

Charles M. Walker
U.S. Bankruptcy Judge
Dated: 9/6/2018



**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

In re:)	
)	Chapter 11
Curae Health, Inc., <i>et al.</i> ¹)	Case No. 18-05665
)	
)	Judge Walker
Debtors.)	
)	Jointly Administered

**AGREED ORDER DIRECTING U.S. TRUSTEE TO APPOINT A
PATIENT CARE OMBUDSMAN UNDER 11 U.S.C. § 333**

According to the voluntary petitions filed by Curae Health, Inc. and related entities (collectively, the “Debtors” as listed in footnote 1), Debtors are a “health care business.” Pursuant to 11 U.S.C. § 333, the Court is required within 30 days after commencement of the case to order the appointment of an ombudsman to monitor the quality of patient care and to represent the interests of the patients of the health care business unless the Court finds that the appointment of such ombudsman is not necessary for the protection of patients under the specific facts of the case. No party has filed a motion requesting that the Court find an ombudsman unnecessary under the facts of the case, and counsel for the Debtors has represented that the Debtors would not be filing any such motion. Under these facts, the Court finds that the United States Trustee shall appoint an ombudsman

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are Curae Health, Inc. (5638); Amory Regional Medical Center, Inc. (2640); Batesville Regional Medical Center, Inc. (7929); and Clarksdale Regional Medical Center, Inc. (4755); Amory Regional Physicians, LLC (5044); Batesville Regional Physicians, LLC (4952); Clarksdale Regional Physicians, LLC (5311).

in this case.

THEREFORE IT IS ORDERED THAT:

1. The United States Trustee shall appoint a patient care ombudsman under 11 U.S.C. § 333 to monitor the quality of patient care and to represent the interests of the patients of the health care business of the Debtors;

2. Without special notice to patients, the patient care ombudsman shall have access to and be able to review confidential patient records as necessary and appropriate to discharge her duties and responsibilities, provided, however, that she protect the confidentiality of such records as required under non-bankruptcy law and regulations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191), and any amendments or implementing regulations (“HIPAA”), and the Health Information Technology for Economic and Clinical Health Act, which was enacted as title XIII of division A and title IV of division B of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5), and any amendments or implementing regulations (“HITECH”), including the Final Omnibus Privacy Regulations in 45 C.F.R. Parts 160 and 164 (“Final HIPAA Rules”).

3. The patient care ombudsman will not be required to personally serve individual patients pursuant to Fed. R. Bankr. P. 2015.1(a). Instead, the PCO may meet the requirements of Fed. R. Bankr. P. 2015.1(a) by posting one or more notices in a manner she determines is conspicuous and will provide adequate notice to the patients of the ombudsman appointment, the duties of the ombudsman, and all the information set forth in Fed. R. Bankr. P. 2015.1(a). Such notice will include a statement that any reports issued by the patient care ombudsman will be available at the facility, through the patient care ombudsman, and through Debtors’ counsel.

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AGREED & APPROVED FOR ENTRY:

PAUL RANDOLPH,
ACTING UNITED STATES TRUSTEE, REGION 8

By: /s/ Megan Seliber
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