

285. I considered this to be one positive outcome of this incident. I was happy that I had a place to go to that wasn't abusive at all. I was even more happy with how their doctors had determined that there was nothing wrong with me and that they had done so despite my claims to the contrary. This was an inverted, photo negative of the biased treatment I received at age 18. The people at Atrium appear to have checks and balances, such that one doctor's bias will not doom you to a perpetual stay.

286. Along with the finer details of this previously referenced issue of "emotionally painful things", I did tell Kathy some concerns I had regarding this process. I told her how on this visit, on April 25th, 2019, I had gone through the typical "rundown" with the nurse. In each visit with Kathy, I am first examined by a nurse before sitting down with Kathy. The nurse always goes through the same routine set of questions. The questions will include "have you been out of the country?", "what are your current medications?", "who is your primary care doctor", and then there are several others. It is standard. After coming there for over 7 years, at that point, I had it mostly memorized.

287. On this visit, however, there was a new question: "and we have, as authorized to speak about your medical care, your mother and Jennifer Cox?". This one was a definite **no**. I told the nurse about telling the people at the inpatient unit to remove them and how I was dismissed. I then watched the nurse mark the phone numbers as deauthorized. The numbers are not taken off in this process; they are simply marked as not authorized.

288. This was very upsetting to me. The social worker at the inpatient unit had disregarded me totally. She acted as if I had no legitimate concern. For reasons to be subsequently explained, in this complaint, I was **extremely concerned** for very good

Documents Abstract (continued)

reasons that these numbers not be authorized. There were potentially disastrous consequences for this.

289. I was taken aback that the staff at my hospital have a responsibility to protect my privacy and that this is the level of concern they place on this responsibility. The not only are derelict in their duty, they are arrogant and cavalier in being so. This is to the point that they will dismiss you when have a concern, as I was dismissed.

290. I try to have mercy, however, and I let this slide. This girl, in my mind, must have just missed some very important trainings. I tell myself that she just needed coaching. I also let go of my concern about Morci's biased treatment of me and of her interview seeming to be a prosecution that was designed to intimidate me.

291. I had brought some items to this appointment with Kathy. This included a data discs I had burned. The discs had my previously recorded conversations with Jenny. They also had the photo from Exhibit I.

292. I wanted Kathy's opinion on this, and I wanted her to help me get the truth. Kathy said that I was "ruminating". She said that rumination is common for people with mood disorders. She said that I "will never get an answer about this" and that I needed to either "accept it and continue my friendship, if it is beneficial" or "disconnect from this Jenny girl." She says that Atrium's policies will not allow her to view my data disc.

293. Still intending to sugar coat everything to Jenny, I tell Jenny that my doctor says I am ruminating, and Jenny and I resume with our friendship. Our friendship goes on for a few days to maybe a week. Then Jenny, characteristically not understanding the gravity of the situation, tells me something that I didn't previously know. She says: "the crisis counselor that came to see you, Allie, she went with me to the magistrate's

Documents Abstract (continued)

office. She said 'that guy is super smart. It was like being in a classroom with one of my professors'." Jenny is telling me this as a compliment. I take it that way at first, and then what had occurred clicks in my mind.

294. It was clear that this counselor, Allie Roe, was Jenny's personal friend. In referencing "Allie", Jenny was very casual and used the type of tonality and manner of speaking you use when you are very familiar with someone. At this point I knew that what had happened with these crisis counselors was a deliberate scam.

295. I didn't know, at the time, if Allie was the shorter white girl or the taller black girl. I incorrectly assumed that she was the black girl. I assumed this, because the black girl was the one who had a preoccupation with "do you have a mental illness?" and "what is your diagnosis?".

296. This now seemed to be a very clear and deliberate part of the scam. Having a mental illness is one of the criteria for filing a civil commitment petition. That is why she needed to pin this down; I reasoned. I thought that, possibly, the shorter white girl was not privy to the scam and that the taller black girl had conned her way into riding along.

297. At this point, I start to get furious. I have been scammed from point A to point Z. I've been duped by Jenny's personal friend at a crisis line and then kidnapped by her police officer neighbor.

298. I still, at this point, don't understand just how much Wells Fargo is behind all of this. In my mind, it is just Jenny with possibly some influence from them, and Jenny has mutated into the scam artist of the century. I begin to think that she has never cared for me this entire time.

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299. A large part of her contribution to our friendship was in providing me comfort over the grief this violation of my privacy caused. I was on and off on a downward spiral over this the entire time. She had done plenty else, but that was the big piece.

300. My contributions to our friendship were less intense but far more numerous. They included helping her with her work. They included writing VBA scripts for her to put in her templates at her new job at another bank.

301. The people down the line from Jenny at her new job were editing her spreadsheets when they weren't supposed to. Jenny has a problem of not being taken seriously by others. She told me that her templates are spreadsheets with dozens of pages. I wrote a script that stopped them cold with the push of a button.

302. My contributions also included writing large sections of her sermons. Her sermons had made her a star at her church. I would spend hours helping her with them. She would often be panicking or almost crying as I read my list of corrections. For sure, I invested a lot in Jenny, and I was happy to do so.

303. All of this bothered me, as at this time it was obvious that she had gotten a bunch of rumors from where I used to live. It was obvious that she had then told them to the people at my work, making my life hell in the process. In her next move, she had run the most ambitious scam in the universe to cover her tracks. Then, as a final insult that I wouldn't otherwise care about, she failed to give credit to the unnamed atheist coauthor of her blockbuster sermons. I seemed to be getting the bad end of this friendship in all cases.

304. My sweet little friend is suddenly looking like the world's most ambitious criminal and a con-artist extraordinaire with markedly capitalistic tendencies to profit

from my desperate circumstances. Those desperate circumstances seemed to have been engineered, in large part, by her. It seemed to me, if you remove this situation that she caused, the balance of the contributions to our friendship was heavily on me.

305. At this time, I have no clue what the hell I am dealing with, in regards to Jenny. I cannot make sense of this, and Jenny looks, on and off, to be evil to the core. It is at this time that I start having very acute symptoms of traumatic stress. I had been having traumatic stress symptoms for some time leading up to this. It is around May 2019 that they go off the charts.

VII. Analysis of April of 2019 and The First Crimes

306. For reasons that will be elaborated, here and further along in this complaint, I now know that Wells Fargo is behind the entirety of these shenanigans. They use Jenny's proximity to me, as my friend, as a means to execute their crimes. They have induced each respective entity, the Charlotte-Mecklenburg Police, Mobile Crisis, and Atrium Health into criminal behavior. The induced criminal behaviors were most likely perpetrated, in each case, for pecuniary gain by the offenders.

307. In recent months, as of the present time, I have obtained Mobile Crisis's internal notes. I have also obtained the civil commitment petition. Both show clear evidence of criminal behavior.

308. The Mobile Crisis counselors, Allie Roe and Sherri Horton, have perpetrated a serious crime. Mobile Crisis's internal notes make this clear. After telling me that I had "just had a bad day" and "needed to eat a cheeseburger or work on my computer", they leave my residence. They then go and prepare a fraudulent healthcare record that is to

Documents Abstract (continued)

be filed as Mobile Crisis's internal notes. I will go over the notes in paragraphs that follow.

309. Mobile Crisis's internal notes give the clear appearance of being deliberately designed to put me in the worst light possible. In addition to saying that I am suffering from an "active psychosis", am "paranoid", and have "delusions", they add that I am overweight, have poor hygiene, am covered in sweat even with a cool temperature inside my apartment, and live among piles of trash in a "malodorous" apartment.

310. I am certainly none of these. I was not suffering from an acute psychosis, as Ginger Marsh, another crisis line worker, claims to have concluded based on a phone call. "Paranoid" is not how to characterize someone's belief that his privacy was violated. "Delusions" also doesn't apply, as I was clearly not experiencing delusions.

311. In regards to "poor hygiene", this is not true in any general sense. I have bad teeth, as a result of not taking care of my teeth as a youth. Other than that, at the time they visited me, I kept my nails trim. I wore my hair short and neat (it is cut so short as to not require any maintenance, nearly bald or bald). There is no evidence for "poor hygiene", and making this general characterization is false.

312. I was not covered in sweat. I am biologically a human being. It is typically extremely cool in my apartment. I do not sweat in such temperatures, like anyone else does not (to my knowledge, people do not sweat when the temperature is barely above 60 or 65 degrees, as it is in my apartment).

313. At the time, I was overweight, but this is a pointless descriptor. The only possible function of this detail is to further cast me in a bad light. 70% of Americans are overweight. Do they write this on 70% of their reports?

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314. Living among "piles of trash" is very exaggerated and misleading. My apartment was not in that bad a shape. I am sure I also explained to them clearly why it was very messy.

315. I do not have a malodorous apartment. No one has ever complained of an odor in my apartment. Not the maintenance people from my complex, who visit fairly frequently. Not any of my friends or family, who also visit, just more infrequently. I am a single man who cooks extremely rarely. I do not have meat or produce to rot. My apartment is messy, yes, but in no way is it characterizable as "malodorous". I have confirmed this with my hired house cleaner. She came to clean my apartment not long after the crisis counselors visited. She said that my apartment didn't smell bad, not at all, and that it never had. She said that the air was just "stale".

316. All of these forged details and facts strongly beg some questions: why are they doing this? Why are they creating a deliberately fraudulent healthcare record? Why are they diagnosing me, absurdly, with an active psychosis, including merely based off a phone call? Why do they characterize my belief that a privacy violation has occurred as a "paranoid delusion"? Why do they also characterize this belief in these terms on the civil commitment petition? Why do they do all of this after telling me that I only needed to eat a cheeseburger?

317. *The answer is that this is all done for the benefit of Wells Fargo.* Wells Fargo has had them prepare a fraudulent healthcare record that can be subpoenaed later in legal proceedings and also used to file a false pretense civil commitment petition. Wells Fargo's plan, for the entire time, has been to make my belief and knowledge that a privacy violation has happened out to be a symptom of my mental

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health condition. They appear to have, at least in Allie Roe's case, paid a good sum of money for this crime.

318. I have recently searched Mecklenburg County public records to see what kind of real estate transactions Allie has been involved in. According to Mecklenburg County public records, Allie and her husband took out a mortgage in the amount of \$189,500 in March 2018. In July 2019, roughly 3 months after visiting me, the mortgage balance was paid in full. There are no additional deeds of trust to evidence any refinance or deed transfers evidencing the sale of the property securing this mortgage. I have estimated, through a simple amortization table, that her mortgage balance would have been ~ \$186,000.

319. Where did she get this windfall? The timing of what has occurred and the obvious big money player makes it clear. Wells Fargo has offered her a large sum of money to perpetrate this. She has felt it a good risk and went for it.

320. The civil commitment petition makes it very clear, the meaning of this exchange with Charlotte-Mecklenburg Police officer Christopher D'Avanzo and the man at the door at Atrium. The exchange went like this: "we will make them the same. That way we can say we put the wrong time", said by D'Avanzo, followed by a nod by the gentleman at the door. "The same" refers to the time taken into custody and the time delivered to the examination unit.

321. Both times were entered as 11:43pm for an obvious purpose; that purpose being to provide plausible deniability. The officer and the man at the door both know that if they put the actual times for both events, it will clearly show on the magistrate's audit file that it was impossible for D'Avanzo to get the involuntary petition, drive from

Documents Abstract (continued)

the magistrate's office to my apartment, then take me to a location on Billingsley Rd that is 17 miles away from my apartment.

322. This is not a minor detail. The involuntary petition, signed by the magistrate and ***in the possession of the officer*** is analogous to an arrest warrant; it is what gives the officer the authority to curtail my liberty. Without meeting this requirement, as the officer deliberately failed to do, the officer had no more right to coerce me into doing something than I had to coerce him into doing something.

323. This means that the Charlotte-Mecklenburg Police officers have committed numerous offenses. Entering and then inspecting my residence constituted civil trespasses. Placing me in handcuffs constitutes a civil battery, a civil false imprisonment, and a criminal false imprisonment. Officer D'Avanzo placing me in his patrol car and then transporting me 17 miles to the inpatient unit at Billingsley Rd compounds a false imprisonment and a kidnapping, as all of the preceding actions were knowingly taken as part of and to facilitate a series of healthcare frauds.

324. The reaction and nod by the gentleman at the door at Atrium Health Behavioral Healthcare Charlotte, when the he and the officer complete the petition, indicates he clearly understood the context of "we will make them the same". This means that Atrium Health knew that there was no legal basis for my stay there. In light of this fact, my entire stay at Atrium Health was a criminal and civil false imprisonment.

325. Atrium Health, the Charlotte Mecklenburg Police, Mobile Crisis, Jenny, and Wells Fargo have participated in a criminal and civil conspiracy to first have me kidnapped at my residence and to then have me falsely imprisoned at the inpatient unit

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on Billingsley Rd. I am now strongly of the belief that Morci was involved as well. This would explain her strange way of interviewing me.

326. That I perceived her interview style to be deliberately designed to intimidate me was likely an accurate perception. Her coming to the conclusion, after a 2-minute interview, that I suffered from a manic episode acutely enough to have delusions that "my friends are out to get me", was likely prearranged. This was done in defiance of established records of the hospital that I had been receiving and cooperating in my care and that I had a lengthy history of being very stable.

327. This would also explain why Morci doesn't bat an eye at this petition, which is full of evidence of foul play; the least of that evidence not being that I was teleported from my residence to their inpatient unit in less than 60 seconds (Taken into custody at 11:43 pm and delivered to the unit 17.2 miles away at 11:43 pm? Star Trek technology, or a new land speed record for a speed exceeding 1,000mph. Does either sound plausible?). All have participated in this, very likely, bolstered by confidence that my mental health condition renders my word meaningless in court. They feel empowered to do as they please.

328. I am now sure the reason that Jenny wanted to speak with my doctor alone was that Wells Fargo intended to pay my doctor to help Wells Fargo cover up its crimes and other unlawful behaviors. The perpetrators behind Wells Fargo's crimes wanted her to go along with their plan of having my belief that they invaded my privacy characterized as a symptom of mental illness.

329. Jenny is a victim of Wells Fargo as well, although not nearly to the extent that I am. It has taken me time and reflection on some things Jenny has confided in me

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to realize this. Jenny has told me that her family would do things that disturb her. Jenny told me that members of her family would walk in the bathroom when she was taking a shower, as if she wasn't even there. She said that they did not do this to her sister.

330. The insight I have is that Jenny's family knows that she suffers from some sort of deficit. They know her far better than I do. This behavior of completely disregarding someone's personal boundaries is a behavior that people will direct at people who are handicapped. It is typical, in my experience, for people with certain deficits or disabilities to not be taken as seriously as others. This is particularly true in regards to the handicapped person's family.

331. I have cried at least 50 times over the pain that dealing with this has put Jenny through. She just wanted to be my friend and to forget about it. She's lived a sheltered life. Her sheltered life, combined with her apparent mental deficit, cause her to not at all get the gravity of the situation. Wells Fargo, quite far from a deficit, holding over \$100 billion cash, hides behind her like the despicable cowards that they are.

VIII. May through August 2019; HIPAA Violations and Fraud

332. Following the involuntary commitment, I would be seeing my nurse practitioner psychiatrist Kathy Peniston more frequently. Our previous schedule was to have an appointment once per 3 months. After my April 25th, 2019 visit, I would be scheduled to come for another visit in 2 weeks. I would continue seeing her on a much more frequent basis for some time.

333. In my visits with Kathy in April and May, I told her about the suspect circumstances of the involuntary petition. I told her of Mobile Crisis's obviously suspect behavior. I asked her "what would be the reason..." "...for them to sit there and repeat,

very loudly and with emphasis, '**do you have a mental illness?**', '**do you have a mental illness?**', 'what we need to know is **do you have a mental illness?**'. I told her of Morci's suspect way of interviewing me. At this point I wasn't fully aware of the extent to which Atrium was already a part of this scam in which I was kidnapped.

334. I have reason to believe that these circumstances have made Kathy suspicious around this time. I had asked her, on one visit: "does this petition have the time the officer took me into custody or just the date?". She replied "just the date." I now believe this was deliberate misinformation given to dissuade me from wanting to see the petition. She knew there was evidence of foul play, and she likely knew that foul play had taken place. She also likely knew that this foul play involved her hospital.

335. My first hints of who is really behind everything had occurred since December 2017 come, around this same time, in May 2019. I begin to ask my last manager at Wells Fargo, named Courtney Luce, for help. I was certain that she knew something about this situation. Her attitude towards me had changed, as had the attitudes of rest of my direct management, in December 2017.

336. The situation between Courtney and I is complex. She had subjected me to stigmatization, as had so many. This created a traumatic reaction, and part of the way I dealt with it was to make her out to be a "good guy". I did this while at work.

337. Courtney was an easy candidate for the good guy. She had done something good for me. She finally addressed this rule we had about "no past dues". She said that I could trade out items. If one of my offices wanted something early or wanted some extra service on some item, they could trade that item for an item currently due. This was all I ever needed, in regards to Bill's asinine "past dues" policy.

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338. I made her the good guy because I couldn't bear the thought of the reality I was facing. That reality was that the entire management team and a large number of employees were biased against me and treated me as less a person. I rationalized that she was a good guy as a means to mitigate my trauma.

339. In speaking with Courtney, I try to communicate with her in what might be called "safe terms". I try to make the conversation sanitized and non-threatening. In service of this method of communication, I give her no hint that I believe she knows something about this.

340. The other tactic I use, to make this a safe discussion, is to use the term "HR", speaking of "HR violations" and "HR rules". This is meant to distract from any potential legal consequence for Wells Fargo. I wanted to make it clear that I had no intent whatsoever of doing anything other than getting the truth that I was after. I felt that using phrases about legal consequences may create the wrong tone. I give her a clear and unambiguous statement to the fact that I do not aim to get anyone in trouble.

341. During our chat, I repeatedly emphasize that I do not want to get anyone in trouble. I tell her that I'm not overly sensitive to "HR rules". I tell her that the purpose of such rules is not for people to beat one-another over the head. I tell her that the conversation will not make it past us unless she gives me permission. I made it completely clear that there is no consequence at all to her or to Wells Fargo for telling the truth.

342. Courtney responds with lies, stating that she does not know anything, but the truth starts to reveal itself as I talk to her. In the conversation that ensues, she makes many statements that hint of what has actually happened. She speaks in terms

of her "not knowing anything about your past." She, at one point, says that Jenny likely meant no harm in "inquiring about your past."

343. "Not knowing anything about my past" is a response to a concern that *I* have never expressed. All I had ever said was that bad things were said about me at my former place of living, and that someone inside Wells Fargo had heard them. I said that Jenny had heard them, and that Jenny knew what had happened.

344. This all starts to click. The idea that someone has "inquired about my past" is entirely hers. Jenny had also repeatedly framed this in those exact terms, responding to my concern that someone had heard things that used to be said about me with: "I don't know anything about your past", "I don't know anything about your past except what you had told me", and similar statements.

345. It was constantly "...your past", "...your past", "...your past" in all cases, from *everyone*, **except me**. I start to think about this, and it seems more and more likely that Jenny was put up to this by Wells Fargo. Who would want to "look into my past"? Why would whatever had been said be confined to management and a certain group of employees? Why did Courtney, as a Wells Fargo manager, know **exactly** what had happened?

346. At this text conversation ensues over many days, my traumatic stress symptoms begin to go off the charts. I begin to even more frequently be hit with more intense emotional pain. This emotional pain is accompanied by a feeling of hostility. I make harsh and hostile sounding statements to Courtney, on and off, for a period of weeks. She eventually asks that I not text her. This was likely at the direction of Wells Fargo.

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347. On June 6th, 2019, I learn that a lady named Shirley from Atrium Health is trying to get in touch with me. Shirley had been trying to call me on my cell phone; I later realized. She was unable to get me to answer. She was also unable to leave a voicemail. The reason for this was that I didn't answer my phone for numbers I didn't recognize. My voicemail was also full as a result of my being deluged with debt collection calls.

348. What is really discomfoting is that it is Jenny who first informs me that Shirley needs to speak with me. Jenny tells me that Shirley has left a voicemail at Jenny's work number. According to Jenny, Shirley says that I have left Jenny's work number as an alternate contact number. Jenny says that Shirley has a petition for some services and wants me to call her.

349. I am immediately angry and also, privately, suspicious. I do not know Jenny's work number. I call Shirley and yell at her.

350. At this point, I do not know what I am dealing with, with Jenny. I need my hospital to stop speaking with her. I've deauthorized her countless time (to the social worker at the inpatient unit, twice, to Kathy and the nurse, repeatedly) *and now Atrium magically has a number that I do not have.*

351. Jenny's subsequent behavior gives me further reason for concern. I tell Jenny that I blasted Shirley. Jenny claims to be very angry. At one point, Jenny calls me, and says, in a very calm and measured tone: "Clint, I am soooo *angry* with you right now. I mean I am *furious* with you...". This measured tone is not Jenny's normal way of speaking when angry. This suspect situation is, at this point in time, getting more suspect all of the time.

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352. I know something is up, and I tell Jenny I will call Shirley back the next day if that will make Jenny happy. Jenny says that she wants me to call Shirley immediately. Jenny has an urgency that I call Shirley. Jenny has an unusually high level of motivation that I speak with Shirley. At this point, it is more than clear that this is yet another scam being ran by Jenny. I suspect, again, some attempt to get my medical records. The events that follow are what begin to make it clear that Wells Fargo is behind everything that has occurred. Following the next set of events, I have less and less doubt of that fact.

353. Wanting to get to the bottom of this, I call Shirley on June 7th, 2019. I call her in the morning hours (around 9 to 9:30 am) and she returns my call at around 10:30 am that morning. Unbeknownst to her, I am recording the entire call.

354. Shirley explains to me that she works for the finance department at Atrium. She says her department fills out applications, on behalf of patients, for something called Charity Care and also fills out applications for Medicaid, again, on behalf of patients. She explains that Charity Care is available for patients who are not eligible for Medicaid. She explains that part of the process of completing a Medicaid application is that she will use my social security number to pull my medical records. My medical records will be sent along with the Medicaid application.

355. As Shirley is explaining these facts, primarily in response to questions I am asking her, I grill her. By "grill her", I mean that I subject her to a somewhat intense, cross examination style of questioning. I am clearly, to any reasonable person, suspicious of her.

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356. Over and over I question her, sometimes with an intensity in my demeanor. I grill her as to if she, personally, has access to my medical records. I ask her if she is calling from Davidson, N.C., which is the location of the caller that shows up on my phone when she calls. I ask her how it is that she determined to call me. Did she have me on a list? Where does this task, for her to call me and offer help to pay for my hospital stay, come from?

357. In the events that follow, it is important to note that at the beginning of this call with Shirley, I explicitly deny any interest in Medicaid. I tell her, unequivocally, that Medicaid is not an option that I am interested in. I tentatively deny interest in Charity Care.

358. The real purpose of this call becomes clear when, as I grill her, Shirley asks for my social security number. She doesn't ask for "the last 4 digits". She merely asks me to "give me your social security number", which in the reasonable interpretation means the full number. Her stated purpose for getting my social security number is to remove Jenny's phone number from my alternate contact number on Atrium's systems.

359. There are a few things wrong here. One is that she had told me, the day before, on June 6th, that she was removing Jenny's number "right now." The other is that no one in this hospital has **ever** asked me for my full 9-digit social security number. When I made a request, around the end of April 2018, to get my medical records sent to a disability insurance company, I only had to provide the last 4 numbers.

360. It is more than odd that Shirley is also the only person, **ever**, to ask for *any* of the digits to my social security number to pull up my information. Every other person, every single time, without fail, gets my last name and birthday. I decline, on this first

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request, to give her my social security number. I then continue the grilling process previously described.

361. Following the first failed attempt to get my social security number, Shirley makes two more, *very motivated* and almost *desperate*, attempts to get my social security number. In one such attempt, she tells me "I don't want to have to go back to my filing cabinet and pull the information from that paper." By this, she seemed to be implying that she had my full social security number on a paper in her filing cabinet.

362. After about 20 minutes of speaking, the call comes to a conclusion. I decline each and every attempt Shirley makes to get my social security number. I tell her goodbye. My phone recording app automatically turns off and saves the call when I hang up.

363. On my next appointment with Kathy, my first item of business is to tell Kathy about this suspect behavior. According to what I knew at the point in time I am having this appointment with Kathy, this is the first overtly criminal act Atrium has been involved in. I do not yet realize that Atrium was involved in the fraudulent civil commitment petition and the kidnapping. Kathy cuts me off fast. She says "I think Shirley is just doing her job." I press her just a little "they need my full social security number to remove a number?". Kathy thinks I am overanalyzing, and seems to think my level of interest in this situation is excessive.

364. I make another call to Shirley, on June 13th, 2019, with the intention to record her and get her to confirm that she was asking for my full social security number. I wanted to snuff out any subsequent possibility of her trying to say she only meant the

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last 4 numbers. I am, at this point in time, still convinced that this is suspect behavior. I see no reason she should want or have any use for my full social security number.

365. Shirley confirms that she "asks for all 9 digits", and gives an explanation. She says that someone else may have the same last 4 digits as me but that having all the numbers will allow her to get the right record. We exchange some further talk. I, at one point, tell her that maybe I would be interested in getting charity care. My intent in saying this was to make a false pretense excuse to contact Shirley at a later time. I want to keep her talking and get more evidence to use against her.

366. I tell my nurse practitioner Kathy on a subsequent appointment, again, about this suspicious thing with Shirley. I tell her how Shirley has said that I would have given this alternate contact number at intake. At around the end of this appointment, I tell Kathy: "I don't recall seeing an alternate contact number anywhere on the systems here", with "here" referring to the systems Kathy and Atrium's nurses use.

367. A turning point occurs when Kathy looks at her system. She sees that there is no alternate contact number in the medical system. At this point in time, I do not know how these numbers get in Atrium's systems. Kathy obviously does, as she is a long-standing employee of the hospital. Perhaps this is the reason for her strange reaction.

368. As Kathy looks at her screen, she gets a very disturbed look on her face. As I am leaving, she has a very strange demeanor. She reaches out to shake my hand, and there is a strange look on her face. It is as if something about me, or something about *something*, is disturbing her. I do not think much of this strange reaction for a while.

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369. Around the first week of August 2019, I am speaking with Jenny, and yet another cause for concern erupts. Magically, things I have discussed with Kathy are on Jenny's mind. I instantly peg this as another one of Jenny's plagiarized private thoughts. I am sure, at this point, that Jenny has somehow penetrated my hospital. I believe she has somehow gotten a screenshot or a printout of my clinical visit notes.

370. When I try to figure out how Jenny has gotten access to my information, I recall a time when Jenny called me and asked me how much Adderall I am taking. Her stated reason for wanting this information was that she had started taking Adderall. She said that it didn't completely restore her ability to concentrate. She said she was still distracted by her phone, and needed advice. I didn't think much of this when she asked, and I told Jenny my daily dosage.

371. As I am trying to figure out, in August 2019, how Jenny has gotten my info, I recall that call from Jenny, the one where she asks about my dosage. It occurs to me that, while in the hospital, one of the questions staff could ask to get into my record was "what is your dosage of...?" I immediately suspect that this is the means by which Jenny has gotten my information.

372. On August 6th, 2019, I call Atrium Health Medical Records. I want a list of the people who have accessed my chart. After a series of varying answers as to how I might get such a list, Atrium Health Medical Records directs me to Atrium Health Corporate Privacy.

373. On this same day, August 6th, 2019, I call Atrium Health Corporate Privacy. I speak with a woman named Laura Shumate. Laura explains to me that I can't get a list of the names of who has accessed my chart but that they have measures to address my

Documents Abstract (continued)

concerns. She says that they have a team that goes in and examines access to records, using human judgement as well as software, to detect any improper access of medical information. She says she will have this team determine if there has been any improper access to my information. I tell her that I am concerned about the range of dates beginning on June 24th, 2019, and ending the first week of August 2019. I assumed this was the time period in which Jenny had gotten my information, based on my last appointment date being June 24th, 2019 and the then present time being in the first week of August 2019.

374. On this call I explain, to Laura, Shirley's suspect behavior. I tell her about being asked for my full social (for some reason, I recollect in my mind Shirley telling me she gets "the full 10 digits". There are obviously 9 digits in a social security number.). I ask Laura questions about how the entering of contact numbers in Atrium's systems works.

375. On this call, I learn some things from Laura Shumate. She tells me that the contact numbers would have been provided by me. They would be entered *on the medical system*. They would then be distributed, *from the medical system*, appropriately throughout the hospital. "Distributed appropriately", Laura explains, means that alternate contact numbers are sent to billing and finance. Contact information for people authorized to speak about a patient's healthcare do not go to billing and finance. They also do not go to other departments. I disconnect from this call to Atrium Health Corporate Privacy after speaking with Laura for approximately 44 minutes. I let Laura get her team on the matters I have called about.

376. I am antsy and eager to find out what has happened, immediately following the call with Laura Shumate. I call back, shortly after the first call, to ask some more questions. On my call back, Laura explains that she was just about to call me. She says she has results. Laura says that there has been no improper access to my chart. She gives me a list of the roles of the people who have accessed along with the dates.

377. In this same call, Laura says she looked into the issue with Shirley and the finance department, and she gives me her findings. Laura says that she asked a senior official in the finance department about Shirley asking for my full social. She says that the senior official in the finance department couldn't think of any reason they would ask for my full social. *He told Laura that the finance department does not even have access to my full social anywhere.* A potential reason is given, that Shirley was "proactively collecting information for a Medicaid application", to paraphrase Laura. Laura confirms that Charity Care applications do not require a social security number. Laura says that, per the senior finance official, there was a note of a call being made to Jenny on June 7th and a note made that Jenny's number has been deleted on that same day. Laura cannot confirm if they have a record of Jenny's work number ever being entered. That question was apparently never asked.

IX. May Through August 2019 Analysis

378. Here we have evidence, at every turn, of criminal behavior. I will start by addressing the June 6th and June 7th calls. I will first lay out the facts concerning the usefulness of my full social security number to Shirley, in Exhibit II. I will then reconstruct the events surrounding the June calls with Shirley, in Exhibit III.

Documents Abstract (continued)

Exhibit II. The Role of My Information in Atrium Health's Finance Department

a) Atrium Health's finance department (for and from which Shirley is calling me) helps patients with two financial assistance programs:

1) Charity Care (Atrium's funds, used for Atrium's "vulnerable populations")

2) Medicaid (the well-known, government funded entitlement program)

b) Charity Care applications *do not* require a social security number. To fill out a Medicaid Application, you *do* need a social security number. The social security number is used to order your medical records. Your medical records will be sent along with the application.

c) The **sole** use of your full social security number for Atrium Health's finance department is to **order your medical records**. If you are not filing a Medicaid application, there is no need for or use for this information.

Items a through c, which are all facts provided by Atrium (either Shirley or Corporate Privacy) on my calls with them, make it clear why Shirley wants my social security number. The only thing my social security number is good for is to order my medical records. **Full social security number = order medical records- end of story. Atrium Health's finance department doesn't have your full social security number anywhere. Saying that the finance department has any use for it to remove a contact number is a false claim; the finance department has a use for the last 4 digits only.**

Exhibit III. Reconstruction of Key Events Involving Shirley from Atrium Health

1. June 6th: Jenny texts me and explains to me that a lady, named Shirley from Atrium Health, is trying to reach me. She says that Shirley has left a voicemail on Jenny's work number. She says that Shirley claims to have gotten Jenny's number as an alternate contact number. ***I do not even know Jenny's work phone number*** at the time this is supposed to have occurred.
2. June 6th: I call Shirley. I curse at her. Shirley is calm and collected as I curse at her.
3. June 7th: I call Shirley and she calls back. On the return call, ***I deny, outright and completely, any even remote interest in Medicaid. I do this near the beginning of our call. Subsequent to my rejecting Medicaid, outright, Shirley makes 3 attempts to collect my full 9-digit social security number.*** Each attempt appears to be highly motivated. ***It is as if Shirley has something to gain by getting my full social security number.*** On one attempt, she tells me "I don't want to go and get the information off the paper in my file cabinet", a clear insinuation that she has my full, 9-digit social security number on a paper in her file cabinet. The function of this ***blatantly false claim (later confirmed as false by Atrium Health Corporate Privacy)*** is to disarm me and make me feel as if there is no consequence for me if I provide Shirley with my full, 9-digit social security number.

Documents Abstract (continued)

379. The Exhibits, combined, make the case for what has happened and make it conclusively. Exhibit II lays out the logic that makes it clear what Shirley is after. Exhibit III makes it clear that she has something to gain. That she has something to gain is made apparent by her tonality as she makes motivated attempts to get my full social security number, over and over. That she has something to gain is made apparent by the fact that she does this despite my seemingly extreme suspicion of her as I am grilling her.

380. Shirley also has something to lose. I presume that in obtaining my medical records for no valid purpose, she intended to file a fraudulent Medicaid application to cover her tracks (it would otherwise have the clear appearance of a purposeless ordering of my records). She would be committing two crimes. One is Medicaid fraud, which has penalties of up to 5 years in prison. The other is a HIPAA violation, carried out under fraudulent pretenses. This is another up to five years in prison. These penalties are in addition to potential fines in excess of \$300,000 and the obvious end of her career in the medical field.

381. Yet, for some reason, she is motivated to commit these crimes. Her motivation exceeds her inhibition, in the face of these penalties. Her motivation exceeds her inhibition in the face of these penalties, even as I am already clearly suspicious of her. Her motivation exceeds her inhibition enough that she blatantly lies to me and tries to say she has my full social security number on a paper in her file cabinet. Her motivation exceeds her inhibition in a setting where there is an electronic trail and/or a paper trail of everything she does.

382. What is the value of my medical records to Shirley? Is there enough info in my medical records relevant to Shirley's life, in some way, to offset these risks? I think not. Who else may want my medical records? Who can possibly offer a suitably large offsetting reward to balance with this risk, a reward big enough to trigger this intense motivation?

383. The answer can be found by stepping back to when I am speaking with my former manager, Courtney Luce. I mention to Courtney that Jenny's petition has been deemed invalid. I had also mentioned this fact to Jenny. I wasn't fully aware, as of the first time I mentioned this to Jenny, that everything I say to Jenny goes back to Wells Fargo. Wells Fargo, at this time, has already engaged in healthcare fraud. They have paid the Mobile Crisis counselors to make a fraudulent healthcare record. They likely expected this fraudulent involuntary commitment petition to be further, falsified, evidence in their favor.

384. The situation Wells Fargo now finds itself in is that apparently that my healthcare team has caught Wells Fargo in the act. They have called foul play on this petition. In my conversations with Courtney, I had characterized my hospital in a way that would suggest that they were very suspicious of Jenny's actions. My hospital's conclusions could be found in my records.

385. In light of Wells Fargo's interest in my healthcare records, it is obvious they are the party behind this new instance of healthcare fraud. Wells Fargo wants this for purposes of seeing what kind of case it now had, given this new information, and for purposes of seeing what evidence of criminal behavior my healthcare team may have. Wells Fargo is a large, multinational bank. Wells Fargo has well over \$100 billion in

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cash, at almost any given time. Wells Fargo is the only party with a stake in this who can afford to pay someone enough to commit such serious crimes.

386. It is also clear, as of August 2019, that my hospital and its staff are repeatedly breaking the law. They have no interest in helping me fight Wells Fargo. They are not at all appalled by this \$2 trillion in assets strong, criminal bank abusing their patient. They are not at all appalled by this bank using their facilities and their government provided funds to perpetrate crime.

387. What they are apparently appalled by is the thought that they may face consequences for the crime they are so obviously now involved in. They seem to have clearly gone into the same pathological self-preservation state that Wells Fargo seems to live in. Like their friend Wells Fargo, Atrium's self-preservation instinct is accompanied by uninhibited criminal ambition.

388. Kathy has clearly begun, at least as of June to August 2019, to speak to Jenny and the people at Wells Fargo. She has done this to protect the hospital. Her behavior makes this clear. Her behavior subsequent to my telling her about criminal behavior at my hospital has to be put in context. Then it can be better why she has committed crimes and thought that she would get away with them. There was a change in how she viewed me that occurred over several months previous to June 2019.

389. I am considered by many and consider myself a competent and capable person. I have developed many complex skills, such as computer programming and financial analysis, that are indicative of relatively high ability. In the beginning of our professional relationship, I believe Kathy saw me this way.

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390. Over the years, since I had started going to Atrium in 2011, I had experienced increasingly severe cognitive impairment. My cognitive impairment had progressed to dementia-like symptoms over time. I would find out that this impairment was the result of my medications. The problematic medication was addressed and my impairment has been much less severe since.

391. This impairment seems to be one of several factors that had influenced Kathy's perception of me. During the period in which I had cognitive impairment, I without a doubt would have seemed "not all there" at times, to others. As I had increasing traumatic stress symptoms, I was less and less capable of taking care of myself. This also affected my work/life balance.

392. The situation that I was in for a good time was that I had no one to impress. I rarely went out. 99% of my business interactions were conducted on the phone. I did however have bills to pay, and was increasingly against the wall with work I was unable to do. In these circumstances, I devoted much more time to doing my programming work. I devoted less hours to maintaining my hair. I paid less attention to the clothes that I wore. I paid less attention to my clothes being clean.

393. Then there was my posture. Since June 2018, I had worked from a computer all day long, each day that I worked. I had developed a hunched over posture. This is normal for people who work from a computer desk; I would later find out. I had slowly developed this posture over time without being conscious of it.

394. In the months leading up to June 2019, I had begun to notice that Kathy was having a reaction of contempt towards me. By this, I mean she saw me as a kind of pathetic person. Without a doubt, my increasingly disheveled appearance, my posture,

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which made me seem to look down with my head tilted forward, and my behavior during the time I was impaired had a role in that.

395. During the time when I was more severely impaired, there was one specific behavior that seemed to trigger this type of reaction from Kathy. At one point, I got highly confused during speaking. I went on a monologue, speaking very fast and seemingly incoherent. I noticed a reaction of contempt from her at this point. This, in general, is the type of behavior that can make others think less of you.

396. In Kathy's case, as a mental health provider, this is downright despicable. With very few exceptions, every patient that walks through Kathy's door has a disability. Each of her patients is limited in a way that the patient cannot help. I have noticed, in my providers over the years, a strong inhibition against seeing their patients as somehow less than them. They have this inhibition out of compassion. They have an awareness of the limitations of those they treat and a sense of the dignity of their patients.

397. Kathy seems to have no such inhibition. I have come to see her as someone who is in this business for her career. The "vulnerable populations", Atrium Health is so prone to referencing in its financial statements, are a means to this end. They are a means to this end, and nothing else. This perception of Kathy is driven by her recent behavior as well as some reflections on her past behavior.

398. One thing I reflect on is that very early on, after I had begun to see Kathy, there were some UNC medical school students in the facility. These students were there to sit in on visits with patients. I have had this situation before. It is something that

medical professionals in training will frequently do. Having been through this before, I knew that these people could not sit in on my appointments without my consent.

399. I was somewhat disturbed when, as we went through the door and down the hallway, Kathy tells me "we have some UNC med students who will be sitting it with us." I was disturbed by her lack of respect for my privacy. This lack of respect was in her approach, which I refer to as "the assumptive close". In this assumptive close, I am not given a choice to allow or to not allow the UNC students to sit in. I am instead *informed* that they will be sitting in with me.

400. I let this slide, when this happened, in an effort to be reasonable. It felt like an uncomfortable boundary violation. I thought that maybe she just had a bad day and had forgotten. It was a no harm foul, as at this time I had no issue with them sitting in. I also knew that I have the right to refuse. To her credit, in more than one subsequent medical student sit in Kathy asked for my permission. I do not know the extent to which any hint I had given of my previous displeasure at her assumptive close played any role in Kathy's behavior change.

401. This uncomfortable and disturbing assumptive close was out of sight, out of mind for a good while. Then recently, in the past 6 to 9 months as of the present date, I saw a placard in the lobby at Atrium Health Behavioral Healthcare Charlotte. It had a large face shot of Kathy. Below Kathy's photo, it had a block of text that lavished praise on Kathy and Atrium for their participation in UNC's med school program. This was apparently a big kudos to both Atrium and Kathy.

402. This self-promotional placard brought back some of the discomfort I had previously felt over the assumptive close. I immediately wondered how many other

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patients Kathy had pulled the assumptive close on. I was well aware that many within Atrium's vulnerable population of patients would likely not know their rights.

403. Kathy, potentially, seems to have played the game in her favor. The more people she asks for permission, the more people that may say no. In her drive to get this kudos for her career, it seems possible that she has used the assumptive close more than once. I am only speculating that she may have pulled an assumptive close on others. I however do think it is likely.

404. In reference to the timeline and series of events I have described, I told Kathy, around June of 2019, that Shirley from Atrium was involved in criminal behavior. Being skeptical the first time, it is the second time that she realizes that indeed, something is up. At this time, she gets a disturbed look on her face. She is clearly not liking *something*.

405. That *something* is that, as both Kathy and Laura Shumate know, if Jenny's work number had been entered as an alternate contact number, it would have been entered on the *medical system and then distributed to the billing system*. Shirley, being an employee of the finance department, *cannot delete numbers from the medical system. Had this number ever been on the medical system it would have still been there on the day I asked Kathy to look. **This number had never been entered and Shirley was lying when she claimed that it had been.***

406. Following this, Jenny magically has things on her mind that I have discussed with Kathy. I tell Jenny that it's strange that I discuss things with my doctor and then Jenny talks about it. I become suspicious as to how Jenny has obtained my

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health information. I then contact Atrium Health Corporate privacy, who sees no unauthorized access between June and August 2019.

407. At my next appointment with Kathy, I ask to see my clinical visit notes. I look and don't see anything related to the things Jenny had on her mind. I then continue through the routine questions and line items of the appointment.

408. During this appointment, which was not very long, I notice some things about Kathy. As I speak about the healthcare fraud involving Shirley and Wells Fargo, *Kathy has no reaction*. She doesn't react with shock. She doesn't react with confusion. She doesn't react with anything. She has a calm and unaffected demeanor when I speak about this. She has obviously accepted this reality. It is not shocking or controversial to her. She also, strangely, doesn't ask why it is that I want to see my clinical visit notes. She doesn't ask why, I believe, because *she already knows why*. She knows that I am suspicious because *Jenny has told her*.

409. Following this appointment, as I realize my hospital is involved in committing crimes against me, I have more profound traumatic stress. I am at this point in a situation where I am surrounded. This is particularly troubling, given that my hospital (and anyone on my hospital's employees' cell phones as a contact, through my hospital) has the de facto ability to imprison me.

410. They can do this through the civil commitment process, where doctors' and clinicians' word and opinions are held above that of "mentally ill" patients. The magistrates will always trust the professionals' judgement. The same people for whom I have evidence of criminal behavior, and who are facing years in prison if caught, have the ability to imprison me at any time they wish.

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411. It is also extremely troubling that at this time, when Kathy blatantly violates my rights and the law, I am already showing signs of acute traumatic stress. This is the context in which she chooses to wantonly violate my rights, and my privacy, which I valued above all else.

412. What is also troubling is that my hospital has apparently been committing HIPAA violations since at least May of 2019. One thing I began to sense between May and August 2019 is that my mother has been talking to Jenny. This is the last thing I wanted. It was what I feared. ***It was this reason that I wanted those two numbers gone*** when I was in the inpatient unit. I knew that my mother, at the very least, would be trying to get in touch with Jenny.

413. The situation with my mother and I is complicated. My mother, for one, has an unhealthy level of concern for me. For two, she is very concerned with the abuse that I suffered as a child; she is especially concerned about the possibility that I tell others about it. It reflects very poorly on my family, and, out of protecting their image, she denies that some of it occurred. This creates a drive to get in my life and exert some control over it.

414. She handles this situation the same way at all times. She gets in contact with people in my life. She talks to them without me knowing. She takes the role of an insider. She will deny all day long that she speaks with these people. There has been a consistent pattern to all of this for my entire life.

415. My mother is naïve and seems to think that these others in my life share her excessive worry and concern for me; they do not. They are instead concerned with other things, like killing me. They are instead concerned with the criminal punishment

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liability I represent, as they have committed crimes against me. They are instead concerned with an irrationality driven campaign to run me into the ground.

416. I knew that this would be what happens the second my mother gets the name and number of anyone in Charlotte. I had protected against this the entire time I was in Charlotte. I didn't need her trying to run my life and creating more liabilities for me by contacting people here. I succeeded in keeping her out of my life here for over 7 and ½ years, without fail. *It all went astray immediately, when I was forced to provide my mother's number and Jenny's number to Atrium Health, my healthcare provider.*

417. Both my mother and my sister have given subtle signs that they are communicating with Jenny. Both deny it, over and over. They denied it then, and they deny it now. They have been speaking with her, and I have evidence. I saw the first piece of direct evidence when my mother visited my apartment several months ago. My mother had been eager to show me her phone records. She was going to prove that she didn't call Jenny.

418. I had long before this time deduced that Jenny and others involved in these crimes and unlawful behaviors have been using Facebook. They are using Facebook to perpetrate their law violations and other secretive communications. This is presumably based on the belief that it will be harder, or impossible, for others to track their criminal behavior if they use this medium.

419. It seemed clear to me that my mother's motivated interest in my seeing her phone records was a distraction. When she gets to my apartment, I do not look at the numbers she has dialed; I look in her Safari website data. What do I find? I find cached Facebook data from the domain facebook.net.

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420. My mother is very technically illiterate. She cannot send an email or fill out an online job application. When she tries to send an email, it is with me on the phone. I will sometimes have to coach her for literally up to 6 or 8 hours. I have to try to find out what she's doing and where she's at. I then try to tell her in the simplest terms what to do. It is very tedious.

421. My mother has no use for Facebook. She would not have gone to this app on her own. Her explanation for the Facebook data on her phone was that "I go to this Tomorrow's World website. They put cookies on your phone." Tomorrow's World doesn't dump cached data from the domain facebook.net on your phone. When I pressed her on this, she became hostile and said, with emphasis, "I'm not on Facebook."

422. My mother almost never gets hostile, so when she does, you know something funny is going on. She was defending against this reality. This all makes my mother sound deceptive; and she is, at times. She is not so in a despicable way, however. It is largely, I think, a consequence of her childhood. My mother was raised in a dysfunctional and abusive family.

423. When one is a child in an abusive family, he or she doesn't devote all of childhood to *development* as the focus of childhood should be. It is rather that part or potentially even all of the focus has to be diverted into another task: *survival*. It is a matter of fact that as a child in a world where everyone is bigger than you, everything is on the table. If it helps you survive, deception certainly is on the table, and this will become a tool in your toolbox. My mother is tackling life with that same toolbox she started out with in her childhood.