CARLOCK COPELAND
CIVIL LITIGATION

quarterly newsletter

Atlanta, GA | Charleston, SC

News

Volume VIII - Issue 2 - Spring 2011

Table of Contents

The Atlanta Office is Moving

We are excited to announce that in June 2011 we will be moving our Atlanta office to One Ninety One Peachtree Tower, 191 Peachtree Street NE, Suite 3600, Atlanta, GA 30303-1740. Our new space will still be located in Downtown Atlanta, two blocks from our existing space in Peachtree Center.

RECENT VICTORIES

In Highly Anticipated Decision, Georgia Supreme Court Strikes Down State Charter School Law

Thomas A. Cox, Represents DeKalb County and Atlanta Public Schools in Landmark Case.

In a long-delayed and highly anticipated decision, the Georgia Supreme Court, siding with local Georgia public school systems including Gwinnett and DeKalb Counties and the City of Atlanta, has declared unconstitutional a Georgia law that had allowed the State to bypass local school boards and approve the creation of state charter schools funded by contributions from local school systems.

The Georgia Charter Commission Act, enacted by the General Assembly in 2008, authorized a politically appointed state commission to override decisions by local school boards denying applications to create charter schools. In striking down the Act, the Georgia Supreme Court's decision affirms the constitutional authority of local school boards to determine when and whether charter schools may operate within their districts.

Thomas A. Cox, who recently joined Carlock, Copeland & Stair, represented the DeKalb County and Atlanta school systems in the case before the Supreme Court.

The decision will have no impact on the large majority of Georgia's charter schools, which have been approved by local school boards, but it may require the closure (or at least the loss of all local funding) of charter schools that have previously been approved by the State Charter Commission, including Ivy Preparatory Academy in Gwinnett County, Charter Conservatory for Liberal Arts and Technology in Bullock County, and Heron Bay Academy in Spaulding County, all of which were parties in the case.

Favorable Jury Verdict In Admitted Liability Motor Vehicle Accident Case

Jason Hammer successfully defended his client during a jury trial in Cobb County Superior Court. The Defendant admittedly ran a red light and collided with the Plaintiff, who presented evidence, including expert testimony, in an effort to show the Defendant was on her cell phone and that it caused her to run the light. The defense presented evidence that the Plaintiff was not paying attention either, and despite having the right-of-way, could have avoided the accident. It was undisputed the Plaintiff suffered a broken arm and frozen shoulder, among other injuries, requiring a cast for a month, a dynamic splint for another month, and over six months of physical therapy. She had a 7 percent permanent impairment rating and $12,000 in undisputed medical bills. The defense successfully questioned the Plaintiff's credibility with regard to her alleged pain, suffering and limitation of daily activities. The jury returned a verdict attributing 15 percent negligence to the Plaintiff and a damages award of $17,000, for a total award of only $14,450. Prior to trial, the Plaintiff rejected a $30,000 offer and increased her demand from $125,000 to $155,000.

Defense Verdict in Favor of an OB/GYN Physician

On April 1, 2011, a Fulton County jury

returned a defense verdict in favor of an OB/GYN physician who was represented by Dan McGrew and Spencer Bomar. The case involved a 39-year-old female who was diagnosed with an ectopic pregnancy and who underwent surgical removal of a fallopian tube. The Plaintiff alleged that the diagnosis, management, and surgical intervention of her ectopic pregnancy was the untimely cause of permanent loss of a fallopian tube, pain and suffering, and lost wages.

Trial Victory for Tom Carlock and Eric Frisch

Tom Carlock and Eric Frisch successfully defended an anesthesiologist at trial. The Plaintiffs alleged that the anesthesiologist and a physician assistant failed to adequately ventilate and oxygenate the patient after she developed respiratory distress, leading to purported brain damage. The Fulton County jury returned the defense verdict in about two hours.

Georgia Supreme Court Victory in Construction Case

On March 18, 2011, the Georgia Supreme Court upheld summary judgment in favor of a defendant builder represented by Dave Root and Cheryl Shaw. The Plaintiff claimed personal injuries stemming from a deck collapse eleven years after original construction by the builder. The trial court dismissed the Plaintiff's claims in their entirety based on Georgia's statute of repose which prevents such claims from being asserted more than eight years after substantial completion. The Plaintiff appealed, claiming that the manner in which the builder had attached the deck to the house constituted fraud, which estopped the builder from asserting the statute of repose as a defense. The Court of Appeals upheld the trial court's dismissal, but the Plaintiff appealed to the Georgia Supreme Court.

In a case of first impression, Dave and Cheryl argued that their client was not estopped from asserting the statute of repose, and that this (construction) case was different from other (medical negligence) cases where the doctrine of "equitable estoppel" had been used to extend the time in which a plaintiff could assert his claim. The Georgia Supreme Court agreed, holding that the Plaintiff's injury must occur within the repose period in order for equitable estoppel to apply. The Plaintiff's motion for reconsideration was denied on April 12, 2011.

Defense Verdict in Cerebral Palsy Case

Tom Carlock and Eric Frisch successfully defended an obstetrician at trial against allegations that one fraternal twin received an in utero brain injury related to weight discordance, pre-eclampsia, and low amniotic fluid levels. The Floyd County, Georgia jury returned a defense verdict in less than 5 hours, after hearing evidence that the twin pregnancy was managed appropriately and that the most likely cause of the injury was genetics.

Defense Verdict: Ordinary Negligence In Operation of Cardiac Stress Test

Dan McGrew and Kim Ruder recently obtained a defense verdict in DeKalb County during their representation of a local cardiology practice. The case involved the administration of a cardiac stress test and the use of a treadmill. The Plaintiff alleged at trial that the cardiology practice's employees were negligent in administering the test in that they (1) failed to properly advise her regarding the increase in treadmill speed and that (2) once she was unable to maintain the increased speed, the cardiology practice employees failed to take proper action to prevent her from falling off the treadmill. The Plaintiff claimed she suffered injuries to her neck, low back, and lower extremity, resulting in a permanent impairment. In defending against the Plaintiff's claims, Dan and Kim successfully showed that the cardiology practice employees who administered the treadmill test, carefully monitored the Plaintiff, counseled her extensively regarding the test, and administered the stress test according to industry standard. They demonstrated that the Plaintiff was responsible for her own injuries. They also demonstrated that the Plaintiff's injury complaints were long-standing problems that pre-dated her fall from the treadmill.

Federal Court Upholds S.C. Tort Reform Medical Malpractice Requirements

Gary Lovell and Lee Weatherly recently won a Motion to Dismiss in United States District Court for the District of South Carolina on behalf of a correctional health care organization. In their Motion to Dismiss, Gary and Lee asked the Court to dismiss the Plaintiff's action for negligence against their client for failure to state a claim. Lee argued that the Plaintiff's failure to correctly follow South Carolina's pre-suit requirements to bring an action for the alleged negligence of a health care provider warranted dismissal. The Plaintiff countered that the pre-suit requirements to bring a negligence action against a health care provider in South Carolina were procedural and not mandatory in Federal Court. The Plaintiff also argued that the South Carolina pre-suit requirements to bring an action for negligence against a medical provider were unconstitutional.

The Court ruled that to file an action for medical malpractice in a South Carolina Federal Court, even if the terms "medical negligence" or "medical malpractice" are not specifically used in the Complaint, a plaintiff must fully comply with the pre-suit requirements of South Carolina law. As the Plaintiff had failed to comply with these requirements to bring an action for medical malpractice in South Carolina, the Court dismissed Gary and Lee's client from the suit.

ANNOUNCEMENTS

Carlock Copeland & Stair Formalizes Education Law & Litigation Team

Carlock Copeland & Stair is formalizing an Education Law & Litigation team, that will provide counsel to public school systems, private schools and higher education

institutions. Work will focus on issues of students rights, services to students with disabilities, employment matters, open records, and more general matters like construction and contract disputes, and federal and state law compliance.

Tom Cox, who recently joined the Firm as Of Counsel and has 35 years experience in education law, leads the practice area. Renee Little and Marquetta Bryan, both of whom have experience in education law, are also joining this team.

Insurance Coverage & Bad Faith Litigation Practice Group Launches Blog

Led by Partner's Mike Ethridge and Charlie McDaniel, Carlock Copeland's Insurance Coverage & Bad Faith Litigation Practice Group has launched a new blog designed to provide legal updates, opinions, and relevant information on the insurance coverage industry, to our clients and friends. Read the latest news at www.InsuranceCoverageCorner.com.

Carlock, Copeland & Stair Welcomes New Marketing Manager

We are pleased to announce that Kari Hilyer has joined the firm as Marketing Manager. Kari will oversee business development, event planning, public relations and all other marketing efforts for both the Atlanta and Charleston, SC offices.

Kari brings over 10 years of marketing experience to Carlock, Copeland & Stair. She has worked in a wide variety of industries including technology, health care, professional services and public policy. Immediately prior to joining Carlock, Copeland & Stair, Kari was director of client services for an Atlanta-based strategic communications firm.

She is actively involved with the Junior League of Atlanta and is also a member of the Legal Marketing Association.

Signs, Signs, Everywhere Signs

A Brief Look at Hospital Liability for Health Care Providers in Pre- and Post-Tort Reform Situations

By: R. Christina Wall

On February 16, 2005, the Georgia General Assembly enacted the Tort Reform Act of 2005. The provisions of the Act have been subject to numerous rulings from the courts of the State. Many aspects of Tort Reform have been stricken in the intervening years. However, some key aspects remain intact.

In the recent decision of Pendley v. Southern Regional Health System[1], the Court of Appeals considered two aspects of Tort Reform that apply specifically to the hospital setting (but could arguably apply to other settings, as well). This article addresses the Pendley decision's finding that no evidence of agency was presented for the acts of a non-employed.

"Whether or not a health care professional is an actual agent, employee or independent contractor of the hospital 'shall be determined by the language of the contract between the health care professional and the hospital.'[8]"

The facts in Pendley showed the following: The patient presented to the hospital's emergency department on November 29, 2003, (pre-tort reform) with complaints of abdominal pain and nausea. The patient was examined by an emergency department physician and, ultimately, admission was ordered. The emergency department physician consulted with another physician regarding the admission. Transfer of care occurred between the emergency department and the floor to which the patient was admitted. Following admission, the patient died and the patient's family claimed that the admitting physician was negligent in particular matters and that nurses at the hospital were also negligent in failing to verbally report certain findings to the admitting physician.

Agency issues pre- and post-Tort Reform in Georgia

On the issue of the admitting physician's alleged negligence, the hospital argued that he was not their agent or employee and, as such, they could not be held liable for his acts or omissions. The trial court agreed and the Court of Appeals affirmed -- under a pre-tort reform standard.[2] The court noted that in order for the hospital to be held liable for the acts of a physician, under a pre-tort reform standard, the analysis included whether the hospital:

(1) controlled the right to direct the physician's work on a step-by-step basis;
(2) contracted with the physician to perform a service rather than a task;
(3) retained the right to inspect the physician's work;
(4) supplied equipment for the physician's use;
(5) controlled the physician's time;
(6) directly paid the physician (or the method of payment);
(7) controlled the choice of patients treated;
(8) controlled all working hours of the physician;
(9) controlled the method of billing the patients; and
(10) made payments for medical malpractice insurance for the physician.[3]

Additionally, the analysis included, generally, an examination of the nature or skill of the physicians' work.[4]

Under this standard, the Court

concluded that the evidence presented at summary judgment stage supported that the physician in Pendley was not an agent of the hospital. The patient's family argued that the hospital exercised control over the physician's time by requiring him to be present at the hospital for particular time periods and by providing equipment that the physician used in treating patients at the hospital. The physician testified that he was required to be the admitting physician for a certain time period and to be on call for a certain time period. Additionally, he used the hospital's dictation equipment to record his notes for hospital patients because he did not maintain separate office files on those patients. The Court determined that these two factors were insufficient to establish an employee-employer relationship such that the hospital should be held liable for the acts or omissions of the physician.

With O.C.G.A. § 51-2-5.1, part of the Tort Reform Act, the General Assembly enacted a statute that created more certainty for hospitals on the agency issue. By having signs conspicuously posted in the lobby or public area of the hospital with print at least one inch high and containing language "substantially similar" to a specific quote provided by the statute, the hospital can avoid liability for non-employed healthcare professionals.[5] The key language to be contained in the sign is found in O.C.G.A. § 51-2-5.1(c)(3):

> "Some or all of the health care professionals performing services in this hospital are independent contractors and are not hospital agents or employees. Independent contractors are responsible for their own actions and the hospital shall not be liable for the acts or omissions of any such independent contractors."

Further, the hospital "shall" have the patient (or patient representative) sign a written acknowledgment (or waiver of liability) that contains language "substantially similar" to that set forth in the quote.[6]

The statute further provides that the notice requirement shall be sufficient even if the patient or patient's representative did not see or read the notice for any reason.[7] Finally, whether or not a health care professional is an actual agent, employee or independent contractor of the hospital "shall be determined by the language of the contract between the health care professional and the hospital."[8] Thus, the factors considered in Pendley in a post-tort reform decision would not apply. Rather, the courts would look to the contract between the hospital and the physician, the signs posted at the hospital and the waiver form signed by the patient.

However, as Pendley shows, cases that arose prior to the enactment of O.C.G.A. § 51-2-5.1 are still working their way through the court systems and we must remain cognizant of the different standards that may come into play. Prospectively, of course, from a risk management perspective, having the appropriate signs conspicuously displayed, forms signed and contract language will continue to be important.

The Pendley court also considered an "apparent agency" argument where the patient's family argued that the admitting physician was the "apparent agent" of the hospital. The Court explained that under the doctrine of apparent agency:

> One who represents that another is his servant or other agent and thereby causes a third person justifiably to rely upon the care or skill of such apparent agent is subject to liability to the third person for harm caused by the lack of care or skill of the one appearing to be a servant or other agent as if he were such.[9]

The patient's family claimed there was a question of fact as to whether the hospital represented that the admitting physician was its agent and that the patient did not select the admitting physician for treatment; rather, the patient selected the hospital for treatment based on its reputation and the *hospital* selected the physician who became the admitting physician. The Court determined, however, that there was nothing in the record to indicate that the admitting physician made any statement to the patient or family from which they could conclude that he was an agent of the hospital.

"This case serves as a reminder that hospitals can take proactive measures to avoid potential liability for certain health care providers."

Further, the waiver form the patient signed acknowledging that the physicians that would treat him at the hospital were not employees of the hospital did not provide a basis for finding apparent agency in Pendley.[10] The Court determined that even though the waiver contained certain exceptions (outlining specific physician groups that WERE employees or agents of the hospital), there was no evidence to suggest that the admitting physician was a member of the excepted groups.[11] Further, the disclaimer language was in bold typeface and there was a warning to patients (also in bold typeface) to not sign the document without reading it.[12] For these reasons, the Court determined that the patient could not maintain an "apparent agency" argument to hold the hospital liable for the admitting physician's alleged negligence.[13]

Conclusion

The Pendley decision shows us that the Courts are still considering aspects of the Tort Reform Act and upholding it in some

situations. While certain key provisions have been declared unconstitutional, others are still in play and may be used proactively by risk managers and defense attorneys in the handling (or defense) of claims. For example, an expert who may initially meet the standard for filing a complaint may not be sufficient for offering testimony in front of a jury.

Further, this case serves as a reminder that hospitals can take proactive measures to avoid potential liability for certain health care providers. Of course, with many hospitals acquiring physician practices, it remains to be seen how these provisions will play out in the future.

RESOURCES

1. Pendley v. Southern Rgional Health System, Inc., 307 Ga. App. 82, 704 S.E.2d 198, 10 FCDR 3987 (2010).
2. "Because the cause of action here arose prior to February 16, 2005, we apply the factors set forth in Cooper v. Binion, in order to determine whether [the plaintiff] submitted sufficient evidence to show there was a question of fact as to whether [the physician] was an employee of [the hospital]." Id.
3. *See* Cooper v. Binion, 266 Ga. App. 709.
4. Id.
5. O.C.G.A. § 51-2-5.1
6. O.C.G.A. § 51-2-5.1(d)
7. O.C.G.A. § 51-2-5.1(e)
8. O.C.G.A. § 51-2-5.1(f)
9. Pendley, 704 S.E.2d at 202, citing Cooper, 266 Ga. App. At 714.
10. Pendley, 704 S.E.2d at 203.
11. Id.
12. Id.
13. Id.

R. Christina Wall
Partner, Atlanta Office
Health Care Litigation
General Liability
404.221.2269
cwall@carlockcopeland.com

Formulating Internal Policies and Procedures

Their Effect on Medical Malpractice Liability Should Be Considered

By: Lee C. Weatherly

Originally published in Medical Malpractice Law and Strategy by the Law Journal Newsletters, a division of Incisive Media.
Volume 27. Number 10. July 2010

Administrators at hospitals, nursing homes, outpatient surgical centers and small medical practices often feel that it is in their best interests to draft a comprehensive set of written policies and procedures. A written set of policies can make a provider appear to be less vulnerable to litigation, and more organized. Frequently, written policies and procedures are used to instruct nurses or other non-physician employees on the protocols for a variety of activities. This practice can make training and employment performance issues easier for the provider. However, it can also expose the organization to criticism when these seemingly arbitrary policies are not precisely followed.

It is rare that a medical provider will draft a policy or procedure on the medical "standard of care" and how medical personnel should apply it to patients. However, occasionally a plaintiff is able to argue that a policy that a provider intended to be procedural creates a self-imposed standard of care. In these cases, depending on the jurisdiction, the health care provider may have to defend the violation of its own policy or procedure, even if the policy goes above and beyond the national standard of care. This is why great care must be taken when drafting and implementing written policies and procedures for medical care organizations.

Policies Come Back to Haunt

A recent medical malpractice case litigated in South Carolina provides an example of a situation in which internal policies affected a litigation's progress. The case involved an outpatient surgery center and post-operative courtesy telephone calls. This particular out-patient surgery center had written policies and procedures on the specific date and time that a staff nurse should make postsurgical telephone calls to check on recently discharged patients.

Unfortunately, the surgery center was closed on the weekend after the plaintiff's surgery and the telephone call outlined in the center's policies and procedures was not completed prior to the written deadline for such calls. Although it was universally recognized that no follow-up telephone call was required under the national or local standard of care, the Plaintiff argued that the late telephone call was outside the standard of care simply because it violated the center's own policies and procedures. Even though the late telephone call did not fall below the recognized standard of care, as explained by expert witnesses, the violations of the center's own policies and procedures allowed the case to survive a motion for summary judgment.

"…occasionally a plaintiff is able to argue that a policy that a provider intended to be procedural creates a self-imposed standard of care."

The standard of care against which a provider's actions are ordinarily measured is a nationwide standard established according to what providers in similar fields typically do. Generally, expert testimony is required to establish the appropriate standard of care and whether there has been a deviation from that standard, proximately causing the claimed damages. Expert testimony is typically required because the standard of care expected from a healthcare provider

requires skills not ordinarily possessed by lay persons. However, in the South Carolina case described above, the trial court allowed the Plaintiff to rely solely on the violation of internal polices and procedures as evidence of negligence to survive a motion for summary judgment.

The Ruling

In its ruling, the court relied on *Madison ex rel. Bryant v. Babcock Center, Inc.,* 638 S.E.2d 650 (S.C. 2006). *Madison* was a case involving a mentally challenged female resident of a private residential treatment center. Through her court-appointed guardian, the resident brought a negligence action against the center and the Department of Disabilities and Special Needs. The Plaintiff alleged that the center and the Department breached their duty of care to her by failing to exercise sufficient control over the patient, which led to her having inappropriate sexual contacts with current and former male residents of the facility.

In *Madison*, the Supreme Court of South Carolina ruled that the fact-finder may consider relevant standards of care from various sources in determining whether a defendant breached a duty owed to an injured person in a negligence case. The standard of care in a given case may be established and defined by the common law, statutes, administrative regulations, industry standards, or a defendant's own policies and guidelines. *Id.* at 659.

The court relied on several other non-medical cases to establish this theory of liability. See, e.g., *Peterson v. Natl. R.R. Passenger Corp,* 618 S.E.2d 903 (S.C. 2005) (although federal regulations provided standard of care, the internal policies of a company that owned the line of track and the railroad that owned the train were not preempted by federal law, and the company's and railroad's deviation from their own internal policies was admissible as evidence they deviated from the standard of care, thus breaching duty owed to plaintiff, in a lawsuit brought by a plaintiff injured in train derailment); *Tidwell v. Columbia Ry., Gas & Elec. Co.,* 95 S.E. 109 (S.C. 1918) (relevant rules of a defendant's are admissible in evidence in a personal injury action regardless of whether the rules were intended primarily for employee guidance, public safety, or both, because violation of such rules may constitute evidence of a breach of the duty of care and the proximate cause of injury); *Caldwell v. K-Mart Corp.,* 410 S.E.2d 21 (S.C. App. 1991) (when a defendant adopts internal policies or self-imposed rules and thereafter violates those policies or rules, the jury may consider such violations as evidence of negligence if the violations proximately caused a plaintiff's damages); Steeves v. U.S., 294 F.Supp. 446 (D.S.C. 1968) (violation of a rule or regulation designed primarily for the safety of hospital patients will constitute negligence if the violation proximately results in the injury).

Lee C. Weatherly
Associate, Charleston Office
Health Care Litigation
Commercial Litigation
General Liability
Trucking and Transportation Litigation
843.266.8202
lweatherly@carlockcopeland.com

CCS Practice Area Spotlight:

Health Care Litigation

At Carlock Copeland, our health care team has skilled Partners, Associates and registered nurses with various medical backgrounds. Through the diversity of our experience, we provide cost-efficient, yet thorough and effective, legal representation in this dynamic practice area.

The Health Care Practice Group offers a full complement of services. These range from presenting and sponsoring educational seminars for attorneys, risk managers and claims handlers, to assisting our clients with compliance issues, and defending lawsuits.

For years, Carlock Copeland has been one of the premier law firms in Georgia and South Carolina in defending medical malpractice cases. The Health Care group provides representation for physicians in all specialties, in addition to representation of dentists, optometrists, chiropractors and pharmacists. We provide representation for these individuals at licensing board hearings as well.

We take the time to learn the medicine so that we are able to better communicate with our clients and experts. With our extensive experience in the medical litigation arena, we are knowledgeable in a wide array of medical specialties and have contacts throughout the country for expert consultation. We stay involved in health care conferences and our attorneys study medical journals to stay updated on recent trends and events.

In addition to representing hospitals and other facilities in malpractice claims, our health care team provides legal services in other contexts for our institutional clients. For example, we provide assistance with compliance issues, preventive risk management strategies, educational seminars and defense of other litigation claims.

Carlock Copeland's other practice groups are available to provide expertise for our hospital and institutional clients in commercial and employment litigation, as well as workers' compensation defense.

Professionals

Malpractice Defense Partners

- Wayne D. McGrew III - Practice Group Leader
- Thomas S. Carlock
- Wade K. Copeland
- Douglas W. Smith
- D. Gary Lovell, Jr.
- Adam L. Appel
- Eric J. Frisch

- David W. Overstreet
- Ashley E. Sexton
- R. Christina Wall
- Renee Y. Little
- Heather H. Miller
- Katherine G. Hughes
- Spencer A. Bomar

Malpractice Defense Of Counsel
- Kim M. Ruder
- Broderick W. Harrell

PUBLICATIONS & PRESENTATIONS

Joe Kingma moderated a panel discussion on FDIC claims against lawyers and law firms at the Spring 2011 ABA National Legal Malpractice Conference, that took place in Boston, April 28, 2011. Rick Osterman, Deputy General Counsel, FDIC; John Villa, Partner at Williams & Connolly LLP and author of "the" book on FDIC claims against professional officers and directors; and Dan Smith, Vice President at Attorneys' Liability Assurance Society, Inc., joined Joe in this presentation. The discussion focused on the FDIC's role, putting the current banking crisis in perspective, and best practices when dealing with the FDIC.

Two Associates from Carlock Copeland contributed to The Defense Line, the newsletter for the South Carolina Defense Trial Attorneys' Association. Doug MacKelcan contributed an article entitled "Restricting Restrictive Covenants" and Andrew Countryman contributed an article entitled "Developments in Defending Claims Arising out of Real Estate Transaction."

Workers' Compensation practice group leader, Chris Whitlock, presented "How Employers Can Reduce Workers Compensation Losses" at the Risk and Insurance Management Society's (RIMS) Monthly Luncheon Meeting for the Atlanta Chapter on March 17, 2011.

Nancy Pridgen presented "11th Circuit and Supreme Court ERISA Case Law Update" at the I.C.L.E. ERISA Litigation: Practice Advice for Any Practice, 2nd Annual Employee Benefits Law Section Seminar on March 17, 2011, in Atlanta.

Partner Renee Little presented "Emerging Trends in Trucking Litigation: New Risks, Recent Developments and What to Expect in the Year Ahead" at the 2011 American Conference Institute's Premier Forum on Defending and Managing Trucking Litigation on March 31, 2011, in Chicago, IL.

John Rogers and Shannon Sprinkle assumed the role of Counsel of Record for Defense during a malpractice scenario at the first ever State Bar of Georgia Professional Liability Section seminar. "Houston…We have A Problem - Not Your Typical Malpractice Seminar" took place on May 5, 2011, in Atlanta.

EVENTS

Carlock, Copeland & Stair will host our annual General Liability and Workers' Compensation Seminar at Turner Field on June 22. For more information, visit the Event page on our website.

We hosted our Risk Management Seminar for Design Professionals at the Doubletree Guest Suites in historic Charleston, SC on Friday, May 13th, 2011. This year, Kent Stair presented "When the Rain Delay Ends and Play Resumes: Adjusting Your Game to the New Conditions."

Carlock Copeland hosted a hospitality suite at the 2011 Atlanta Claims Association Conference on April 14th, 2011, at the Gwinnett Center in Duluth, Georgia. We have supported the ACA for many years and we always look forward to this event as a chance to reconnect with old friends and to meet some new ones, too.

COMMUNITY INVOLVEMENT

Sarah Wetmore and Laura Paris spent Friday, May 6, 2011, reading to kindergartners and first graders at Murray-LaSaine Elementary School in Charleston, South Carolina.

After reading to each classroom, Sarah and Laura asked the children to pledge to read at home with their families, and then presented each child with books of their own. The event is in coordination with Cocky's Reading Express, a program of the University of South Carolina Student Government and the University's School of Library and Information Science. Cocky is the University of South Carolina mascot. Sarah and Laura became involved in the program through South Carolina Bar Community Week. The program focuses on pre-kindergarten through third grade because research shows children are more likely to succeed academically and graduate on time if they acquire strong reading skills by the end of third grade.

Please visit www.CarlockCopeland.com to obtain more information on our recent victories, publications and presentations, attorney profiles and practice areas.

CARLOCK COPELAND
CIVIL LITIGATION

quarterly newsletter

CARLOCK, COPELAND & STAIR, LLP

ATLANTA, GEORGIA
2600 Marquis Two Tower
285 Peachtree Center Avenue
Atlanta, GA 30303
404.522.8220 Phone
404.523.2345 Fax

CHARLESTON, SOUTH CAROLINA
40 Calhoun Street
Suite 400
Charleston, SC 29401
843.727.0307 Phone
843.727.2995 Fax

www.CarlockCopeland.com

Return To:
Carlock, Copeland & Stair, LLP

2600 Marquis Two Tower
285 Peachtree Center Avenue
Atlanta, GA 30303

COMMENTS FROM THE EDITING TEAM

Would you like to receive the Carlock Copeland Quarterly Newsletter via email? If so, please send your name and company information to info@carlockcopeland.com

Once you send us your information, our newsletters will be delivered straight to your inbox.

We invite your comments to our editing team:

Eric Frisch, Partner
efrisch@carlockcopeland.com

Kari Hilyer, Marketing Manager
khilyer@carlockcopeland.com

If you would like to request additional copies or to edit your subscription information, please contact us at info@carlockcopeland.com