# BEFORE MEDICAL LICENSING BOARD OF INDIANA CAUSE NUMBER: 2022 MLB ()24

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IN THE MATTER OF THE LICENSE OF: CAITLIN BERNARD, M.D. LICENSE NO: 01078719A

### ADMINISTRATIVE COMPLAINT

The State of Indiana ("Petitioner"), by counsel, Attorney General Theodore E. Rokita and pursuant to Ind. Code § 25-1-7-7, Ind. Code ch. 25-1-5, the Administrative Orders and Procedures Act, Ind. Code ch. 4-21.5-3, and Ind. Code ch. 25-1-9, files its Administrative Complaint ("Complaint") against the Indiana medical license of Caitlin Bernard, M.D. ("Respondent") and in support alleges and states the following:

## **INTRODUCTION**

The Indiana Attorney General's Office received multiple consumer complaints pertaining to Respondent's statements made in the media on or about July 1, 2022, including a complaint from another medical professional, specifically a Doctor of Osteopathic Medicine. Following investigation efforts and Respondent's sworn testimony in open court, Petitioner has obtained sufficient evidence to support an administrative complaint establishing that Respondent violated her professional obligations as a licensee. Specifically, Respondent failed to obtain written authorization to release the minor's medical information, violating HIPPA and

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state privacy law, and failed to immediately report suspected child abuse to local law enforcement in Indianapolis or the Indiana Department of Children Services.

#### FACTS

### Background

1. Respondent is a Physician in the State of Indiana having obtained license number 01078719A, on June 7, 2017, by application and is set to expire on October 31, 2023.

2. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 550 North University Blvd., Indianapolis, Indiana 46202.

3. Respondent holds two active Controlled Substance Registrations (CSR), having been issued license numbers 01078719B and 01078719C.

4. Respondent's CSR with license number 01078719B was issued on June 9, 2017, by application for the location of Indiana University/Eskenazi Health, 550 University Blvd., Indianapolis, Indiana 46202.

5. Respondent's CSR with license number 01078719C was issued on May 14, 2018, by application for the location of Planned Parenthood of Indiana & Kentucky, 8590 Georgetown Road, Indianapolis, Indiana 46268.

6. For all times relevant to this Complaint, Respondent is employed by IU Health Physicians as an OB/GYN and by the Indiana University School of Medicine as an Assistant Clinical Professor of Obstetrics & Gynecology.

7. Respondent is a "practitioner" as that term is defined by Ind. Code § 25-1-9-2.

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8. The Office of the Indiana Attorney General (OAG) received six consumer complaints in July 2022 against Respondent. The complaints alleged that Respondent did not report the suspected child abuse of a ten-year-old female victim that came from Ohio for an abortion as required by law and that Respondent violated the victim's privacy rights when Respondent spoke to the media about the victim and her medical journey (Exhibits A- F).

### **Facts Supporting Violations**

9. Respondent has indicated that in the late afternoon of Wednesday, June 29, 2022, she attended a rally against abortion laws.<sup>1</sup>

10. During testimony given in Marion Superior Court No. 1, Respondent indicated that, during the rally, a reporter from the IndyStar overheard Respondent speaking to another physician about patients they believed would be harmed by abortion restrictions in other States. Respondent mentioned to the physician that just days after the Ohio law imposing abortion restrictions, she was already seeing a patient from Ohio. The reporter asked Respondent to confirm some of what she had overheard, and Respondent obliged.

11. Respondent indicated that the reporter informed Respondent that she was writing a news story about the effects of abortion bans in nearby States after Dobbs v. Jackson Women's Health Organization, 124 S. Ct. 2228 (2022).

12. Respondent indicated that she then told the reporter the following information about her patient: Respondent had received a phone call from a child

<sup>&</sup>lt;sup>1</sup> At this time the transcript of Dr. Bernard's testimony is currently being prepared but is not yet available. Facts related to Respondent's testimony are taken from trial court reporter's audio recordings.

abuse doctor from Ohio, which she believed to be on Monday, June 27, 2022, regarding the patient; the patient was 10 years old; the patient was an Ohio resident; the patient had been raped; Respondent agreed to terminate the child's pregnancy; and on Monday, June 27, 2022, the child was six weeks pregnant. Respondent testified during the hearing held in Marion Superior Court that she could not recall everything she told the reporter, including whether the child was six weeks and three days pregnant, and she was unable to recall some of the details included in the later published news story.

Respondent terminated the child's pregnancy on Thursday, June 30,
 2022, at an Indianapolis hospital.

14. At 5:00 a.m. on Friday, July 1, 2022, the IndyStar published the story, titled Patients head to Indiana for abortion services as other states restrict care, which centers around Respondent's retelling of the 10-year-old child's medical journey. The story explains that hours after the Supreme Court issued Dobbs, "the Buckeye state had outlawed any abortion after six weeks." *Id.* Then, on Monday, June 27, 2022 (three days after *Dobbs*), the doctor reported having received a call from "a child abuse doctor in Ohio" who reported that he "had a 10-year-old patient in the office who was six weeks and three days pregnant" and thus was ineligible to obtain an abortion under Ohio law. *Id.* Respondent agreed to help, "[a]nd so the girl soon was on her way to Indiana to Bernard's care." *Id.* 

15. Respondent's story about the 10-year-old rape victim was repeated by President Biden and was picked up by national outlets.

16. As a result, there was an intense media search for Respondent's patient. The child's abortion procedure was complete on July 1, 2022, amid the media firestorm.

17. The next day, on July 2, 2022, Respondent submitted a terminated pregnancy report to the Indiana Department of Health. And at 3:59 p.m. on July 2, 2022, Respondent emailed the TPR form to DCS, noting "this case was already reported through DCS in Ohio." Ohio law enforcement also travelled to Indianapolis on July 2, 2022, to retrieve the "product of conception" as evidence.

18. Within two weeks of the IndyStar article, on July 14, 2022, a reporter located Respondent's patient's home in Ohio and knocked on her door with video cameras. That same day, during a media interview with 13WTHR, Respondent said, "It is important to tell our patients' stories as much as we can."

19. At no time prior to the 3:59pm email on July 2, 2022, did Respondent notify local law enforcement in Indiana or DCS concerning the possible child abuse she learned of on or before June 27, 2022.

20. After the child left the care of Respondent, she returned to Ohio, and upon information and belief, resided in the same home as her alleged rapist.

21. On July 6, 2022, Ohio law enforcement learned from the child the identity of her alleged rapist through her nonverbal cues.

22. Police later revealed that "preliminary DNA testing shows that there's a '99.99% probability' [the man the girl had identified] Gerson Fuentes ("Fuentes") is the biological father of the 'product of conception."

23. Fuentes was charged with two counts of rape in Ohio case number 22-CR-3226 on July 21, 2022.

24. The Ohio judge in the matter denied Fuentes' bond because "[t]o allow him to return to that home, the traumatic and psychological impact would be undeserving to the alleged victim." The judge explained that "when a child who has gone through the physical trauma of being raped, the physical trauma of being 10 years old and being impregnated, the physical and mental and emotional trauma of having to drive to another state, have this whole entire incident in this child's life become a national hot point to the point to where the President of the United States is referring to this case, the Court finds that that trauma is enough to never have that child be around the alleged defendant."

25. Respondent has repeatedly and regularly spoken to the press to perpetuate the coverage of her patient's private life since the July 1<sup>st</sup> IndyStar article was published.

- a. On or about July 24, 2022, Respondent wrote an op-ed for the Washington Post.
- b. On July 27, 2022, Respondent sat for an exclusive interview on CBS
   Evening News to discuss the abortion she performed on the child and
   the fallout from her decision to leak that information to the press.
- c. On July 28, 2022, Respondent was featured in the New York Times.
- d. On August 5, 2022, Respondent appeared on CNN.
- e. On October 12, 2022, she was featured in an issue of Vanity Fair.

26. The evidence indicates that Respondent did not comply with her mandatory-reporting obligations to Indiana authorities. Respondent suspected the patient was a victim of abuse because she was a pregnant 10-year-old child; Respondent knew of that abuse as early as June 27, 2022, when she spoke to the Ohio physician, and no later than June 30, 2022, when she performed the abortion; Respondent was in communication with Ohio authorities and knew that both Ohio law enforcement and Ohio's version of the Department of Child Services had been alerted; Respondent notified the social worker at IU Health about the suspected abuse; and Respondent notified Indiana DCS on July 2, 2022, when she sent DCS an email to which the TPR form was attached. But Respondent also testified that she was "not sure" whether the social-work team reported to Indiana authorities.

27. The evidence thus indicates that Respondent did not immediately report the abuse to Indiana authorities, the only authorities that would have been able to keep her from being returned to her alleged perpetrator. She has admitted that she did not personally report that her patient had been abused to an Indiana law enforcement agency and that she did not personally report the abuse to Indiana DCS until July 2, 2022, which is two days after the latest she would have known or had reason to believe the patient had been abused (June 30).

## **RELEVANT AUTHORITY**

28. HIPAA imposes a national standard to protect sensitive patient medical records and to prevent disclosure of individually identifiable health information. 42 U.S.C. § 1320d *et seq.*; 45 C.F.R. § 160.103. Health information includes "any information, including genetic information, whether oral or recorded in any

form or medium" that is created or received by a health care provider. 45 C.F.R. 160.103. Protected health information includes past, present, or future physical or mental health or condition of an individual and the provision of health care to an individual. 45 C.F.R. § 164.514. It includes all individually identifiable health information, including demographic data, medical histories, test results, insurance information, and other information used to identify a patient or provide healthcare services or healthcare coverage. Protected health information includes much more than a patient's name. 45 C.F.R. § 164.514. The general privacy rule strictly limits health care providers' ability to release a patient's medical records or discuss medical history in any form, except as permitted under the rules. 45 C.F.R. § 164.502(a).

29. HIPAA does not permit disclosure of protected health information under most circumstances. For example, to disclose protected health information to the media, a health care provider must have previously obtained a HIPAA-compliant authorization signed by the patient or her guardian. U.S. Dep't of Health & Human Servs., Can health care providers invite or arrange for members of the media, including film crews, to enter treatment areas of their facilities without prior written authorization? (Apr. 16, 2016), www.hhs.gov/hipaa/for-professionals/faq/2023/film-and-media/index.html ("the HIPAA Privacy Rule does not allow media access to the patients' PHI, absent an authorization").

30. For other (non-media type) disclosures, absent a written authorization, a health care provider must satisfy HIPAA's de-identification standard so that the information may not be used to identify, contact, or locate the person. That

standard provides that "[h]ealth information that does not identify an individual and with respect to which there is no reasonable basis to believe that information can be used to identify an individual is not individually identifiable health information." 45 C.F.R. § 164.514(a). One way to de-identify protected health information is to follow the rule's safe-harbor provision, which requires the removal of 18 specified identifiers of protected health information and that "[t]he covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information." 45 C.F.R. § 164.514(b)(2). As relevant here, one of the 18 identifiers that must be removed to qualify as "de-identified information" that is not subject to the privacy rule (and thus may be disclosed) is "[a]ll elements of dates (except year) for dates directly related to an individual, including birth date, admission date, [and] discharge date." 45 C.F.R. § 164.514(b)(2)(i)(C).

31. Indiana law imposes its own protections for patient privacy. Ind. Code § 16-39-1-1 et seq.; 844 I.A.C. 5-2-2. Under the rules governing the practice of medicine, "[a] practitioner shall maintain the confidentiality of all knowledge and information regarding a patient ... and of all records relating thereto" and may divulge that "knowledge and information" only "when required by law ... or when authorized by the patient or those responsible for the patient's care." 844 I.A.C. 5-2-2; see also Canfield v. Sandock, 563 N.E.2d 526, 529 & n.2 (Ind. 1990) (observing that "the ethical rules of the medical profession ... prohibit disclosure of confidential information in non-judicial settings" and that the "Hippocratic Oath imposes on physicians a duty to maintain confidences acquired in their professional capacity"); Am. Med. Ass'n, Code of Medical Ethics Opinion 3.2.1, https://www.amaassn.org/delivering-care/ethics/confidentiality (stating that physicians "have an ethical obligation to preserve the confidentiality of information gathered in association with the care of the patient"); *Vargas v. Shepherd*, 903 N.E.2d 1026, 1031-32 (Ind. Ct. App. 2009) (acknowledging argument that medical providers assume a duty to abide by ethical guidelines, including obtaining patient consent before disclosing any medical information, and assuming without deciding that such a duty exists).

32. And under Indiana law, a patient's written consent for release of the patient's health record must include the name of the person to whom the patient's health record is to be released, the purpose of the release, and a description of the information to be released from the health record, among other things. Ind. Code § 16-39-1-4.

33. Ind. Code § 31-33-5-1 provides that "In addition to any other duty to report arising under this article, an individual who has reason to believe that a child is a victim of child abuse or neglect shall make a report as required by this article."

34. Ind. Code § 31-9-2-101 provides that "Reason to believe', for purposes of IC 31-33, means evidence that, if presented to individuals of similar background and training, would cause the individuals to believe that a child was abused or neglected."

35. Ind. Code § 31-33-5-4 provides that "A person who has a duty under this chapter to report that a child may be a victim of child abuse or neglect shall immediately make an oral or written report to: (1) the department; or (2) the local law enforcement agency."

36. The Indiana Supreme Court has held that even a four-hour delay between learning of abuse and reporting may violate the immediacy requirement. *C.S. v. State*, 8 N.E.3d 668, 687–92 (Ind. 2014).

37. Once it receives an immediate report of abuse or neglect, DCS must take swift action to protect the child from being returned to a potentially dangerous situation. It must assess the reported child abuse or neglect, and if it "believes that a child is in imminent danger of serious bodily harm, the department shall initiate an onsite assessment immediately, but not later than two (2) hours, after receiving the report." Ind. Code § 31-33-8-1; *see also* Ind. Code § 31-33-8-2 (investigations by law enforcement agencies). Additionally, "the hospital may not release the child to the child's parent, guardian, custodian, or to a court approved placement until the hospital receives authorization or a copy of a court order from the department indicating that the child may be released." Ind. Code § 31-33-11-1.

38. DCS may in fact pursue a CHINS case even when the child and parent are just passing through Indiana. *See Matter of K.P.G.*, 99 N.E.3d 677 (Ind. Ct. App. 2018) (affirming CHINS adjudication when mother, who was mentally ill, and ill child were residents of New Jersey and were travelling back from Iowa when missed connecting bus and were in Indianapolis bus station for 18 hours), *trans. denied*.

#### VIOLATIONS

## COUNTS I-IV: VIOLATING STATE STATUTE OR RULE OR FEDERAL STATUTE OR REGULATION

39. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated 45 C.F.R. § 164.502(a) by disclosing her patient's protected health information to the media without previously obtaining a HIPAA-compliant authorization signed by the patient or her guardian.

40. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated a state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated 45 C.F.R. § 164.514 by not properly de-identifying the information of the minor patient. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated a state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated 844 I.A.C. 5-2-2. by failing to maintain the confidentiality of all knowledge and information regarding a patient and all records of the patient by disclosing information without authorization by the patient or her guardian.

41. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(14).. Specifically, Respondent violated Ind. Code § 31-33-5-1 by failing to immediately report suspected child abuse to local law enforcement in Indiana or DCS despite having reason to believe that a child is a victim of child abuse or neglect.

## COUNT V: FAILURE TO KEEP ABREAST OF CURRENT PROFES-SIONAL THEORY AND PRACTICE

42. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although the practitioner has become unfit to practice due to failure to keep abreast of current professional theory or practice. Specifically, Respondent failed to follow mandatory reporting laws and patient privacy laws that impact her practice as a physician in Indiana and the United States.

ACCORDINGLY, the Petitioner demands this Board enter an order finding that:

1. Respondent is subject to discipline according to Ind. Code ch. 25-1-9;

2. imposes the appropriate disciplinary sanction;

3. directs Respondent to immediately pay all costs incurred in the prosecution of this case; and

4. provides any further relief as the Board deems just and proper.

Respectfully submitted,

By:

THEODORE E. ROKITA Indiana Attorney General Attorney No. 18857-49

Indiana Office of the Attorney General 302 West Washington Street, Fifth Floor Indianapolis, Indiana 46204-2770

## **CERTIFICATE OF SERVICE**

I certify that a copy of the "Administrative Complaint" has been served upon Respondent care of her Indianapolis counsel listed below, by electronic mail, on this 30<sup>th</sup> day of November, 2022.

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By:

:

Mary L. Hutchis

MARY L. HUTCHISON Deputy Attorney General Attorney No. 25579-49

Indiana Office of the Attorney General 302 West Washington Street, Fifth Floor Indianapolis, Indiana 46204-2770

## OFFICE OF THE ATTORNEY GENERAL DIVISION OF CONSUMER PROTECTION

RE: License Name: Caitlin Bernard, M.D. License Number: 01078719A Litigation File Number: Consumer File Number:

This complaint and all attachments hereto contain no information in violation of Ind. Code § 4-1-10 (Release of Social Security Number), Ind. Code § 4-1-11 (Notice of Security Breach), or any other state or federal statute or rule restricting the release of information.

By:

Mary L. Hutchis

MARY L. HUTCHISON Deputy Attorney General Attorney No. 25579-49

### **REPORT TO THE ATTORNEY GENERAL**

Pursuant to Ind. Code § 25-1-7-7, and after conducting an investigation, Director Scott L. Barnhart, believes that the licensee, Caitlin Bernard, M.D., should be subjected to disciplinary sanctions by the Indiana State Board of Medical Licensing.

Respectfully submitted,

November 29, 2022 Date

Scott L. Barnhart Director, Consumer Protection Division Attorney No. 25474-82



CONSUMER COMPLAINT Office of the Indiana Attorney General (R5 / 12-17)

INSTRUCTIONS: To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type. Do not include your Social Security Number on this form or in any accompanying documents. Please note: If you have already obtained a judgment, or there is pending liligation, we may be limited or unable to take further action on your complaint. Case No: 11679955

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Page 2 of 2

#### CONSUMER COMPLAINT

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Exhibit

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CONSUMER COMPLAINT Office of the Indiana Attorney General (R5 / 12-17)

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Section 5	iransacilo	n/Incident Details — altach additional pages if necessary	
lease remember to ancelled check, co	o altach a c rresponder	opy of all documentation involved (order blank, warranty, credit card receipt and state ice elc). Please print clearly or type. Do Not Include your Social Security Number	ament, invoica, contract or willen agreement, advertisement,
you answered "	'Yes" to 4	E or 4-F above please include in the transaction/incident details below whe	en you complained and what action was taken.
)n Monday, Ju https://www.ind	ne 27 20 ystar.con	22, Dr Caitlin Bernard made the following report to the Indianapolls S //story/news/hea)th/2022/07/01/indiana-abortion-law-roe-v-wade-ove	Star newspaper. erturned-travel/7779936001/
According to Ind appropriate age		te law, anyone with knowledge of the sexual assault of a minor mus	t report that assault to law enforcement and other
illps://www.in.ç	gov/dcs/c	ontact-us/child-abuse-and-neglect-hotline/	
and terminated (Dr Caillin Bern made to law en She failed to in enforcement w	her preg ard. Nor aforcemendicate whether whether the second seco	ave been unable to find records of any police reports, either in the ci nancy or in Ohio. (Note that Dt Bernard declined to name the "child did she tell the reporter the city where the alleged rape occurred in 0 nt. Dr Bernard has also refused to reveal to journalists the city in Ohi ether authorities had been contacted so they could get a statement d to collect the forensic rape kit as evidence. Without the forensic rap om the patient, identifying the child's rapist will prove difficult.	abuse doctor" who reported the crime directly to her Ohio, making it difficult to track down such a report io where the purported child abuse doctor practices. from the victim or her family. I would assume law
directly by a "C a 10 year old, f related that the the rape of a m with law enforc to help prosect Section 0:	Child abus female ra child wa ninor child cement pi ute the pa Cloverol cource th	that the child was sent to her, from Ohio, for an abortion procedure, be doctor" in Ohio. She further relates that thr Ohio physician phoneon pe victim to her for an abortion. She told the Indianapolis Star that the s accompanied by her parents from Ohio to Indiana. Both physicians I to police and child welfare authorities. I am additionally concerned resent. Did she retain the products of conception or perform DNA sate erson responsible for the rape, and impregnation of the child? Id yout its event completing escived? at police interview Dr Bernard to document the needed information a leed located by authorities in Ohio.	d her (Dr Caitlin Bernard) to inform her he was sendir ne child was 6 weeks, 3 days pregnant. She also s would be required by laws in both states to report about whether either doctor performed a rape exam mpling of the blood and tissues so they could be use
child's rapist, it			
child's rapist, if	MAN	APPENSINEXT?	Section 8 Mail Completed Forms to:
child's rapist, if Section // The Consume respondent in your complaint disciplinary act Indiana and is compensation	er Protec ndividual t against tlon again tlon again limited ir or other	AFPENSINEXIC tion Division will send a copy of your complaint to the <i>Ibusiness or licensed professional</i> . This office cannot disclose a licensed professional to the public unless this office files a nest the licensed professional. This office represents the State of the remedies it can pursue. You may be entitled to rights that we cannot pursue for you. In addition to filing this nt to consider contacting a private attorney or your local small	Section 8 Mail Completed Forms for Office of Attorney General Consumer Protection Division Government Center South, 5 <sup>th</sup> Floor 302 W. Washington Street Indianapolis, IN 46204 317-232-6330 (phone) • 317-233-4393 (fax www.IndianaConsumer.com

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Do you consent to disclosing the following information to the public?	≯	⊠Yes □No □Yes ⊠No □Yes ⊠No	Your name			
I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).						
P			July 10, 2022			
Your signature			Date			

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CONSUMER COMPLAINT Office of the Indiana Attorney General (R5 / 12-17)

Exhibit C

INSTRUCTIONS:	To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type, Do not include your Social Security Number
	on this form or in any accompanying documents. Please note: If you have already obtained a judgment, or there is pending litigation, we may be
	limited or unable to take further action on your complaint,
	Case No: 11680173

Section	1 Your Information								
Salutat	on			Str	eet Address				
🗆 Det.	$\Box$ Mr, $\Box$ Mrs, $\Box$ Ms, $\Box$ Dr, $\Box$	🛾 Miss. 🖾 Re	¥V.						
			•	ļ	•				
Full Na	me/Organization/Agency			Cit	y	State	9	Zip Code	
4				IN					
	If an Organization/Agency provide a Primary Contact Name				unty	Daytime Phone			
Age Gr	oup 24 🗆 25-34 🗔 35-44 🗔 45-54 [	60+	En	nall Address					
	May we cor	nlact you by e	mail? If yes, w	e will	not contact you by regular ma	il [	] No 🗵	l Yes	
	Are you or v	your spouse a	ctive military?			t	∃No ⊡	Yes	
		-	í.						
Contraction of the local diversion of the loc	12: Who is the Complaint Aga ual/Business	IIEIUGEE			Name of Individual/Represe	entative	vou dea	alt with	
1	Tucker				nume of manadamoprove		. ,		
	Address				City	Stal	9	Zip Co	de
130 Meridian									)
County Daytime Phone				Email Address					
	n 3: Transaction/Incident Detai Date of Transaction/Incident	IS a		-B;	If a Transaction, what was the	o Tran	saction f	nr?	
3-A:	7/12/2022				business  My family/house				Profit/Church
3-C:	Where did the Transaction/Incide	nt occur? (ch	eck box where ap	oplicat					
	<ul> <li>My home</li> <li>At the location of the business</li> </ul>	1			□ By Internet/email □ By telephone				
	□ Away from the location of the I			⊠ By Social Media					
	By mail	•			□ Olher				
3-D:	What was the very first contact be	etween you ar	nd the Individua	i/Busi	iness?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	I lelephoned the individual/bus	siness						l to a printed	ł
□ I responded to a TV/radio ad □ I went to t				he location of the business advertisement					
				a phone call from the business  I Olher, describe below I o an offer on the Internet					
	11								
3-E:	How did you Pay?	Dan #10++ + + + +		.u			<u> </u>	Francfor	
1	□ Cash □ Credit C □ Check □ Installm	Card/Pre-pay	☐ Medica ☐ Medica		□ Pay-Pal □ Private Insurance		□ Wire 1 □ Other		
		Join Louin							· ··· ·····
3-F:	What, if any, is the Dollar amount	t associated w	ith your loss?	\$					
L	·		· · · · · · · · · · · · · · · · · · ·	I					NGS SIGS SALASA

Page 2 of 2

CONSUMER COMPLAINT

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Section 4 Act	ions Tak		
□ Yes □ No	4-A:	Did you sign a written agreement or contract? If yes, please attac	h a copy of the documentation.
🗆 Yes 🖾 No	4-B:	Have you hired a private attorney?	
🗆 Yes 🗵 No	4-C;	Have you started a court action? If yes, please attach a copy of a	Il court papers.
🗆 Yes 🗆 No	4-D:	Have you sued, or have you been sued, over this incident/transact	ction? If yes, please allach a copy of all court papers.
Section 4 Ac	lions Ta	ken by Consumer - continued	
🖾 Yes 🗆 No	4-E:	Have you complained to the Individual/Business? 7/12/2022	
Yes⊟ No	4-F:	Have you filed a complaint with any other agency? If yes, list other	er agency: no
Section 5 Tra	ancentin	nlincident Details – allach addilional pages il necessary	
		pp of all documentation involved (order blank, warranty, credit card receipt and sla	tement, invoice, contract or writien agreement, advertisement.
cancelled check, corr	esponden	ce etc). Please print clearly or type. Do Not Include your Social Security Number	
If you answered "Y	'es" to 4-	E or 4-F above please include in the transaction/incident details below wh	en you complained and what action was taken.
dactor did not rei	ort tane	of 10 year brought to indy from Ohio foe abortion	
	Jon Tupe		
Section 6 - Fi	ow would	d you like your Complaint resolved?	
check out if repo	rt of 10	year rape reported	
Section 7 M	INAT IN	APPEINS NEXT?	Section 8. Mail Completed Forms to:
		lon Division will send a copy of your complaint to the	Office of Attorney General
respondent ind	ividual/	business or licensed professional. This office cannot disclose	Consumer Protection Division
your complaint a	igainst a	licensed professional to the public unless this office files a	Government Center South, 5 <sup>th</sup> Floor
disciplinary action	n again: mited in	st the licensed professional. This office represents the State of the remedies it can pursue. You may be entitled to	302 W. Washington Street
		ghts that we cannot pursue for you. In addition to filing this	Indianapolis, IN 46204 317-232-6330 (phone) • 317-233-4393 (fax)
complaint, you n		t to consider contacting a private attorney or your local small	www.IndianaConsumer.com
claims court.			
Section 9 C	onsent	and Verification	
De view some	ant ta di	IN Yes IN No The nature of the com	plaint and the individual/business name
Do you cons following info		to the nublic?	
12 10 10 Inter		$\boxtimes$ Yes $\square$ No Your phone number	
l affirm unde	r nenaltir	es for perjury, that the foregoing representations are true. I conse	nt to the Consumer Protection Division obtaining or
releasing any	informat	tion in furtherance of the disposition of this complaint. I consent to	the release of information included in this complaint
to other public	agencie	es allempling to discover ongoing fraudulent patterns or practices a	nd for the purpose of law enforcement. I understand
that I should I	nol inclu v Numb	de my Social Security Number in any information submitted to th er, I expressly consent to the disclosure of my Social Security Num	ber in accordance with Indiana Code & 4-1-10-5/2).
			The Without and the second s
jesser	·	July 11, 2022	
Your signatu	Ire	Date	

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CONSUMER COMPLAINT Office of the Indiana Attorney General (R5 / 12-17)

INSTRUCTIONS: To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type. Do not include your Social Security Number on this form or in any accompanying documents. Please note: If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint. Case No: 11680174

Section 1: Your Information				
Salutation	Street Address			
🗆 Det, 🗆 Mr, 🗆 Mrs. 🗆 Ms. 🗆 Dr, 🗋 Miss. 🖾 Rev.				
Full Name/Organization/Agency	City	State	Zip Code	
		CA		
If an Organization/Agency provide a Primary Contact Name	County	Daytin	ne Phone	
	Out/State County			
Age Group □ 18-24 □ 25-34 □ 35-44 ⊠ 45-54 □ 55-59 □ 60+	Email Address			
		-1 1 - 1 -	1	
May we contact you by email? If yes, w	e will not contact you by regular m	ail 🗌 No 🗵	1 Yes	
Are you or your spouse active military?		🖾 No 🗆	] Yes	
Section 2: Who is the Complaint Against?				
Individual/Business	Name of Individual/Repres	entative you dea	alt with	
Dr Caitlin Bernard		··· <b>·····</b> ····························		
Street Address	City	State	Zip Code	
	Email Address	<b>P</b>		
County Daytime Phone	Emai Auuress			
Section 3: Transaction/Incident Details				
	3-B: If a Transaction, what was t	ne Transaction fo	or?	
7/11/22	🗆 My business 🗔 My family/hous	ehold 🛛 My far	m 🖾 Non-Profil/Church	
3-C: Where did the Transaction/Incident occur? (check box where a	policable)			
□ My home	By Internet/email			
□ At the location of the business	By telephone			
IXI Away from the location of the business	By Social Media Other			
🗆 By mail	Other	· · · · · · · · · · · · · · · · · · ·		
3-D: What was the very first contact between you and the Individua	al/Business?			
	nformation in the mail	to a printed		
□ A person came to my home □ I received a	e location of the business advertisement a phone call from the business   Other, describe below			
□ I received information by email □ I responded to an offer on the Internet				
3-E: How did you Pay?				
I Cash □ Credit Card/Pre-pay □ Medica	id 🗆 Pay-Pal	🗆 Wire 1	ransfer	
🗆 Check 🛛 Installment Loan 🗌 Medica	-	Other		
3-F: What, if any, is the Dollar amount associated with your loss?	\$			

CONSUMER COMPLAINT

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Section 4 Actions	raken by Consumer
□ Yes ⊠ No 4-A	
⊡Yes ⊠No 4-E	
□Yes⊠No 4.(	
□Yes ⊠No 4-[	
	Taken by Consumer - continued
□Yes ⊠No 4-E	
Yes⊡ No 4-I	E: Have you filed a complaint with any other agency? If yes, list other agency:
Section 5 Transat	ilon/Incident Delails – attach addillonal pages if necessary.
Please remember to attach cancelled check, correspon	a copy of all documentation involved (order blank, warranty, credit card receipt and statement, involce, contract or written agreement, advertisement, dence etc). Please print clearly or type. Do Not Include your Social Security Number.
	o 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken,
Miss Berhard kept kno	wledge of the rape of a 10 year old from authorities
	ould you like your Complaint resolved?
	ation, criminal charges for accessory a child rape
Wedloar noense revou	
	HAPPENS NEXT? Section 8 Mail Completed Forms to:
respondent individu	al/business or licensed professional. This office cannot disclose
your complaint again	st a licensed professional to the public unless this office files a Government Center South, 5th Floor
Indiana and is limited	alnst the licensed professional. This office represents the State of in the remedies it can pursue. You may be entitled to Indianapolis, IN 46204
compensation or othe	er rights that we cannot pursue for you. In addition to filing this
	vant to consider contacting a private attorney or your local small www.IndianaConsumer.com
claims court. Section 9. Conse	nt and Verification
Do you consent to	o disclosing the 🗳 🔯 Ves 🗆 No. Your name
following informat	ion to the public?
releasing any infor to other public age that I should not in	atties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or mation in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint ncies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my
Social Security Nu	mber, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).
DOH	July 11, 2022
Your signature	Date

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#### CONSUMER COMPLAINT Office of the Indiana Atlorney General

INSTRUCTIONS: To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type. Do not include your Social Security Number on this form or in any accompanying documents. Please note: If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

	Case	No:	11	6801	70
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(R5 / 12-17)

Section	1: Your Information	n							
Salutation				Street Address					
🗆 Det.	$\Box$ Mr. $\Box$ Mrs. $\Box$ M	is, 🗆 Dr, 🗆 Miss. 🗆 Re	ev.						
						K			
Full Name/Organization/Agency				С	City		State		Zip Code
R <b>ca</b> /				1			IN		
		ovide a Primary Contact N	ame	С	County			Daytin	ne Phone
		·							
Age Group □ 18-24 □ 25-34 □ 35-44 □ 45-54 □ 55-59 □ 60+				Email Address					
		May we contact you by e	mail? If yes, v	ve wil	ll not co	ntact you by regular m	ail E	]No I⊠	l Yes
		Are you or your spouse a	ctive military?				D	⊠ No ⊑	] Yes
Section	2: Who is the Co	mplaint Against?							
Individu	al/Business				Name of Individual/Representative you dealt with				
	llin Bernard				n/a				1
	Address				City		State	;	Zip Code
				Email Address					
County	1	Ime Phone				ni Address			
Saniini	13: Transaction/I								
194252332535	Date of Transaction/			3-B;	lí a T	ransaction, what was th	ne Trans	saction f	or?
	n/a			ΠM	ly busin	ess 🗆 My family/hous	ehold C	∃ My far	m 🗆 Non-Profil/Church
3-C:	Where did the Trans	action/Incident occur? (ch	eck box where	applica	able)		······································		
	🗆 My home					) By Internet/email			
	$\hfill\square$ At the location of				By telephone				
Away from the location of the business				☐ By Social Media ⊠I Other <u>Media</u>					
3-D;									
				sponded sement	I to a printed				
A person came to my home			a pho	phone call from the business IXI Other, describe below			cribe below		
	□ I received inform		I respond	ed to a	an offer	on the Internet		sonal co	
3-E:	How did you Pay?								
	Cash	Credit Card/Pre-pay	🗆 Medic	aid		🗆 Pay-Pal	[	] Wire 1	Transfer
	Check	Installment Loan	🗆 Medic			Private Insurance	E	□ Other	
3-F:	What, if any, is the D	ollar amount associated w	ith your loss?	\$					

Exhibit E

CONSUMER	COMPLAINT
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Section 4 Action	ns Taken by Consumer						
☐ Yes ⊠ No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.							
	•				yes, please attach a copy of all court papers,		
	ns Taken by Consumer - con	a sum in the state of the state					
	4-E: Have you complained		slness?				
Yes⊡ No	4-F: Have you filed a comp	laint with any other	agency? If yes, list othe	r agene	cy:		
Section 5	saction/incidient Details - atta	ch additional pages	if necessarv				
Please remember to alt	ach a copy of all documentation invol	ved (order blank, warrani	ly, credit card receipt and state	ement, ir	voice, contract or written agreement, advertisement,		
cancelled check, corres	condence etc). Please print clearly or	r type. Do Not Include y	our Social Security Number	<del>Mantooni</del> e	•		
If you answered "Yes	" to 4-E or 4-F above please incl	iude in the transaction	/incident details below whe	in you a	complained and what action was taken,		
Dr. Calllin Bernard	spoke to the newspaper, Indy	Star, on July 2, 202	22 about a ten year old r	ape vid	clim she performed an abortion on. She		
violated the confide	initiality guaranteed to child st	irvivors of rane as w	ell as all patients as par	t of pai	tient rights. In addition, this case is a CHINS		
state are and cor	dition of the girl. This public a	innouncement serve	ed no purpose to her pal	ient as	er treatment of the girl as well as the home the patient was treated and sent home. It was		
pureiv a political ar	d activist strategy to support	Dr. Bernard's profes	sion as an abortion prov	vider. T	"his public announcement has thrust this young		
girl's story into the	global limelight with her story	being debated arou	nd water coolers and ac	TOSS S	ocial media. No child should experience such		
Invasion alter any a	assault or medical treatment.				4		
Section 6 How	v would you like your Complai	nt resolved?					
And the second	nard's license revoked and fo		on to the patient whose	confide	entiality she violated.		
THOUGH INC DIT DO					-		
	ATUMODENIONEVT2				Section 8 Mail Completed Forms to:		
	ATHAPPENS NEXT? rotection Division will send	a copy of your cor	nplaint to the				
respondent indiv	idual/business or licensed p	professional. This	office cannol disclose		Office of Attorney General Consumer Protection Division		
your complaint ag	ainst a licensed professional t	o the public unless t	his office files a		Government Center South, 5th Floor		
disciplinary action	against the licensed profession ted in the remedies it can pure	mal, This office rep sue. You may be er	resents the State of		302 W, Washington Street		
compensation or c	ther rights that we cannot pur	rsue for you. In add	illon to filing this		Indianapolis, IN 46204 317-232-6330 (phone) • 317-233-4393 (fax)		
complaint, you ma	y want to consider contacting	a private attorney o	r your local small		www.IndianaConsumer.com		
claims court.	isent and Verilication						
Do you conser	It to disclosing the			laint ai	no me monoual/ousiness name		
	nation to the public?	□Yes ⊠No □Yes ⊠No	Your name Your phone number				
I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or							
releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand							
that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my							
Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).							
Read Auto			July 11, 2022	<del></del>			
Your signature	;		Dale				

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#### CONSUMER COMPLAINT Office of the Indiana Attorney General (R5 / 12-17).

INSTRUCTIONS: To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type. Do not include your Social Security Number on this form or in any accompanying documents. Please note: If you have already obtained a judgment, or there is pending litigation, we may be similed or unable to take further action on your complaint. Case No: 11680246

Salutation Street Address						
	Street Address					
□ Det. □ Mr. □ Mrs. □ Ms. ⊠ Dr. □ Miss. □ Rev.						
Full Name/Organization/Agency City State Zip Code						
K MO						
If an Organization/Agency provide a Primary Contact Name County Daytime Phone						
Out/State County 16609731633						
	Email Address					
May we contact you by email? If yes, we will not contact you by regular mail						
Are you or your spouse active military? I⊠ No □ Yes						
Section 2: Who is the Complaint Against?						
Individual/Business Name of Individual/Representative you dealt with	Name of Individual/Representative you dealt with					
Dr. Caillin Bernard Street Address City State Zip Co	ndo.					
Street Address City . State Zip Co	ue					
County Daytime Phone Email Address						
Section 3: Transaction/Incident Details						
3-A: Date of Transaction/Incident 3-B: If a Transaction, what was the Transaction for?						
□ My business □ My family/household □ My farm □ Non	Profivenuren					
3-C: Where did the Transaction/Incident occur? (check box where applicable)						
□ My home □ By Internet/email						
	☐ By telephone ☐ By Social Media					
□ By mail ⊠ Other <u>News Media</u>						
3-D: What was the very first contact between you and the Individual/Business?						
□ I telephoned the Individual/business □ I received information in the mail □ I responded to a printe	đ					
□ I responded to a TV/radio ad □ I went to the location of the business advertisement □ A person came to my home □ I received a phone call from the business ☑ Other, describe below						
□ I received information by email □ I responded to an offer on the Internet <u>No direct contact</u>						
3-E: How did you Pay?						
□ Cash □ Credit Card/Pre-pay □ Medicaid □ Pay-Pal □ Wire Transfer						
□ Check □ Installment Loan □ Medicare □ Private Insurance □ Other						
3-F: What, if any, is the Dollar amount associated with your loss? \$						

CONSUMER COMPLAINT

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Section 4 Action	ns Taken by Consumer						
□ Yes □ No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.							
□Yes □No	4-B: Have you hired a priva	Have you hired a private attorney?					
□Yes □No	4-C; Have you started a co	ourt action? If yes, please attach a copy of	all court papers.				
□Yes □No	4-D: Have you sued, or hav	ve you been sued, over this incident/trans	action? If yes, please attach a copy of all court papers.				
and the second	ns Taken by Consumer - <i>con</i>						
□ Yes □ No	4-E: Have you complained	to the Individual/Business?					
Yes⊡ No	4-F: Have you filed a comp	plaint with any other agency? If yes, list of	her agency:				
Section 5 Trans	saction/Incident Details – atta	nch addilional pages if necessary					
Please remember to atta cancelled check, corresp	ich a copy of all documentation invol pondence etc). Please print dearly o	lved (order blank, warranty, credit card receipt and s r type. Do Not Include your Social Security Num	statement, Involce, contract or written agreement, advertisement, ber.				
If you answered "Yes	" to 4-E or 4-F above please inc	ude in the transaction/incident details below v	when you complained and what action was taken.				
From news stortes I was made aware that apparently Dr. Bernard has failed to report sexual abuse in a child. The report was that a colleague in Ohio contacted her to set up an abortion for a 10-year-old girl, which so far as any of the news organizations can determine, was not reported in Ohio either. I am a retired Emergency Department Physician and am appalled that no report of this egregious crime h/or as been submitted. I am in hopes that your department is investigating this lapse on Dr. Bernard's part in this sad situation. If Dr. Bernard has been lying about this case to the News Media, I find that highly unethical and therefore question whether that are other instances that need to be looked into.							
Section 6 How would you like your Complaint resolved? Just to know that this has been investigated and reprimands and/or punishments have been administered. I have a good relationship with DFS in Missouri having done reports when indicated. Section 7 WHAT HAPPENS (NEXT?)							
The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local smallOffice of Attorney O Consumer Protection Government Center Sol 302 W. Washington Indianapolis, IN317-232-6330 (phone) • 31 www.IndianaConsult317-232-6330 (phone) • 31 www.IndianaConsult							
Section 9. Consent and Verification							
Do you consent to disclosing the following information to the public? → IXI Yes □ No The nature of the complaint and the individual/business name □ Yes □ No Your name □ Yes ⊠ No Your phone number							
I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).							
K <b>EP</b> H	<b>D</b> , O,	July 12, 2022					
Your signature		Date					
1	······						