a patient "knows or reasonably should have known of the alleged failure to diagnose a malignant tumor or cancer, whether by act or omission - or - reasonably should have known that such negligent act or omission caused the injury." The bill also provides, however, that no such action can be brought 7 years after the date of the alleged malpractice or the last treatment if there is continuous treatment. Lastly, the one-year window to resurrect time-barred cases was excluded from the bill.

A plaintiff must still prove, of course, that a physician's alleged failure to diagnose cancer was a departure from good and accepted medical practice, and that such departure was a proximate cause of the plaintiff's injuries. The bill will also give rise to defense counsel moving for dismissal of the case, wherein the litigated issue will be the timing by which the patient should have "reasonably" known about the alleged misdiagnosis.

The bill currently awaits Governor Andrew M. Cuomo's signature, and he has publicly expressed his support.

While the total impact on healthcare providers and hospitals remains to be seen, the bill has the potential to substantially increase the number of cancer-related malpractice actions and raise insurance premiums.

Continued on page 6

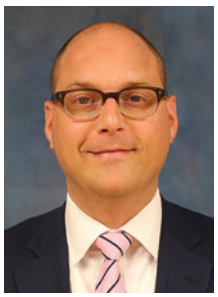
1. NY Civil Practice Law and Rules (CPLR) §214-a.

Lavern's Law: Will New York Reset... *Continued from page 5*

Lawsuits will also be started further away from the actual care and treatment rendered, when memories have faded, and witnesses and records are more difficult to locate. Accordingly, the physician is well-advised to carefully and thoroughly document all encounters with patients, including discussions regarding the findings, differential diagnoses, treatment options and associated risks, benefits and alternatives, and follow-up recommendations.

Note: This article was republished with perminssion from MD News Long Island, November 8, 2017 issue.

Thomas A. Mobilia is a Senior Partner at Martin Clearwater & Bell LLP who has defended the firm's hospital clients, medical practices and physicians in high-exposure malpractice cases in state and federal courts for more than 20 years. Mr. Mobilia also represents physicians and health care professionals in disciplinary proceedings brought by the New York State Department of Health, Office of Professional Medical Conduct and Office of Professional Discipline.



Aryeh S. Klonsky is a Senior Associate at Martin Clearwater & Bell LLP where he focuses his practice on the defense of medical malpractice and professional liability matters. He also has experience in defending products liability cases. Mr. Klonsky defends our client physicians, hospitals and academic medical centers in medical malpractice actions in civil, state and federal courts as well as in mediations.

Case Results

June 2017 – Plaintiff Obtains Hollow Victory in Employment Trial: Awarded Only One Dollar and No Attorneys' Fees or Costs: Partner Gregory B. Reilly represented the Defendant employer, a Fire Department in the United States District Court, Southern District of New York. The employer terminated the Plaintiff for conduct unbecoming of an officer and for being discourteous, obscene and abusive to other members of his fire department. The Plaintiff proved that he was denied procedural due process. The Court held, however, that even in the absence of the required due process hearing, the Defendants would have still expelled the Plaintiff for misconduct. Accordingly, after a week-long trial, Plaintiff was awarded only nominal damages in the amount of one dollar ($1.00) and no attorneys' fees and costs.

September 2017 – Court Holds the World Has Not Turned Upside Down – Employer Can Terminate Worker for Misconduct: The MCB Employment & Labor practice group represented the Defendant employer in the United States District Court, Eastern District of New York. In this case, the employer fired the employee after an audit revealed that he used his employer's tax-exempt status for personal purchases at discounted rates. Plaintiff accused his employer of violating his rights to procedural and substantive due process under the Fourteenth Amendment. Plaintiff also raised a First Amendment retaliation claim. The Court granted summary judgment dismissing all of the plaintiff's federal claims with prejudice. The Court declined to exercise supplemental jurisdiction over plaintiff's state law claims and dismissed those claims without prejudice.

September 2017: Senior Trial Partner, Bruce G. Habian, assisted by partner Charles S. Schechter, secured a unanimous defense verdict as to both surgical liability and informed consent in Supreme Court, Westchester County. The 24 year old male plaintiff, who had been diagnosed with the rare condition of Hereditary Spastic Paraparesis (HSP), eventually developed bilateral fixed cavus deformities (extremely high arches) of both feet that compromised his gait. He was a toe-walker and could not achieve plantar grade ambulation, per his treating neurologist's assessments. These deformities, together with the anticipated progression of his neurologic condition, would render him immobile in the future. The defendant orthopedist – with a specialty practice concerning

neuromuscular diseases – performed extensive osteotomies on both feet. The cavus was corrected, but significant post-op pain because of complete non-union of the foot bones was the result. Removed hardware in one foot did not alleviate the pain and the remaining hardware in the other foot eventually fractured. Plaintiff's liability position was that the significant operation should never have been undertaken given the underlying neuro condition. The plaintiff never underwent recommended secondary fusion procedures in an attempt to mitigate the pain.

October 2017: Senior Trial Partner Anthony M. Sola, assisted by Partner Nancy J. Block and Associate Emma B. Glazer, obtained a defense verdict after a 3 week trial in Supreme Court, Queens County before Justice Kevin J. Kerrigan. The case involved a wrongful death claim for a then 43 year old married, working mother of 3 teenage children. The patient, who had a history of having had a prior pulmonary embolism (PE) for which she was on life-long anticoagulation therapy with Coumadin, was morbidly obese and presented to our clients, a major NYC Hospital and a Bariatric Surgeon, for a sleeve gastrectomy (removal of a portion of her stomach) to help her lose weight. Since a patient cannot be anticoagulated during surgery, in situations such as this the protocol is to have the patient weaned off the long-acting Coumadin starting a week before surgery, and in place of that employing a short-acting anticoagulation drug (Lovenox). For the day of the operation, the short acting Lovenox is also stopped, and then about a day later the Lovenox is restarted together with the Coumadin for about a week while the Coumadin gets back to therapeutic levels. Unfortunately, the patient developed a PE about a week post-surgery and had documented about 35 minutes of conscious pain and suffering before she succumbed. The plaintiff's claims centered on the adequacy of the discharge instructions and post-discharge prescriptions of anticoagulants. The jury returned a unanimous verdict in favor of both defendants.

November 2017 – MCB Employment & Labor Practice Group Succeeds on Dismissal of Discrimination Claim before NYC Commission on Human Rights: MCB's Employment & Labor defendant-client, a physician practice group, was accused by a former employee of race and marital status discrimination. The employee raised her discrimination claim with the NYC Commission on Human Rights (the "Commission"). The practice group has over 250 employees and staffs over 20 medical practices, with a commitment to fostering and providing equal employment opportunity to all employees. After an intensive investigation, in which the Commission sought extensive document discovery and interviewed multiple employees, the Commission dismissed the former employee's complaint finding the evidence did not support a claim of discrimination.

Did You Miss Our Fall Client CLE?

To receive a copy of the program:
"An Introduction to New York State's Office of Professional Medical Conduct, Office of Professional Discipline and Justice Center," please contact Marketing Manager, Courtney Scott, at (212) 471-1235 or scottc@mcblaw.com

MCB NEWS

MCB Receives 2018 Best Law Firms Designation

The U.S. News – Best Lawyers "Best Law Firms" rankings are based on a rigorous evaluation process that includes combination of client feedback, information provided on the Law Firm Survey, the Law Firm Leaders Survey, and Best Lawyers peer review.

Jeff Shor Receives AV Preeminent Rating from Martindale-Hubbell

Partner Jeffrey A. Shor received an AV Preeminent Rating from Martindale-Hubbell®. Martindale-Hubbell® Peer Review Ratings™, the gold standard in attorney ratings, have recognized lawyers for their strong legal ability and high ethical standards for more than a century.

Aisling McAllister recognized as Irish Legal 100 Rising Star

Associate Aisling McAllister was recognized in the Irish Voice newspaper as an 'Irish Legal 100 Rising Star'. The Irish Legal 100 is comprised of some of the most accomplished and distinguished lawyers of Irish descent from all across America. Aisling is a member of the firm's Employment & Labor practice group.

Sean Dugan is inducted into the Litigation Counsel of America

Senior partner, Sean F.X. Dugan has been formally inducted as a Fellow of the Litigation Counsel of America (LCA). The Litigation Counsel of America is a trial lawyer honorary society composed of less than one-half of one percent of American lawyers. Fellowship in the LCA is highly selective and by invitation only. Fellows are selected based upon evaluations of excellence, effectiveness and accomplishment in litigation, and superior ethical reputation. The LCA seeks a high level of diversity in its composition and is dedicated to promoting superior advocacy, professionalism and ethical standards among its Fellows. Established as a trial and appellate lawyer honorary society reflecting the American bar in the twenty-first century, the LCA represents the best in law among its membership.

Defense Practice Update
is a publication of
Martin Clearwater & Bell LLP.

Manhattan
220 East 42nd Street
New York, NY 10017
212-697-3122 *phone*
212-949-7054 *fax*

Nassau County
90 Merrick Avenue
East Meadow, NY 11554
516-222-8500 *phone*
516-222-8513 *fax*

Westchester County
245 Main Street
White Plains, NY 10601
914-328-2969 *phone*
914-328-4056 *fax*

New Jersey
744 Broad Street
Newark, NJ 07102
973-735-0578 *phone*
973-735-0584 *fax*

Rochester
16 West Main Street
Suite 728
Rochester, NY 14614
585-413-1699 *phone*
585-413-3430 *fax*

Connecticut
1 Landmark Square
Stamford, CT 06901
203-738-5226 *phone*
203-738-5227 *fax*

www.mcblaw.com

STAY UP TO DATE WITH MCB

Don't forget to check www.mcblaw.com for the latest updates and news from MCB