BEFORE MEDICAL LICENSING BOARD OF INDIANA

CAUSE NUMBER: 2022 MLB 0024

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LICENSE NO: 01078719A)	NOV 3 0 2022
CAITLIN BERNARD, M.D.)	FILED
IN THE MATTER OF THE LICENSE OF:)	

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

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.

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.¹
- 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

¹ 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.

- 13. 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 1st 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-profession-als/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.ama-assn.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 30th day of November, 2022.

By:

MARY L. HUTCHISON

Mary L. Hutchis.

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

Sett/Ad



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.

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3-F:	What, if any, is the	Dollar amount associated v	vith your loss?	\$							
1			-	1						AND MEDICAL PROPERTY.	

Section	4 Actic	ins Tak	en 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 private attorney?
□Yes	⊠ No	4-C:	Have you started a court action? If yes, please attach a copy of all court papers.
□Yes	⊠ No	4-D:	Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.
Section			ten by Consumer - continued
☐Yes	⊠ No	4-E;	Have you complained to the Individual/Business?
Yes□	Ma	4-F:	Have you filed a complaint with any other agency? If yes, list other agency:
162	INO	477,	Trava you filed a complaint with any other agency: It you not outer agency.
1			

Section 5 Transaction/Incident Details – attach additional pages if necessary

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. Do Not Include your Social Security Number.

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

On Monday, June 27 2022, Dr Caitlin Bernard made the following report to the Indianapolis Star newspaper. https://www.indystar.com/story/news/health/2022/07/01/indiana-abortion-law-roe-v-wade-overturned-lravel/7779936001/

According to Indiana State law, anyone with knowledge of the sexual assault of a minor must report that assault to law enforcement and other appropriate agencies.

https://www.in.gov/dcs/contact-us/child-abuse-and-neglect-hotline/

As of Sunday, July 10, 2022, Dr Caillin Bernard has made no mention of reporting the rape of her 10 year old patient. News agencies who are researching this crime have been unable to find records of any police reports, either in the city where Dr Bernard would have examined the child and terminated her pregnancy or in Ohlo. (Note that Dt Bernard declined to name the "child abuse doctor" who reported the crime directly to her (Dr Caitlin Bernard. Nor did she tell the reporter the city where the alleged rape occurred in Ohlo, making it difficult to track down such a report made to law enforcement. Dr Bernard has also refused to reveal to journalists the city in Ohlo where the purported child abuse doctor practices. She failed to indicate whether authorities had been contacted so they could get a statement from the victim or her family. I would assume law enforcement would need to collect the forensic rape kit as evidence. Without the forensic rape kit or the DNA samples of the products of conception, extracted from the patient, identifying the child's rapist will prove difficult.

In the article, she states that the child was sent to her, from Ohio, for an abortion procedure. She reports that the minor child was referred to her directly by a "Child abuse doctor" in Ohio. She further relates that thr Ohio physician phoned her (Dr Caitlin Bernard) to Inform her he was sending a 10 year old, female rape victim to her for an abortion. She told the Indianapolis Star that the child was 6 weeks, 3 days pregnant. She also related that the child was accompanied by her parents from Ohio to Indiana. Both physicians would be required by laws in both states to report the rape of a minor child to police and child welfare authorities. I am additionally concerned about whether either doctor performed a rape exam with law enforcement present. Did she retain the products of conception or perform DNA sampling of the blood and tissues so they could be uses to help prosecute the person responsible for the rape, and impregnation of the child?

Section 6. How would you like your Complaint resolved?

I just want to be sure that police interview Dr Bernard to document the needed information and collect any evidence needed to prosecute the child's rapist, if he is indeed located by authorities in Ohio.

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 small claims court.

Section 8 Mail Completed Forms to:

Office of Attorney General
Consumer Protection Division
Government Center South, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204
317-232-6330 (phone) • 317-233-4393 (fax)
www.IndianaConsumer.com

Section 9 Consent and Verification

Do you consent to disclosing the following information to the public?	→	⊠ Yes □ □ Yes ⊠ □ Yes ⊠		The nature of the complaint and the individual/business name Your name Your phone number
releasing any information in furtherand to other public agencies attempting to that I should not include my Social Se	e of th discov ecurity	e disposition o er ongoing frac Number in an	of this uduler ny info	ations are true. I consent to the Consumer Protection Division obtaining or complaint. I consent to the release of information included in this complaint of patterns or practices and for the purpose of law enforcement. I understand rmation submitted to the Consumer Protection Division. If I do provide my my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).
P W				July 10, 2022
Your signature				Date



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	n 1: Your Inform	ation									
Salutat				Street Address							
□ Det	. 🗆 Mr. 🗆 Mrs. 🗅	3 Ms, □ Dr, □ Miss. □ R	lev.	1							
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Age G ☐ 18-		-44 🗆 45-54 🗆 55-59 🗀	60+		mail Address						
		May we contact you by e	email? If yes,	we will	not contact you by regular ma] No ⊠	Yes				
		Are you or your spouse a	?		Yes						
Section		is Complaint Against?									
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	r Tucker						•				
Street Address					City	State Zip C		Zip Co	de		
130 Meridian)		
Count	y Da	ayllme Phone			Email Address						
	n S: Transacion	Maddast Datalls									
3-A:	Date of Transaction			3-B:	If a Transaction, what was th	e Trans	action fo	r?			
077.	7/12/2022	TRA IOIGO IX			☐ My business ☐ My family/household ☐ My farm ☐ Non-Profit/Church						
3-C:	Where did the Tran	nsaction/Incident occur? (ch	еск рох where	арриса	^{Die)} □ By Internet/email						
	☐ At the location of	of the business		☐ By telephone							
		location of the business		i⊠i By Social Media							
	□ By mail				☐ Other						
3-D:	What was the very	first contact between you a	nd the Individ	ual/Bus	iness?						
		e individual/business			nation in the mail			lo a printed	}		
	☐ I responded to				ation of the business		tisement				
			d a phone call from the business								
3-E:	How did you Pay?										
	☐ Cash	☐ Credit Card/Pre-pay	☐ Medi	caid	☐ Pay-Pal		∃ Wire Tr	ransfer			
	☐ Check	☐ Installment Loan	☐ Medi	care	☐ Private Insurance		☐ Other				
3-F:	What, if any, is the	Dollar amount associated w	vith vour loss	\$ \$							

Section 4 Ac	tions Ta	ken by Consumer						
☐ Yes ☐ No	4-A:	Did you sign a written agreem	ent or contract? If	yes, please attach	a copy of the documentation.			
☐ Yes ⊠ No	4~B:	Have you hired a private attor	ney?	•				
□ Yes ⊠ No	4-C:	Have you started a court action	on? If yes, please a	attach a copy of all	court papers.			
☐ Yes ☐ No	4-D:	Have you sued, or have you t	een sued, over thi	is incident/transact	ion? If yes, please attach a copy of all court papers.			
Section 4 Actions Taken by Consumer - continued								
⊠ Yes □ No	4-E:	Have you complained to the I	ndividual/Business	s? 7/12/2022				
Yes□ No	4-F:	Have you filed a complaint wi	th any other ageno	cy? If yes, list other	agency: no			
Section 5 Tr		n/Incident Details – attach addi	lional nages if neg	eccani				
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cancelled check, con	attach a c responden	opy of all documentation involved (ofde ice etc), Please print clearly or type. Do	n Dialik, Wallanty, credi Di Not Include your So	icial Security Number,	ment, invoice, contract or written agreement, advertisement,			
If you answered "	es" to 4	E or 4-F above please include in the	ne transaction/incide	nt details below wher	you complained and what action was taken.			
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Section 6 H	OW WOL	d you like your Complaint resol	ved?					
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your complaint a	against a	licensed professional to the pu	iblic unless this offi	ice files a	Consumer Protection Division Government Center South, 5th Floor			
disciplinary action	n again	st the licensed professional. Th	ils office represent	s the State of	302 W. Washington Street			
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claims court.		, , , , , , , , , , , , , , , , , , , ,			www.lndianaConsumer.com			
Section 9 0	onsent a	and Verification						
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l affirm, under	r penalti	es for perjury, that the foregoing	g representations :	are true. I consent	to the Consumer Protection Division obtaining or			
releasing any	iniorma:	ion in jurinerance of the disposes attempting to discover ongoin	uon or uns compia so fraudulent natte:	amt, i consent to th rns or practices and	e release of information included in this complaint I for the purpose of law enforcement. I understand			
that I should i	not inclu	de my Social Security Number	in any information	n submitted to the	Consumer Protection Division. If I do provide my			
Social Securit	y Numb	er, I expressly consent to the di	sclosure of my Soc	cial Security Number	er in accordance with Indiana Code § 4-1-10-5(2).			
				July 11, 2022				
Your signatu				Date				



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 fimilted or unable to take further action on your complaint.

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	7/11/22		***************************************	\square My business \square My family/household \square My farm \boxtimes Non-Profit/Church						
3-C:	Where did the Trans	saction/Incident occur? (ch	eck hay where	annlir.	eable	4)				
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3-E;	How did you Pay?				,				_	
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☐ Yes ☒ No	4-B; Have you	hired a private attorne	:y?		
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□ Yes ⊠ No	4-D: Have you	sued, or have you bee	en sued, over this incident/	transaction? I	yes, please attach a copy of all court papers.
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□ Yes ⊠ No	4-E: Have you	complained to the Ind	ividual/Business?		
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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: 11680170

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9920000000	n 8 Transaction/	The state of the s		3-B: If a Transaction, what was the Transaction for?							
3-A:	Date of Transaction/	moldent	l l	☐ My business ☐ My family/household ☐ My farm ☐ Non-Profit/Church							
	n/a										
3-C:		action/incident occur? (ch	eck box where ap	plical							
	☐ My home ☐ At the location of	the husiness		☐ By Internet/email ☐ By telephone							
		cation of the business		☐ By Social Media							
	☐ By mail			⊠ Other <u>Media</u>							
3-D:	What was the very fi	rst contact between you ar	nd the Individua	l/Bus	siness?						
	☐ I telephoned the	individual/business			nation in the mail			o a printed			
	☐ I responded to a	TV/radio ad			ation of the business		sement vor doceril	ha halaw			
			a phone call from the business ed to an offer on the Internet \overline{\times Other, describe below} No personal contact								
3-E:	How did you Pay?										
5-2.	☐ Cash ☐ Credit Card/Pre-pay ☐ Medical			aid □ Pay-Pal			☐ Wire Transfer				
	☐ Check	☐ Installment Loan	☐ Medica		•						
		N. II.	211								
3-F:	What, if any, is the D	Oollar amount associated w	\$								

purely a political and activist strategy to support Dr. Bernard's profession as an abortion provider. This public announcement has thrust this young girt's story into the global limelight with her story being debated around water coolers and across social media. No child should experience such invasion after any assault or medical treatment. Section 6 How would you like your Complaint resolved? I would like Dr. Bernard's license revoked and for her to pay restitution to the patient whose confidentiality she violated. 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. 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 small claims court. Section 9 Consent and Ventication The nature of the complaint and the individual/business name following information to the public? Yes No Your name following information in furtherance of the disposition of this complaint. 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 oragoing 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).	Section 4 Ac	tions Taker	n by Consumer							
□ Yes □ No □ A-C: Have you started a court action? If yes, please attach a copy of all court papers. □ Yes □ No	☐ Yes ☒ No	4-A: D	id you sign a written	agreement or cor	ntract? If yes, please a	tach a cop	py of the documentation.			
□ Yes □ No	☐ Yes ເ⊠ No	4-B; H	lave you hired a priva	ate attorney?						
Section 4 Actions Texen by Consumers continued/ □ Yes □ No 4-F: Have you field a complaint with any other agency? If yes, list other agency. Section 5 Transaction function Details a complaint with any other agency? If yes, list other agency. Section 5 Transaction function Details and complaint with any other agency? If yes, list other agency. Please remember to attack an acyg of all documentation invoked (roder black, warrant), credit card recipt and statement, invoked, contract or willow agreement, advertisement, according to the control of the cont	□ Yes ເ⊠ No	4-C; H	lave you started a co	urt action? If yes,	please attach a copy of	of all court	papers.			
Yes El No	□ Yes ເ⊠ No	4-D: H	lave you sued, or hav	ve you been sued	l, over this incident/trar	saction? I	If yes, please attach a copy of all court papers.			
Section S Tensantrolland soft Details - attach a complaint with any other agency? If yes, list other agency. Section S Tensantrolland soft Details - attach a complaint with any other agency?	Section 4 Actions Taken by Consumer - continued									
Please remember to attach a copy of all documentation involved (order blank, varranty, crodit card recop) and elatement, invoice, contract or written agreement, advertisement, concluded check, correspondence etc.) Please pint deathy or type. De Not Include your Social Security Number in 1970 of the Consumer Protection Division with security for the Consumer Protection Division will send a copy of your complaint to the patient whose confidentiality she violated the consumer Protection Division will send a copy of your complaint to the patient whose confidentiality she violated the caps in the consumer Protection Division will send a copy of your complaint to the patient whose confidentiality she violated. Professional 1 This office represents the State of Indiana and is limited in the remedies it can professional. This office represents the State of Indiana and is limited in the remedies it can professional to the public unless this office files a display and your complaint to the public? Section 9 Consentant Verification Consentation Consentant Verification	□ Yes ⊠ No	4-E: H	lave you complained	to the Individual/	Business?					
Please remember to attach a copy of all documentation involved (order blank, warranly, crodit card receipt and statement, involce, contract or written agreement, advertisement, conceiped dheek, correspondence etc.) Please pink clearly or type. Do Not hocked your Social Security Number. If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken. Dr. Caltilin Bernard spoke to the newspaper, Indy Star, on July 2, 2022 about a ten year old rape victim she performed an abortion on. She violated the confidentiality guaranteed to child survivors of rape as well as all patients as part of patient rights. In addition, this case is a CHINS case which means she violated the law in releasing any information regarding the case, including her treatment of the girl as well as at he home state, age, and condition of the girl. This public announcement served no purpose to her petient as the patient was treated and sent home. It was purely a political and activist strategy to support Dr. Bernard's profession as an abortion provider. This public announcement has thrust this young girl's story into the global limelight with her story being debated around water coolers and across social media. No child should experience such invasion after any assault or medical treatment. Section 6 How would your like your Complaint resolved? I would like Dr. Bernard's license revoked and for her to pay restitution to the patient whose confidentiality she violated. Section 7 WHAT HAPPENSINEX/// I would like Dr. Bernard's license professional. This office cannot disclose your complaint against a 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 filling this complaint, you may want to consider contacting a private alterney or your local small claims court. Section 9 Consent and vonification Extra 1	Yes□ No	4-F; H	lave you filed a comp	plaint with any oth	ner agency? If yes, list o	other ager	псу:			
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Section? 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 small claims court. Socion 9 Consent and Verification Do you consent to disclosing the following information to the public? 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).	case which means she violated the law in releasing any information regarding the case, including her treatment of the girl as well as the home state, age, and condition of the girl. This public announcement served no purpose to her patient as the patient was treated and sent home. It was purely a political and activist strategy to support Dr. Bernard's profession as an abortion provider. This public announcement has thrust this young girl's story into the global limelight with her story being debated around water coolers and across social media. No child should experience such									
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Do you consent to disclosing the following information to the public? Yes No Your name Your phone number	The Consumer respondent ind your complaint a disciplinary actio Indiana and is lir compensation or complaint, you m	Protection lividual/bus against a lice on against the mited in the r other right	n Division will send siness or licensed professional to the licensed profession eremedies it can pursts that we cannot pur	orofessional. The orothe public unles onal. This office re sue. You may be resue for you. In a	is office cannot disclos is this office files a epresents the State of entitled to ddition to filing this	e	Office of Attorney General Consumer Protection Division Government Center South, 5th Floor 302 W. Washington Street Indianapolis, IN 46204 317-232-6330 (phone) • 317-233-4393 (fax)			
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Rock Alexandra July 11, 2022	Rom A	4			July 11, 2022					
Your signature Date										



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 N	No: 11680246								
Section	n 1: Your Info	rmation								
Salutation				Street Address						
□ Det. □ Mr. □ Mrs. □ Ms. ☑ Dr. □ Miss. □ Rev.			Rev.							
Full Name/Organization/Agency				City		State	Zip	Code		
						MO				
If an Organization/Agency provide a Primary Contact Name			Name	County			Daytime Phone			
				Out/State County			16609731633			
Age Group					Email Address					
□ 18	-24 □ 25-34 LJ	35-44 □ 45-54 □ 55-59 ⊠	60+							
May we contact you by email? If ye				s, we will not contact you by regular mail			I □ No ⊠ Yes			
		Are you or your spouse a	No ☐ Yes				3			
Control of the Contro	dual/Business	ne Complaint Against?			Name of Individual/Repres	entative	vou dealt wi	ih		
1	aitlin Bernard				Hand of markadam topics	ontauvo	you douk ##	or		
Street Address				*	City .	State Zlp Code		Zlp Code		
Oliber Nation										
County Daytime Phone					Ernail Address					
Section		ion/Incident Details					ata asa sa sa sa			
3-A:	Date of Transaction/Incident			3-B: If a Transaction, what was the Transaction for?						
				□ My :	☐ My business ☐ My family/household ☐ My farm ☐ Non-Profit/Church					
3-C:	Where did the Transaction/Incident occur? (check box where applicable)									
	☐ My home				☐ By Internet/email					
	At the location of the business				☐ By telephone					
}	☐ Away from the location of the business☐ By mail				☐ By Social Media ⊠ Other <u>News Media</u>					
		-								
3-D:	What was the very first contact between you and the Individual/Business?									
	— · · · · · · · · · · · · · · · · · · ·				rmation in the mail			printed		
							Other, describe below			
	☐ I received information by email ☐ I responde				d to an offer on the Internet No direct of			001011		
3-E:	How did you Do	พวิ								
J~C.	How did you Pay? ☐ Cash ☐ Credit Card/Pre-pay ☐ Medi				□ Pay-Pal	F] Wire Trans	fer		
	□ Cash □ Check	☐ Credit Card <i>i</i> Pre-pay ☐ Installment Loan	☐ Medic		☐ Private Insurance		3 Wile Halls 3 Other	IOI		
	_ 37,30%							- P		
3-F:	What, if any, is t	the Dollar amount associated w	ith your loss?	\$						

Section 4 Acti	ons Ta	ken by Consumer					
☐ Yes ☐ No	4-A	Did you sign a written agreement or contract? If yes, please attack	h a copy of the documentation.				
☐ Yes ☐ No	4 - B;	·					
☐ Yes ☐ No	4-C;	Have you started a court action? If yes, please attach a copy of all court papers.					
☐ Yes ☐ No							
Section 4 Actions Taken by Consumer - continued							
☐ Yes ☐ No	4-E:	Have you complained to the Individual/Business?					
Yes⊡ No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:							
Section 5 Tra	nsactio	n/Incident Details – attach additional pages if necessary	The state of the s				
Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type, Do Not include your Social Security Number.							
If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.							
From news stories 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 HAPPENSINEXT? Section 8 Mail Completed Forms to:							
respondent indiversely your complaint age disciplinary action Indiana and is lim compensation or	vidual/ painst a painst a painst pain	lon Division will send a copy of your complaint to the business or licensed professional. This office cannot disclose a licensed professional to the public unless this office files a st the licensed professional. This office represents the State of the remedies it can pursue. You may be entitled to lights that we cannot pursue for you. In addition to filing this to consider contacting a private attorney or your local small	Office of Attorney General Consumer Protection Division Government Center South, 5th Floor 302 W. Washington Street Indianapolis, IN 46204 317-232-6330 (phone) • 317-233-4393 (fax) www.IndianaConsumer.com				
Section 9 Co	nsenta	and Verification					
Do you consent to disclosing the following information to the public? I Yes □ No The nature of the complaint and the individual/business name I Yes □ No Your name □ Yes ☑ No Your phone number							
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K P. H		D. O. July 12, 2022					
Your signatur		Date					