# BEFORE MEDICAL LICENSING BOARD OF INDIANA CAUSE NUMBER: 2022 MLB (1)74

IN THE MATTER OF THE LICENSE OF:	)	
CAITLIN BERNARD, M.D.	)	FILED
LICENSE NO: 01078719A	)	NOV 3 0 2022
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## **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.<sup>1</sup>
- 10. During testimony given in Marion Superior Court No. 1, Respondent indicated that, during the rally, a reporter from the IndyStar overheard Respondent speaking to another physician about patients they believed would be harmed by abortion restrictions in other States. Respondent mentioned to the physician that just days after the Ohio law imposing abortion restrictions, she was already seeing a patient from Ohio. The reporter asked Respondent to confirm some of what she had overheard, and Respondent obliged.
- 11. Respondent indicated that the reporter informed Respondent that she was writing a news story about the effects of abortion bans in nearby States after Dobbs v. Jackson Women's Health Organization, 124 S. Ct. 2228 (2022).
- 12. Respondent indicated that she then told the reporter the following information about her patient: Respondent had received a phone call from a child

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

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

- 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 30<sup>th</sup> day of November, 2022.

By:

May L. Hutchis.

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

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

# OFFICE OF THE ATTORNEY GENERAL DIVISION OF CONSUMER PROTECTION

RE:

License Name:

Caitlin Bernard, M.D.

License Number:

01078719A

Litigation File Number:

Consumer File Number:

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

By:

May 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



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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	☐ Yes ☒ No	4-B:	Have you hired a private attorney?
	□ Yes ⊠ No	4-G:	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 A		ken 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:
	l		

## 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/nealth/2022/07/01/indiana-abortion-law-roe-v-wade-overturned-fravel/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 Ohio. (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 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 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	□ No 図 No 図 No	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	e of the disposit discover ongoing courts Number	ion of this fraudule n any inf	ntations are true. I consent to the Consumer Protection Division obtaining or a complaint. I consent to the release of information included in this complaint and patterns or practices and for the purpose of law enforcement. I understand formation submitted to the Consumer Protection Division. If I do provide my f 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.

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Full Na	me/Organization/Age	ncy		С	ily		State		Zip Code			
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□ 18-	24 🗆 25-34 🔲 35-44	4 🗆 45-54 🗆 55-59 🗆		C								
		May we contact you by e	mail? If yes,	we wil	l not con	tact you by regular ma	il C	No ⊠	Yes			
		Are you or your spouse a	active military	?				INo □	Yes			
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AND DESCRIPTIONS	n 2: Who is the Co	ompiaint Against			Name	e of Individual/Represe	ntalivo	บดบ สู่ออ	lt with			
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3-C;	Where did the Trans	action/Incident occur? (ch	eck box where	applica	able)							
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	☐ At the location of					By telephone						
	-	cation of the business				By Social Media						
	☐ By mail					Olher						
3-D:	What was the very fi	rst contact between you ar	nd the Individ	uai/Bu	siness?							
		individual/business							to a printed			
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	☐ I received information					on the Internet	L Oth	cլ, uesci	ing helfiM			
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Section 4 Ac	ions Ta	ken by Consumer	
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☐ 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 co	
□ Yes □ No	4-D:	Have you sued, or have you been sued, over this incident/transaction	n? If yes, please attach a copy of all court papers.
		ken by Consumer - continued	
⊠ Yes □ No	4-E:	Have you complained to the Individual/Business? 7/12/2022	
Yes□ No	4-F:	Have you filed a complaint with any other agency? If yes, list other agency?	gency: no
Please remember to	attach a c	on/Incident Details → attach additional pagestif necessary copy of all documentation involved (order blank, warranty, credit card receipt and statemence etc). Please print clearly or type. Do Not Include your Social Security Number.	eni, invoice, contract or written agreement, advertisement,
		-E or 4-F above please include in the transaction/incident details below when y	ou complained and what action was taken.
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doctor did not re	port rap	e of 10 year brought to indy from Ohio foe abortion	
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Section 6 H	ow won	ld you like your Complaint resolved?	
check out if repo	ort of 10	year rape reported	
Section7 V	JHAT H	APPENS NEXT?	Section 8 Mail Completed Forms to:
The Consumer		tion Division will send a copy of your complaint to the	Office of Attorney General
respondent inc	lividual	/business or licensed professional. This office cannot disclose a licensed professional to the public unless this office files a	Consumer Protection Division
disciplinary action	agamsı a on adaln	ast the licensed professional. This office represents the State of	Government Center South, 5 <sup>th</sup> Floor 302 W. Washington Street
Indiana and is li	mited in	the remedies it can pursue. You may be entitled to	Indianapolis, IN 46204
compensation o	r other i	rights that we cannot pursue for you. In addition to filing this at to consider contacting a private attorney or your local small	317-232-6330 (phone) • 317-233-4393 (fax)
claims court.	nay war	at to consider contacting a private attorney or your local small	www.IndianaConsumer.com
	onsent	and Verification	
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		isclosing the 🗻 🖾 Vas 🗀 No. Your name	is and an interpretable of the
following info	ormatior	n to the public? ⊠ Yes □ No Your phone number	
releasing any to other public that I should	informa agenci nol incl	ies for perjury, that the foregoing representations are true. I consent to atton in furtherance of the disposition of this complaint. I consent to the ies attempting to discover ongoing fraudulent patterns or practices and f ude my Social Security Number in any information submitted to the Co per, I expressly consent to the disclosure of my Social Security Number	release of information included in this complaint for the purpose of law enforcement. I understand onsumer Protection Division. If I do provide my
j <b>e sa</b> T <b>r</b>		July 11, 2022	
Your signate	ıre	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.

Section 1. Your Information  Salutation  □ Det, □ Mr, □ Mrs, □ Ms, □ Dr, □ Miss, ☒ Rev.	
□ Det. □ Mr. □ Mrs. □ Ms. □ Dr. □ Miss. ☒ Rev.	
Full Name/Organization/Agency City State	Zlp Code
D H	
	Daytime Phone
Out/State County	
Age Group  ☐ 18-24 ☐ 25-34 ☐ 35-44 ☒ 45-54 ☐ 55-59 ☐ 60+  Email Address	
May we contact you by email? If yes, we will not contact you by regular mail	No ⊠ Yes
Are you or your spouse active military?   区区  区区  区区  区区  区区  区区  区区  区区  区区	No □ Yes
Section 2: Who is the Complaint Against?	
Individual/Business Name of Individual/Representative you	ou dealt with
Dr Caitlin Bernard	
Street Address City State	Zip Code
County Daytime Phone Email Address	
Section 3: Transaction/Incident Details	otlan for?
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7/11/22 El My dusiness El My family/nousenoid El My	wiy faint (22) Noti-1 Tolleonards
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	
3-D: What was the very first contact between you and the Individual/Business?	
	onded to a printed
	, describe below
☐ I received information by email ☐ I responded to an offer on the Internet	, 00001100 201011
3-E: How did you Pay?	
	Wire Transfer
⊠ Cash ☐ Credit Card/Pre-pay ☐ Medicaid ☐ Pay-Pal ☐ \	Wire Transfer Other

Section 4 Ac	tions Ta	ken by Consumer		
□ Yes ⊠ No	4-A:	Did you sign a written agreement or contract? If yes	s, please attach a cop	y 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 attack		
□ Yes ⊠ No	4-D:	Have you sued, or have you been sued, over this in	ncldent/transaction? If	yes, please attach a copy of all court papers.
Section 4 Ac	clions Ta	ken 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 agen	cy:
ļ				
Section 5 T	ense elle	on/Incident Details — attach additional pages if necess	ary	
Please remember to	atlach a c	copy of all documentation involved (order blank, warranty, credit car	rd recelpt and statement, in	woice, contract or written agreement, advertisement,
cancelled check, co	rresponden	nce etc). Please print clearly or type. Do Not Include your Social	Security Number.	The state of the s
If you answered "	Yes" to 4	-E or 4-F above please include in the transaction/incident d	letails below when you o	complained and what action was taken.
Miss Berhard ke	ept knowl	ledge of the rape of a 10 year old from authorities		
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	A CONTRACTOR OF THE PARTY OF TH	ld you like your Complaint resolved?		
Medical license	revocati	ion, criminal charges for accessory a child rape		
		APPENS NEXT?		Section 8 Mail Completed Forms to:
The Consume	r Protect	tion Division will send a copy of your complaint to	o the	Office of Attorney General
respondent in	ansinst:	<u>/business or licensed professional</u> . This office car a licensed professional to the public unless this office	files a	Consumer Protection Division Government Center South, 5 <sup>th</sup> Floor
disciplinary acti	ion agaln	nst the licensed professional. This office represents to	ne State of	302 W. Washington Street
Indiana and is I	Imited in	the remedies it can pursue. You may be entitled to	in a thia	Indianapolis, IN 46204
compensation of	or other r may war	rights that we cannot pursue for you. In addition to fill nt to consider contacting a private attorney or your loc	ang uus cal small	317-232-6330 (phone) • 317-233-4393 (fax)
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Section 9	Consent	and Verification		
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to other publ	c agenci	ies attempting to discover ongoing fraudulent patterns	or practices and for t	he purpose of law enforcement. I understand
that I should	not inclu	ude my Social Security Number in any information s	ubmitted to the Cons	umer Protection Division. If I do provide my
Social Secur	ity Numb	per, I expressly consent to the disclosure of my Social		secondatice with Hidiana Code 3 4-1-10-5(2).
D H H			ily 11, 2022	
Your signal	ture	Da	ale	



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

Salutation    Det   Mr.   Mrs.   Ms.   Dr.   Miles   Rev.	Cooling		11680170					515 548		4
Full Name/Organization/Agency   City   State   Zip Code   IN	Mark Control	Shedout fremen and rethrough the recent of the control of	anon		SI	reet Address				
Full Name/Organization/Agency provide a Primary Contact Name   If an Organization/Agency provide a Primary Contact Name   County   Daylime Phone			1 Ms. □ Dr. □ Miss. □ Re	eV.						
If an Organization/Agency provide a Primary Contact Name  County  Daytime Phone  May we contact you by email? If yes, we will not contact you by regular mail  Are you or your spouse active military?  Section 2 Who is the Countaint And Inst  Are you or your spouse active military?  Section 3 Transaction/Incident or //  Part and Address  County  Daytime Phone  Email Address  City  State  Zip Code  County  Daytime Phone  Email Address  City  State  Zip Code  County  Daytime Phone  Email Address  City  State  Zip Code  Section 3 Transaction/Incident or //  Pay Date of Transaction/Incident or //  Pay Date of Transaction of the business  At Date of Transaction of the business  At the location of the business  By mail  Section 6 Transaction of the business  By mail  Section 6 Transaction of the business  By social Media  City Internet/email  City Internet/email  City Internet/email  I responded to a Triviacio ad   I responded to a printed advisement or responded to a Triviacio ad   I responded to a Triviacio ad   I responded to a printed advisement or responded to a Triviacio ad   I responded to a noffer on the Internet  Section 6 Transaction of the business   I received information in the mall   I responded to a printed advisement or responded to a Triviacio ad   I responded to a noffer on the Internet  Section 7 Transaction for the business   I received information in the business   I received information in the mall   I responded to a printed advisement   I responded to a Triviacio ad   I responded to a noffer on the Internet  Section 8 Transaction for the business   I received information in the business   I rec	□ <b>5</b> 00.		J 1707 E 217 E 111001 E 110		\$					
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Age Group    18-24   25-34   35-44   45-54   55-59   60+   Email Address	R <b>est</b>	A			8		IN	4		
Section 2	If an O	rganization/Agency	provide a Primary Contact N	ame		<u>.</u>				
May we contact you by email? If yes, we will not contact you by regular mail   No   Yes										
Are you or your spouse active military?   Section 2: Who is the Complaint Against?   Name of Individual/Representative you dealt with			-44 🗆 45-54 🗆 55-59 🗀 6	30÷		•	•			
Section 2: Who is the Complaint Against? Individual/Business Dr. Caitlin Bernard Dr. Caitlin Bernard  Street Address County Daytime Phone Section 3: Transaction/Incident Details 3-A: Date of Transaction/Incident Occur? (check box where applicable)   My home			May we contact you by e	mail? If yes,	ve wil	I not contact you by regular ma	ail [	] No ⊠ Y	'es	
Individual/Business Dr. Caitlin Bernard  Street Address  City  State  Zip Code  County  DaytIme Phone  Email Address  Section 3 Transaction/Incident Datails  3-A: Date of Transaction/Incident occur? (check box where applicable)  My home  My home  My home  My home By Internet/email  My home By Social Media  By mail  3-D: What was the very first contact between you and the Individual/Business?  I telephoned the individual/business  I responded to a TV/radio ad  I responded to a TV/radio ad  I received information in the mail  A person came to my home  I received a phone call from the business  I received information by email  I received a phone call from the business  I received information by email  My family household with Individual/Business  I received a phone call from the business  Mo personal contact  Wire Transfer	čejieskaj Arastijas		Are you or your spouse a	ctive military	<b>&gt;</b>		D	⊠No □ Y	'es	
Street Address  County  Daytime Phone  Email Address  Section 9: Transaction/Incident Details  3-A: Date of Transaction/Incident n/a  3-B: If a Transaction, what was the Transaction for?  In/a  3-B: If a Transaction, what was the Transaction for?  In/a  By internet/email  By telephone  At the location of the business  By mail  3-D: What was the very first contact between you and the Individual/Business?  I telephoned the individual/business  I received information in the mail  I responded to a TV/radio ad   went to the location of the business   I received a phone call from the business   Other, describe below   No personal contact    3-E: How did you Pay?  County  Daytime Phone  Email Address  Zip Code  Zip Code Zip Code  Zip	Section	n 2: Who is the	Complaint Against?							
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Daytime Phone   Email Address							1	<del>)</del>	l _ <u></u>	
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n/a	190 Table 100 Table 1		Secretaria de la constanta de		3-B:	If a Transaction, what was th	ne Trans	saction for?	)	
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☐ At the location of the business ☐ By telephone ☐ Away from the location of the business ☐ By Social Media ☐ By mall ☑ Other Media  3-D: What was the very first contact between you and the Individual/Business? ☐ I telephoned the individual/business ☐ I received Information in the mail ☐ I responded to a TV/radio ad ☐ I went to the location of the business ☐ A person came to my home ☐ I received a phone call from the business ☑ Other, describe below ☐ I received information by email ☐ I responded to an offer on the Internet ☐ No personal contact  3-E: How did you Pay? ☐ Cash ☐ Credit Card/Pre-pay ☐ Medicaid ☐ Pay-Pal ☐ Wire Transfer	3-C:		nsaction/incident occur? (ch	eck box where	арриса					
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By mail  3-D: What was the very first contact between you and the Individual/Business?  ☐ I telephoned the individual/business ☐ I received information in the mail ☐ I responded to a printed ☐ I responded to a TV/radio ad ☐ I went to the location of the business ☐ Other, describe below ☐ I received information by email ☐ I responded to an offer on the Internet ☐ No personal contact  3-E: How did you Pay? ☐ Cash ☐ Credit Card/Pre-pay ☐ Medicaid ☐ Pay-Pal ☐ Wire Transfer										
☐ I telephoned the individual/business ☐ I received information in the mail ☐ I responded to a printed ☐ I responded to a TV/radio ad ☐ I went to the location of the business ☐ Other, describe below ☐ I received information by email ☐ I responded to an offer on the Internet ☐ No personal contact  3-E: How did you Pay? ☐ Cash ☐ Credit Card/Pre-pay ☐ Medicaid ☐ Pay-Pal ☐ Wire Transfer		•	• • • • • • • • • • • • • • • • • • • •			⊠ Other <u>Media</u>				
☐ I responded to a TV/radio ad ☐ I went to the location of the business advertisement ☐ A person came to my home ☐ I received a phone call from the business ☐ Other, describe below ☐ I received information by email ☐ I responded to an offer on the Internet ☐ No personal contact  3-E: How did you Pay? ☐ Cash ☐ Credit Card/Pre-pay ☐ Medicaid ☐ Pay-Pal ☐ Wire Transfer	3-D:	What was the very	y first contact between you ar	nd the Individu	ıal/Bu	siness?				
☐ I responded to a TV/radio ad ☐ I went to the location of the business advertisement ☐ A person came to my home ☐ I received a phone call from the business ☑ Other, describe below ☐ I received information by email ☐ I responded to an offer on the Internet ☐ No personal contact  3-E: How did you Pay? ☐ Cash ☐ Credit Card/Pre-pay ☐ Medicaid ☐ Pay-Pal ☐ Wire Transfer		☐ I telephoned th	e individual/business	□ I received	inform	nation in the mail	□lre	sponded to	a printed	
□ I received information by email □ I responded to an offer on the Internet No personal contact  3-E: How did you Pay? □ Cash □ Credit Card/Pre-pay □ Medicaid □ Pay-Pal □ Wire Transfer										
☐ Cash ☐ Credit Card/Pre-pay ☐ Medicaid ☐ Pay-Pal ☐ Wire Transfer										
	3-E:	How did you Pay?	)		· , · · · · · · · · · · · · · · · · · ·					
☐ Check ☐ Installment Loan ☐ Medicare ☐ Private Insurance ☐ Other		☐ Cash	☐ Credit Card/Pre-pay	☐ Medic	aid	☐ Pay-Pal	[	□ Wire Tra	nsfer	
		☐ Check	☐ Installment Loan	☐ Medio	are	☐ Private Insurance	[	☐ Other		
3-F: What, if any, is the Dollar amount associated with your loss? \$	3.E.	What if any ic the	e Dollar amount associated w	ith your loss?	\$					

Section 4 Act	ons Ta	
☐ 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.
		ken by Consumet - 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:
		on/Incident Details – attach additional pages if necessary
Please remember to cancelled check, corr	attach a c esponder	copy of all documentation involved (order blank, warranty, credit card receipt and statement, involce, contract or written agreement, advertisement, nce etc). Please print clearly or type. Do Not Include your Social Security Number,
If you answered "\	'es" to 4	-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.
violated the conf case which meal state, age, and o purely a political girl's story into the	Identialins she vondition and act	e to the newspaper, Indy Star, on July 2, 2022 about a ten year old rape victim she performed an abortion on. She ly guaranteed to child survivors of rape as well as all patients as part of patient rights. In addition, this case is a CHINS violated the law in releasing any information regarding the case, including her treatment of the girl as well as the home of the girl. This public announcement served no purpose to her patient as the patient was treated and sent home. It was ivist strategy to support Dr. Bernard's profession as an abortion provider. This public announcement has thrust this young all limelight with her story being debated around water coolers and across social media. No child should experience such all or medical treatment.
		ld you like your Complaint resolved? 's license revoked and for her to pay restitution to the patient whose confidentiality she violated,
		APPENS NEXT? Section 8 Mail Completed Forms to:
respondent inc your complaint a disciplinary actic Indiana and is li compensation of	Protectividual against against again mited in or other	ACCENSINAL!  Ition Division will send a copy of your complaint to the  Ibusiness or licensed professional. This office cannot disclose a licensed professional to the public unless this office files a  institute licensed professional. This office represents the State of  in the remedies it can pursue. You may be entitled to  rights that we cannot pursue for you. In addition to filing this  into consider contacting a private attorney or your local small   Section Sequence (Interection Division  Government Center South, 5th Floor  302 W. Washington Street  Indianapolis, IN 46204  317-232-6330 (phone) • 317-233-4393 (fax)  www.indianaConsumer.com
	onsent	and Verification:
		Isclosing the note the public?  Isclosing the public?  I Yes □ No The nature of the complaint and the individual/business name  □ Yes □ No Your name  □ Yes □ No Your phone number
releasing any to other public	informa agenci not incl	ies for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or ation in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint ies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand ude my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my over, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).
RIMA A	<u> </u>	July 11, 2022
Your signat	ure	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 No: 11680246

		11680246	in experience decision (CA)	mary and the							
Section	ı 1: Your Informa	lion-									
Salutation					Street Address						
☐ Det	. 🗆 Mr. 🗆 Mrs. 🗆	Ms. ⊠ Dr. □ Miss. □ R									
Full Name/Organization/Agency					City			State		Zip Code	
K H								мо 😘			
If an Organization/Agency provide a Primary Contact Name					County			Daytime Phone			
is an organizationar goney provide a Finnary conduct reason					1 "				9731633		
Age Group					Email Address						
□ 18-	24 🗆 25-34 🗀 35-4	44 □ 45-54 □ 55-59 図	60+	T T							
May we contact you by email? If yes, we					will not contact you by regular ma			ail □ No ⊠ Yes			
Are you or your spouse active military?								⊠ No □ Yes			
			ionyo miinary				1/	4110			
Seelio	Control of the second s	complaint Against?			T				11 40		
1	lual/Business			Name of Individual/Representative you dealt with							
Dr. Caillin Bernard					01.			State -		ام	
Street Address					City		State		Zlp Cod	10	
County Daytime Phone					Email Address						
Count	y Da	yume Phone			Littaii Audioss	<b>b</b>			•		
Seath	n 3: Transaction										
3-A:				3-B:	B: If a Transaction, what was the Transaction for?						
] -/"	. 41 11-11-11-11-11-11-11-11-11-11-11-1			□Му	, business ☐ My fan					Profit/Church	
	14B W10 -	e			LIA .						
3-C:		Where did the Transaction/Incident occur? (check box where applicable)									
	☐ My home ☐ At the location of the business				☐ By Internet/email ☐ By telephone						
	☐ Actine location of the business				☐ By Social Media						
	☐ By mail ☑ Other <u>News Media</u>										
3-D:	3-D: What was the very first contact between you and the Individual/Business?										
	☐ I telephoned the Individual/business ☐ I received information in the mail ☐ I responded to a printed										
	☐ I responded to a TV/radio ad ☐ I went to the			he loc	e location of the business			advertisement			
					phone call from the business I to an offer on the Internet			⊠ Other, describe below             No direct contact             ■ Other in the contact              ■ Other in the contact             ■			
	THE HEAD IN THE PROPERTY OF TH							101			
3-E:	How did you Pay?										
	☐ Cash ☐ Credit Card/Pre-pay ☐ Medic			•			☐ Wire Transfer				
	☐ Check	☐ Installment Loan	☐ Medio	are	☐ Private In	surance		] Olher			
3-F:	What, if any, is the	Dollar amount associated w	ith your loss?	\$							

Section 4 Act	ions Ta	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.					
STATE OF THE PROPERTY OF THE P		en 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 Tr	ansaclic	nlincident Details – attach additional pages if necessary					
Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, involce, 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 hior 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 your 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:							
		on Division will cond a convert your complaint to the					
respondent ind your complaint a disciplinary actio Indiana and is lin compensation or	ividuai <i>l</i> gainst a n again nited in	Office of Attorney General Consumer Protection Division Consumer Protection Division 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 C	onsent a	nd Verification					
Do you consent to disclosing the following information to the public?  Is Yes □ No The nature of the complaint and the individual/business name  Is 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).							
Kes Har	7 (SEE	D. O. July 12, 2022					
Your signatu	re	Date					