

BEFORE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NUMBER: 2022 MLB 0024

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

FILED

NOV 30 2022

Indiana Professional
Licensing Agency

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-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.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 PROFESSIONAL THEORY AND PRACTICE

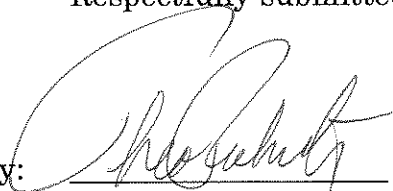
42. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although the practitioner has become unfit to practice due to failure to keep abreast of current professional theory or practice. Specifically, Respondent failed to follow mandatory 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:

A handwritten signature in black ink, appearing to read 'Theodore E. Rokita', written over a horizontal line.

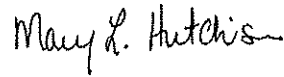
THEODORE E. ROKITA
Indiana Attorney General
Attorney No. 18857-49

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
Deputy Attorney General
Attorney No. 25579-49

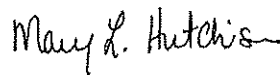
Indiana Office of the Attorney General
302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770

**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. 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 litigation, we may be limited or unable to take further action on your complaint.

Case No: 11679955

| Section 1: Your Information | | | |
|---|--|---|--|
| Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. | | Street Address ██████████ | |
| Full Name/Organization/Agency John L █ | | City ██████████ | State CA |
| If an Organization/Agency provide a Primary Contact Name | | County Out/State County | Daytime Phone ██████████ |
| Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input checked="" type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+ | | Email Address ██████████ | |
| May we contact you by email? If yes, we will not contact you by regular mail | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| Are you or your spouse active military? | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Section 2: Who is the Complaint Against? | | | |
| Individual/Business Dr Caitlin Bernard | | Name of Individual/Representative you dealt with | |
| Street Address ██████████ | | City ██████████ | State ██ |
| County Out/State County | Daytime Phone ██████████ | Zip Code ██████ | |
| County Out/State County | | Email Address | |
| Section 3: Transaction/Incident Details | | | |
| 3-A: Date of Transaction/Incident July 2022 | | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church | |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | | | |
| <input type="checkbox"/> My home | | <input type="checkbox"/> By Internet/email | |
| <input type="checkbox"/> At the location of the business | | <input type="checkbox"/> By telephone | |
| <input type="checkbox"/> Away from the location of the business | | <input checked="" type="checkbox"/> By Social Media | |
| <input type="checkbox"/> By mail | | <input type="checkbox"/> Other | |
| 3-D: What was the very first contact between you and the Individual/Business? | | | |
| <input type="checkbox"/> I telephoned the individual/business | | <input type="checkbox"/> I received information in the mail | |
| <input type="checkbox"/> I responded to a TV/radio ad | | <input type="checkbox"/> I went to the location of the business | |
| <input type="checkbox"/> A person came to my home | | <input type="checkbox"/> I received a phone call from the business | |
| <input type="checkbox"/> I received information by email | | <input type="checkbox"/> I responded to an offer on the Internet | |
| | | <input type="checkbox"/> I responded to a printed advertisement | |
| | | <input checked="" type="checkbox"/> Other, describe below <u>Reported in the US Media and President of the United States</u> | |
| 3-E: How did you Pay? | | | |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card/Pre-pay | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Pay-Pal |
| <input type="checkbox"/> Check | <input type="checkbox"/> Installment Loan | <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Insurance |
| | | <input type="checkbox"/> Wire Transfer | |
| | | <input type="checkbox"/> Other | |
| 3-F: What, if any, is the Dollar amount associated with your loss? | | \$0 | |

| | |
|---|--|
| Section 4 Actions Taken by Consumer | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-B: Have you hired a private attorney? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-C: Have you started a court action? If yes, please attach a copy of all court papers. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 4 Actions Taken by Consumer - continued | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-E: Have you complained to the Individual/Business? |
| Yes <input type="checkbox"/> No | 4-F: Have you filed a complaint with any other agency? If yes, list other agency: |
| 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. | |
| Indiana is a Mandatory Reporter State. Dr Caitlin Bernard stated she treated a 10-yr old girl from Ohio- who was pregnant. Dr Bernard refuses to confirm this was reported to law enforcement, as required by law. | |
| Section 6 How would you like your Complaint resolved? | |
| We would like this event to be reviewed by the State Medical Board and appropriate action taken. | |
| Section 7 WHAT HAPPENS NEXT? | Section 8 Mail Completed Forms to: |
| 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. | Office of Attorney General Consumer Protection Division Government Center South, 5 th 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? → | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The nature of the complaint and the individual/business name <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Your name <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). | |
|  Your signature | July 8, 2022 Date |



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

Exhibit B

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: 11679997

| Section 1: Your Information | | | | |
|---|--|---|--|--|
| Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. | | Street Address ██████████ | | |
| Full Name/Organization/Agency ██████████ | | City ██████████ | State KY | Zip Code ██████ |
| If an Organization/Agency provide a Primary Contact Name | | County Out/State County | | Daytime Phone ██████████ |
| Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input checked="" type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+ | | Email Address pwittbrodt@yahoo.com | | |
| | | May we contact you by email? If yes, we will not contact you by regular mail | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | Are you or your spouse active military? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Section 2: Who is the Complaint Against? | | | | |
| Individual/Business Dr. Caitlin Bernard | | Name of Individual/Representative you dealt with Dr Caitlin Bernard | | |
| Street Address ████████████████████ | | City ██████████ | State ██ | Zip Code ██████ |
| County | Daytime Phone ██████████ | Email Address | | |
| Section 3: Transaction/Incident Details | | | | |
| 3-A: Date of Transaction/Incident June 27 2022 | | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church | | |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | | | | |
| <input type="checkbox"/> My home | | <input type="checkbox"/> By Internet/email | | |
| <input checked="" type="checkbox"/> At the location of the business | | <input type="checkbox"/> By telephone | | |
| <input type="checkbox"/> Away from the location of the business | | <input type="checkbox"/> By Social Media | | |
| <input type="checkbox"/> By mail | | <input type="checkbox"/> Other | | |
| 3-D: What was the very first contact between you and the Individual/Business? | | | | |
| <input type="checkbox"/> I telephoned the individual/business | | <input type="checkbox"/> I received information in the mail | | <input type="checkbox"/> I responded to a printed advertisement |
| <input type="checkbox"/> I responded to a TV/radio ad | | <input type="checkbox"/> I went to the location of the business | | <input checked="" type="checkbox"/> Other, describe below |
| <input type="checkbox"/> A person came to my home | | <input type="checkbox"/> I received a phone call from the business | | <u>Dr Caitlin Bernard reported the rape of a</u> |
| <input type="checkbox"/> I received information by email | | <input type="checkbox"/> I responded to an offer on the Internet | | <u>10 year old female from Ohio traveling to</u> |
| 3-E: How did you Pay? | | | | |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card/Pre-pay | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Pay-Pal | <input type="checkbox"/> Wire Transfer |
| <input type="checkbox"/> Check | <input type="checkbox"/> Installment Loan | <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Insurance | <input checked="" type="checkbox"/> Other I would presume the child's patents paid for the |
| 3-F: What, if any, is the Dollar amount associated with your loss? | | \$ ██████████ | | |

Section 4 Actions 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 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 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 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-travel/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 Caitlin 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 Ohio. (Note that Dr 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 Ohio, 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 Ohio 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 the 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 used 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

CONSUMER COMPLAINT

Do you consent to disclosing the following information to the public? →

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The nature of the complaint and the individual/business name |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Your name |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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).

P [redacted] W [redacted]
Your signature

July 10, 2022
Date



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 | | | |
|---|-------------------------|---|-------------------------------------|
| Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. | | Street Address ██████████ | |
| Full Name/Organization/Agency ██████ T ██████ | | City ██████ | State IN Zip Code ██████ |
| If an Organization/Agency provide a Primary Contact Name | | County | Daytime Phone ██████ |
| Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+ | | Email Address ████████████████████ | |
| May we contact you by email? If yes, we will not contact you by regular mail | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| Are you or your spouse active military? | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Section 2: Who is the Complaint Against? | | | |
| Individual/Business jackle r Tucker | | Name of Individual/Representative you dealt with | |
| Street Address 130 Meridian | | City ██████ | State ██ Zip Code ██████ |
| County | Daytime Phone ██████ | Email Address | |
| Section 3: Transaction/Incident Details | | | |
| 3-A: Date of Transaction/Incident 7/12/2022 | | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church | |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | | | |
| <input type="checkbox"/> My home | | <input type="checkbox"/> By Internet/email | |
| <input type="checkbox"/> At the location of the business | | <input type="checkbox"/> By telephone | |
| <input type="checkbox"/> Away from the location of the business | | <input checked="" type="checkbox"/> By Social Media | |
| <input type="checkbox"/> By mail | | <input type="checkbox"/> Other | |
| 3-D: What was the very first contact between you and the Individual/Business? | | | |
| <input type="checkbox"/> I telephoned the individual/business | | <input type="checkbox"/> I received information in the mail | |
| <input type="checkbox"/> I responded to a TV/radio ad | | <input type="checkbox"/> I went to the location of the business | |
| <input type="checkbox"/> A person came to my home | | <input type="checkbox"/> I received a phone call from the business | |
| <input type="checkbox"/> I received information by email | | <input type="checkbox"/> I responded to an offer on the Internet | |
| <input type="checkbox"/> I responded to a printed advertisement | | <input type="checkbox"/> Other, describe below | |
| 3-E: How did you Pay? | | | |
| <input type="checkbox"/> Cash | | <input type="checkbox"/> Credit Card/Pre-pay | |
| <input type="checkbox"/> Check | | <input type="checkbox"/> Installment Loan | |
| <input type="checkbox"/> Medicaid | | <input type="checkbox"/> Medicare | |
| <input type="checkbox"/> Pay-Pal | | <input type="checkbox"/> Private Insurance | |
| <input type="checkbox"/> Wire Transfer | | <input type="checkbox"/> Other | |
| 3-F: What, if any, is the Dollar amount associated with your loss? | | \$ ██████████ | |

Section 4 Actions 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 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 4 Actions Taken 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 agency: no

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.
 doctor did not report rape of 10 year brought to indy from Ohio foe abortion

Section 6 How would you like your Complaint resolved?

check out if report of 10 year rape reported

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 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).

 _____ July 11, 2022
 Your signature Date



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 <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input checked="" type="checkbox"/> Rev. | | Street Address ██████████ | |
| Full Name/Organization/Agency Dr. H. ██████ | | City ██████████ | State CA |
| If an Organization/Agency provide a Primary Contact Name | | County Out/State County | Daytime Phone ██████████ |
| Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input checked="" type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+ | | Email Address ██████████ | |
| | | May we contact you by email? If yes, we will not contact you by regular mail <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| | | Are you or your spouse active military? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Section 2: Who is the Complaint Against? | | | |
| Individual/Business Dr Caitlin Bernard | | Name of Individual/Representative you dealt with | |
| Street Address ██████████ | | City ██████████ | State ██ |
| County | Daytime Phone ██████████ | Zip Code ██████████ | |
| | | Email Address | |
| Section 3: Transaction/Incident Details | | | |
| 3-A: Date of Transaction/Incident 7/11/22 | | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input checked="" type="checkbox"/> Non-Profit/Church | |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | | | |
| <input type="checkbox"/> My home | | <input type="checkbox"/> By Internet/email | |
| <input type="checkbox"/> At the location of the business | | <input type="checkbox"/> By telephone | |
| <input checked="" type="checkbox"/> Away from the location of the business | | <input type="checkbox"/> By Social Media | |
| <input type="checkbox"/> By mail | | <input type="checkbox"/> Other | |
| 3-D: What was the very first contact between you and the Individual/Business? | | | |
| <input type="checkbox"/> I telephoned the individual/business | | <input type="checkbox"/> I received information in the mail | |
| <input checked="" type="checkbox"/> I responded to a TV/radio ad | | <input type="checkbox"/> I went to the location of the business | |
| <input type="checkbox"/> A person came to my home | | <input type="checkbox"/> I received a phone call from the business | |
| <input type="checkbox"/> I received information by email | | <input type="checkbox"/> I responded to an offer on the Internet | |
| | | <input type="checkbox"/> I responded to a printed advertisement | |
| | | <input type="checkbox"/> Other, describe below | |
| 3-E: How did you Pay? | | | |
| <input checked="" type="checkbox"/> Cash | | <input type="checkbox"/> Credit Card/Pre-pay | |
| <input type="checkbox"/> Check | | <input type="checkbox"/> Installment Loan | |
| | | <input type="checkbox"/> Medicaid | |
| | | <input type="checkbox"/> Medicare | |
| | | <input type="checkbox"/> Pay-Pal | |
| | | <input type="checkbox"/> Private insurance | |
| | | <input type="checkbox"/> Wire Transfer | |
| | | <input type="checkbox"/> Other | |
| 3-F: What, if any, is the Dollar amount associated with your loss? | | \$ ██████████ | |

| | |
|---|--|
| Section 4 Actions Taken by Consumer | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-B: Have you hired a private attorney? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-C: Have you started a court action? If yes, please attach a copy of all court papers. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 4 Actions Taken by Consumer - continued | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4-E: Have you complained to the Individual/Business? |
| Yes <input type="checkbox"/> No | 4-F: Have you filed a complaint with any other agency? If yes, list other agency: |
| 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. | |
| Miss Berhard kept knowledge of the rape of a 10 year old from authorities | |
| Section 6 How would you like your Complaint resolved? | |
| Medical license revocation, criminal charges for accessory a child rape | |
| Section 7 WHAT HAPPENS NEXT? | Section 8 Mail Completed Forms to: |
| The Consumer Protection Division will send a copy of your complaint to the <u>respondent individual/business or licensed professional</u> . 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. | Office of Attorney General Consumer Protection Division Government Center South, 5 th 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? → | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The nature of the complaint and the Individual/business name <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Your name <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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). | |
| D. H. [Signature] | July 11, 2022 |
| Your signature | Date |



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: 11680170

| Section 1: Your Information | | | |
|---|--|---|--|
| Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. | | Street Address ██████████ ██████████ | |
| Full Name/Organization/Agency R █████ A █████ | | City ██████████ | State IN |
| If an Organization/Agency provide a Primary Contact Name | | County ██████████ | Daytime Phone ██████████ |
| Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+ | | Email Address ██████████ | |
| May we contact you by email? If yes, we will not contact you by regular mail | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| Are you or your spouse active military? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Section 2: Who is the Complaint Against? | | | |
| Individual/Business Dr. Caitlin Bernard | | Name of Individual/Representative you dealt with n/a | |
| Street Address ██████████ | | City ██████████ | State ██ |
| County | Daytime Phone ██████████ | Email Address ██████████ | |
| Section 3: Transaction/Incident Details | | | |
| 3-A: Date of Transaction/Incident n/a | | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church | |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | | | |
| <input type="checkbox"/> My home | | <input type="checkbox"/> By Internet/email | |
| <input type="checkbox"/> At the location of the business | | <input type="checkbox"/> By telephone | |
| <input type="checkbox"/> Away from the location of the business | | <input type="checkbox"/> By Social Media | |
| <input type="checkbox"/> By mail | | <input checked="" type="checkbox"/> Other <u>Media</u> | |
| 3-D: What was the very first contact between you and the Individual/Business? | | | |
| <input type="checkbox"/> I telephoned the individual/business | | <input type="checkbox"/> I received information in the mail | |
| <input type="checkbox"/> I responded to a TV/radio ad | | <input type="checkbox"/> I went to the location of the business | |
| <input type="checkbox"/> A person came to my home | | <input type="checkbox"/> I received a phone call from the business | |
| <input type="checkbox"/> I received information by email | | <input type="checkbox"/> I responded to an offer on the Internet | |
| | | <input type="checkbox"/> I responded to a printed advertisement | |
| | | <input checked="" type="checkbox"/> Other, describe below <u>No personal contact</u> | |
| 3-E: How did you Pay? | | | |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card/Pre-pay | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Pay-Pal |
| <input type="checkbox"/> Check | <input type="checkbox"/> Installment Loan | <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Insurance |
| | | | <input type="checkbox"/> Wire Transfer |
| | | | <input type="checkbox"/> Other |
| 3-F: What, if any, is the Dollar amount associated with your loss? | | | \$ |

Section 4 Actions 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 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 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 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.

Dr. Caitlin 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 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 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 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 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).

R. A. [Signature] July 11, 2022
 Your signature Date



CONSUMER COMPLAINT

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

Exhibit F

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: 11680246

| Section 1: Your Information | | | |
|--|--|---|--|
| Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev. | | Street Address ██████████ | |
| Full Name/Organization/Agency K██████. H██████ | | City ██████████ | State MO |
| If an Organization/Agency provide a Primary Contact Name | | County Out/State County | Daytime Phone 16609731633 |
| Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input checked="" type="checkbox"/> 60+ | | Email Address ██████████ | |
| May we contact you by email? If yes, we will not contact you by regular mail | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| Are you or your spouse active military? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Section 2: Who is the Complaint Against? | | | |
| Individual/Business Dr. Caitlin Bernard | | Name of Individual/Representative you dealt with | |
| Street Address ██████████ | | City ██████████ | State ██ |
| County | Daytime Phone ██████████ | Zip Code ██████ | |
| County | | Email Address ██████████ | |
| Section 3: Transaction/Incident Details | | | |
| 3-A: Date of Transaction/Incident | | 3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church | |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable) | | | |
| <input type="checkbox"/> My home | | <input type="checkbox"/> By Internet/email | |
| <input type="checkbox"/> At the location of the business | | <input type="checkbox"/> By telephone | |
| <input type="checkbox"/> Away from the location of the business | | <input type="checkbox"/> By Social Media | |
| <input type="checkbox"/> By mail | | <input checked="" type="checkbox"/> Other <u>News Media</u> | |
| 3-D: What was the very first contact between you and the Individual/Business? | | | |
| <input type="checkbox"/> I telephoned the individual/business | | <input type="checkbox"/> I received information in the mail | |
| <input type="checkbox"/> I responded to a TV/radio ad | | <input type="checkbox"/> I went to the location of the business | |
| <input type="checkbox"/> A person came to my home | | <input type="checkbox"/> I received a phone call from the business | |
| <input type="checkbox"/> I received information by email | | <input type="checkbox"/> I responded to an offer on the Internet | |
| | | <input type="checkbox"/> I responded to a printed advertisement | |
| | | <input checked="" type="checkbox"/> Other, describe below | |
| | | No direct contact | |
| 3-E: How did you Pay? | | | |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card/Pre-pay | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Pay-Pal |
| <input type="checkbox"/> Check | <input type="checkbox"/> Installment Loan | <input type="checkbox"/> Medicare | <input type="checkbox"/> Wire Transfer |
| | | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Other |
| 3-F: What, if any, is the Dollar amount associated with your loss? | | | \$ |

| | |
|--|--|
| Section 4 Actions Taken by Consumer | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4-B: Have you hired a private attorney? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4-C: Have you started a court action? If yes, please attach a copy of all court papers. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 4 Actions Taken by Consumer - continued | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4-E: Have you complained to the Individual/Business? |
| Yes <input type="checkbox"/> No | 4-F: Have you filed a complaint with any other agency? If yes, list other agency: |
| 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. | |
| 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 HAPPENS NEXT? | Section 8 Mail Completed Forms to: |
| The Consumer Protection Division will send a copy of your complaint to the <u>respondent individual/business or licensed professional</u> . 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. | 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? → | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The nature of the complaint and the individual/business name <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Your name <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. H. [redacted] D. O. Your signature | July 12, 2022 Date |