

1 **STATEMENT OF L [REDACTED] B [REDACTED]**

2 I, L [REDACTED] B [REDACTED] declare as follows:

- 3 1. I signed a Medical Release Authorization Form for  
4 Barbara Shang's medical practice in October 27, 2014
- 5 2. I had contracted conjunctivitis at some point  
6 after visiting Dr. Shang's practice in early August. I cannot  
7 recall the exact date of my visit. I visited Dr. Shang  
8 one more time in August and was prescribed anti-  
9 biotics. I cannot recall the exact date of this visit.
- 10 3. I recalled being contacted by Attorney Hodes in  
11 October 2014 to sign a medical record release from  
12 Dr. Shang. I signed
- 13 4. I was contacted twice via phone call voicemail  
14 by ~~the~~ Dr. Shang's secretary whose name I could not recall,  
15 The first time the secretary stated my medical records  
16 may have been compromised. The second time the  
17 secretary instructed me to disregard any attorneys  
18 other than those representing doctor Shang.
- 19 5. To the best of my knowledge, I cannot recall if I had  
20 spoken to any of Dr. Shang's attorneys.
- 21 6. I cannot recall if I had authorized in any way a  
22 retraction of my authorization to release medical records  
23 with Dr. Shang.

24 I declare under the penalty of perjury of the State of California that the foregoing  
25 is true and correct.

26 \_\_\_\_\_  
27 \_\_\_\_\_

28 L [REDACTED] B [REDACTED]

July 26, 2016 Laguna [REDACTED]