

**IN THE CIRCUIT COURT OF THE NINETEENTH  
JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS**

HARMONIE PERRONE,	)	
	)	
Plaintiff,	)	
	)	
v.	)	No.
	)	
DYMPNA ANN COLL, M.D., DOHR, COLL	)	
& GADSON OB/GYN ASSOCIATES &	)	JURY TRIAL DEMANDED
MEDICAL SPA, and ADVOCATE GOOD	)	
SHEPHERD HOSPITAL,	)	
	)	
Defendants.	)	
	)	

**VERIFIED COMPLAINT**

Plaintiff Harmonie Perrone, by and through undersigned counsel, hereby files this complaint against Defendants Dympna Ann Coll, M.D.; Dohr, Coll & Gadson OB/GYN Associates & Medical Spa; and Advocate Good Shepherd Hospital, and alleges and states as follows:

**INTRODUCTION**

1. Harmonie Perrone lost her fertility when an OB/GYN and a religiously affiliated hospital refused to treat her ectopic pregnancy. Despite Ms. Perrone’s history of two prior ectopic pregnancies, including a rupture that resulted in the loss of her right fallopian tube, a visible mass on the ultrasound of her left tube, and tell-tale symptoms of a third ectopic pregnancy, Ms. Perrone was twice denied care and turned away—first from the hospital where the OB/GYN was on call and later from the OB/GYN’s office—because there was allegedly “a 1% chance that there is a baby in there.” The same OB/GYN also told Ms. Perrone and her husband, “I cannot in good faith intervene at this time,” and “I will only intervene if your tube is rupturing.”

2. After other seemingly intentional attempts by this OB/GYN to further delay Ms. Perrone from accessing the life-saving care she needed, her tube finally did rupture. At just 28 years old, she now will need to undergo in vitro fertilization (“IVF”) to have more children, treatment she and her family cannot afford. And when Ms. Perrone exercised her right to speak publicly about her abysmal and devastating treatment, the OB/GYN sued her for defamation, compounding the trauma she has caused Ms. Perrone.

3. Illinois state law protects the “fundamental rights of individuals to make autonomous decisions about one’s own reproductive health, including the fundamental right to use or refuse reproductive health care.” 775 Ill. Comp. Stat. 55/1-5 (the “Reproductive Health Act” or “RHA”). Illinois law also requires hospitals to provide emergency care for ectopic pregnancies and prohibits hospitals and health care providers from discriminating against their patients on the basis of pregnancy or reproductive health decisions. 210 ILCS 80/1 (the “Hospital Emergency Service Act”); 775 ILCS 5/5-101 (the “Illinois Human Rights Act” or “IHRA”). And of course, longstanding Illinois common law protects patients against medical negligence. Yet each of these protections was violated over the course of Ms. Perrone’s medical treatment. And while those who permanently harmed Ms. Perrone would seek to silence her, her rights to free speech and to justice remain fundamental.

4. Ms. Perrone seeks damages to help her shoulder the financial burdens of building her family through IVF. She also seeks compensation for the immense pain and suffering she endured when medical providers substituted their own values and priorities for hers, infringing on her bodily autonomy. Finally, Ms. Perrone seeks vindication of the fundamental rights she and pregnant people like her enjoy in Illinois, a state where abortion is not only legal but affirmatively protected.

## PARTIES

5. Plaintiff Harmonie Perrone is 28 years old and recently moved to Round Lake, Illinois, where she lives with her husband and her 13-year-old brother who is under her custodial care. In October 2025, Ms. Perrone sought diagnosis and treatment for an ectopic pregnancy and was denied those services by Defendants.

6. Defendant Dympna Ann Coll, M.D., is a physician licensed to practice medicine in the State of Illinois who specializes in the practice of obstetrics and gynecology (“OB/GYN”). Dr. Coll was the on-call OB/GYN when Ms. Perrone sought diagnosis and treatment for a suspected ectopic pregnancy at Advocate Good Shepherd Hospital on October 9, 2025. Dr. Coll also saw Ms. Perrone in her office on the following day, October 10, 2025.

7. Defendant Dohr, Coll & Gadson OB/GYN Associates and Medical Spa (“Dohr, Coll & Gadson”) is the medical practice in Barrington, Illinois, where Dr. Coll sees patients, including Ms. Perrone, in the outpatient setting. According to their website, Dohr, Coll & Gadson offers comprehensive obstetrics and gynecology care for teens to seniors. In addition, Dohr, Coll & Gadson offers services in “aesthetics,” including laser hair removal, Botox, fillers, chemical peels, facials, and other laser skin technologies.<sup>1</sup> Dohr, Coll & Gadson is affiliated with Advocate Good Shepherd Hospital and Ascension St. Alexius Medical Center (“Ascension”).<sup>2</sup>

8. Defendant Advocate Good Shepherd Hospital (“Advocate Good Shepherd”) is the hospital in Barrington, Illinois, where Ms. Perrone first sought diagnosis and treatment for her ectopic pregnancy. Advocate Good Shepherd is a hospital licensed by the Illinois Department of Public Health that provides general medical and surgical hospital services. After experiencing pain,

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<sup>1</sup> Dohr, Coll & Gadson OB/GYN Associates and Medical Spa, <https://www.healthcareforwomen.net>.

<sup>2</sup> *About Us*, Dohr, Coll & Gadson OB/GYN Associates and Medical Spa, <https://www.healthcareforwomen.net/our-practice#insurance-hospital-affiliations>.

bleeding, and other worrisome symptoms, Ms. Perrone visited Advocate Good Shepherd's emergency room on October 9, 2025. Advocate Good Shepherd is owned and operated by Advocate Health and Hospitals Corp ("Advocate Health").

9. On information and belief, religiously affiliated health systems in Illinois, like Advocate Health and Ascension and their affiliated providers, enforce policies restricting pregnancy termination that "adhere[] to the social teachings of the religious sponsors."<sup>3</sup>

### **JURISDICTION AND VENUE**

10. This Court has jurisdiction over this matter and venue is proper in this Court under 735 ILCS 5/2-101 because Defendant Dr. Coll conducts her medical practice in Lake County; Defendants Dohr, Coll & Gadson and Advocate Good Shepherd have offices in Lake County; and the events giving rise to this lawsuit occurred in Lake County.

11. Ms. Perrone timely filed charges with the Illinois Department of Human Rights ("IDHR") raising claims of discrimination based on pregnancy and reproductive health decisions against Dr. Coll, Dohr, Coll & Gadson, and Advocate Good Shepherd. She exercised her right to opt out of the administrative investigation and received Notices of right dated May 19, 2026, attached as Exhibit 1 ("IDHR Notices").

12. This Complaint is filed within 90 days after Ms. Perrone's receipt of the IDHR Notices. All conditions precedent to the filing of this action have been performed.

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<sup>3</sup> Lee A. Hasselbacher et al, *"My Hands Are Tied": Abortion Restrictions and Providers' Experiences in Religious and Nonreligious Health Care Systems*, 52(2) Perspectives on Sexual & Reproductive Health 107, 110 (2020) (internal citations omitted).

## FACTUAL ALLEGATIONS

### A. Ectopic Pregnancy is a Life-Threatening Condition Requiring Prompt Diagnosis and Termination of Pregnancy

13. Ectopic pregnancy—where a fertilized egg implants and grows in a location other than inside of the uterine cavity—is the leading cause of maternal mortality in the first trimester, accounting for 5-10% of all pregnancy-related deaths.<sup>4</sup> Ectopic pregnancies often implant in one of the fallopian tubes (a “tubal ectopic”) but may also implant in the scar from a previous cesarean delivery or other locations including the abdominal cavity, the cervix, or an ovary. Tubal ectopic pregnancies cannot result in live births and are life-threatening to the pregnant person; left untreated, the pregnancy will grow and rupture, causing massive internal bleeding. Ectopic pregnancies therefore must be terminated as soon as they are diagnosed.<sup>5</sup>

14. Treatment of a tubal ectopic pregnancy requires either medication or surgery. If an ectopic pregnancy is detected early enough and the patient’s vital signs are stable, it is most commonly treated with injection of a medication called methotrexate, which prevents the cells in the pregnancy from continuing to grow.<sup>6</sup> The pregnancy is then absorbed by the body over a period of time, and the affected tube returns to normal functioning. The leading medical association for OB/GYNs, the American College of Obstetricians and Gynecologists (“ACOG”), states that “[m]edical management with methotrexate can be considered for women with . . . high clinical

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<sup>4</sup> Kellie Mullany et al., *Overview of Ectopic Pregnancy Diagnosis, Management, and Innovation*, 19 *Women’s Health*, 1 (2023).

<sup>5</sup> See The American College of Obstetricians and Gynecologists (“ACOG”), *Practice Bulletin 193: Tubal Ectopic Pregnancy*, 131 *Obstetrics Gyn.* e91 (2018) (hereinafter “ACOG Practice Bulletin 193”); Soc’y for Maternal Fetal Med. (“SMFM”) et al., *SMFM Consult Series #63: Cesarean Scar Ectopic Pregnancy*, 227 *Am. J. Obstetrics Gyn.* B9 (2022); ACOG, *Facts Are Important: Understanding Ectopic Pregnancy*, <https://www.acog.org/advocacy/facts-are-important/understanding-ectopic-pregnancy>.

<sup>6</sup> ACOG, *FAQs: Ectopic Pregnancy* (April 2020), <https://www.acog.org/womens-health/faqs/ectopic-pregnancy>.

suspicion of ectopic pregnancy . . . who have an unruptured mass” and is indicated when “hCG values [a hormone used to diagnose pregnancy] are less [than] 1,500 mIU/mL.”<sup>7</sup>

15. Studies indicate that the success rate of methotrexate to terminate an ectopic pregnancy is 98.52% when hCG is less than 1,000, but the treatment becomes much less effective as hCG climbs and the ectopic pregnancy grows. In fact, some studies suggest that methotrexate should not be used for hCG above 1,500 because the failure rate is higher.<sup>8</sup>

16. If the ectopic pregnancy is not detected early and has grown too large to be treated with methotrexate, the pregnancy must be surgically removed from the fallopian tube. Surgical intervention entails removal of part or all of the affected fallopian tube (salpingectomy) or removal of the ectopic pregnancy while leaving the affected fallopian tube in site (salpingostomy), both of which can result in loss of fertility.<sup>9</sup> For this reason, ACOG advises that surgical treatment of ectopic pregnancy “should be guided by the patient’s clinical status, her desire for future fertility, and the extent of fallopian tube damage.”<sup>10</sup>

17. Ectopic pregnancy is diagnosed by a combination of factors, including: the patient’s medical history, including any history of ectopic pregnancy; ultrasound findings; symptoms, including localized abdominal pain and cramping, abnormal vaginal bleeding, shoulder pain, and dizziness; and serum hCG values.<sup>11</sup> ACOG emphasizes that “[s]erum hCG values alone should not

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<sup>7</sup> ACOG Practice Bulletin 193 at e94.

<sup>8</sup> Seema Menon, et al, *Establishing a human chorionic gonadotropin cutoff to guide methotrexate treatment of ectopic pregnancy: a systematic review*, 87(3) *Fertility & Sterility* 481 (2007); Gregory Corsan, et al, *Identification of hormonal parameters for successful systemic single dose methotrexate therapy in ectopic pregnancy*, 10 *Human Reproduction* 2719 (1995).

<sup>9</sup> ACOG Practice Bulletin 193 at e98.

<sup>10</sup> ACOG Practice Bulletin 193 at e99.

<sup>11</sup> ACOG, *FAQs: Ectopic Pregnancy* (April 2020), <https://www.acog.org/womens-health/faqs/ectopic-pregnancy>.

be used to diagnose an ectopic pregnancy and should be correlated with the patient’s history, symptoms, and ultrasound findings.”<sup>12</sup>

18. Ectopic pregnancies occur in about 2% of all pregnancies, yet the recurrence risk after a prior ectopic pregnancy can soar to 27%.<sup>13</sup> The risk more than triples for those with two or more prior tubal ectopic pregnancies and climbs even higher when the interval between pregnancies is longer than six months.<sup>14</sup>

19. Expectant management—the “wait and see” approach—is almost never recommended. Per ACOG: “Candidates for successful expectant management of ectopic pregnancy should be asymptomatic; should have objective evidence of resolution (generally, manifested by a plateau or decrease in hCG levels); and must be counseled and willing to accept the potential risks, which include tubal rupture, hemorrhage, and emergency surgery.”<sup>15</sup>

**B. Ms. Perrone has an Extensive History of Pregnancy Loss, Including Two Prior Ectopic Pregnancies, Putting Her at an Elevated Risk of Recurrence**

20. Ms. Perrone has been pregnant eight times.

21. Ms. Perrone got pregnant for the first time when she was a teenager. Before the age of twenty, Ms. Perrone had two children. Both currently live with their father.

22. Over the last ten years, Ms. Perrone has suffered repeated early pregnancy losses. She has had three miscarriages; with each, Ms. Perrone did not receive medication or surgical intervention, but rather bled at home until the pregnancies passed. Ms. Perrone sometimes refers

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<sup>12</sup> ACOG Practice Bulletin 193 at e99.

<sup>13</sup> See Allison Petrini & Steven Spandorfer, *Recurrent Ectopic Pregnancy: Current Perspectives*, 12 Int J Womens Health 597 (2020).

<sup>14</sup> See William Dooley et al, *Interpregnancy interval and risk of recurrence following tubal ectopic pregnancy: retrospective cohort study from UK tertiary center*, 66 Ultrasound Obstet Gynol 89 (2025).

<sup>15</sup> ACOG Practice Bulletin 193 at e99.

to one of those miscarriages as a “chemical pregnancy,” another term for a very early miscarriage—meaning she experienced a menstrual period shortly after a positive pregnancy test.

23. Ms. Perrone also has a significant history of ectopic pregnancy. In 2021, Ms. Perrone experienced her first ectopic pregnancy and had to have a salpingectomy (*i.e.*, surgical removal) of her right fallopian tube, leaving her with only one remaining fallopian tube on her left side. A year later, Ms. Perrone had her second ectopic pregnancy. This time she self-identified the symptoms early, received methotrexate, and recovered with her left tube intact.

24. Because of this history, Ms. Perrone is very familiar with the symptoms of ectopic pregnancy and how they compare to the symptoms of both miscarriage and ongoing pregnancy.

### **C. Ms. Perrone’s Interactions with Dr. Coll and Advocate Good Shepherd**

25. In early October 2025, Ms. Perrone discovered she was pregnant again. She and her husband were thrilled, yet because of Ms. Perrone’s prior medical history with pregnancy, she remained wary. She began taking drug store pregnancy tests every day to track the darkness of the line, as she had a sinking suspicion that something was wrong.

26. Sure enough, on October 8, Ms. Perrone noticed some light vaginal bleeding. The next morning, October 9, the bleeding continued, and a few hours later, Ms. Perrone began to feel cramping and pain in her shoulder. She panicked. These were exactly the symptoms Ms. Perrone had experienced during her two prior ectopic pregnancies. She immediately called her husband at work, and he was so concerned that he left his company truck unattended and rushed home to take Ms. Perrone to the emergency room. Ms. Perrone was approximately six weeks pregnant.<sup>16</sup>

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<sup>16</sup> Consistent with standard medical practice, gestational ages as used in this complaint are dated from the first day of the patient’s last menstrual period (“LMP”), which is typically approximately two weeks before the estimated date of fertilization of a pregnancy.

27. Ms. Perrone and her husband arrived at the emergency room of Advocate Good Shepherd around 11 A.M. on October 9. Ms. Perrone was terrified, in tears, and told the nurses she thought she had an ectopic pregnancy. Ms. Perrone described her pregnancy history to Advocate Good Shepherd's ER staff, which they recorded as follows:

G8P2

T 2 vaginal deliveries

P0

A 2 ectopics 1 resulted in right salpingectomy 1 chemical pregnancy, 2 miscarriages

L 2

28. Ms. Perrone promptly received bloodwork and was moved to an imaging room where she received a transvaginal and abdominal ultrasound. Ms. Perrone and her husband then waited anxiously for the results.

29. Several hours later, Ms. Perrone received her test results from the emergency room staff. Her hCG was 1,011 mIU/mL, and her ultrasound indicated that there was a mass inside her left fallopian tube. Given her medical history, it was likely an ectopic pregnancy. According to her medical records:

Left Adnexa: The left ovary is normal in size and morphology. 1.2 cm left ovarian corpus luteum. 1.4 x 1.4 x 1.3 cm round peripherally echogenic centrally anechoic lesion inferior to the left ovary.

30. Crying, Ms. Perrone told the staff that this wasn't her first time—she had experienced ectopic pregnancies before, and she was terrified of her remaining fallopian tube rupturing. Ms. Perrone told the staff she wanted methotrexate and to avoid surgery. The ER staff seemed to understand but told Ms. Perrone they needed to consult with the on-call OB/GYN and would return with more information.

31. An hour later—and four hours into her ER visit at Advocate Good Shepherd—ER staff returned and told Ms. Perrone they had consulted with the on-call OB/GYN who was a “specialist.” They assured Ms. Perrone she would be fine and that she did not need surgery. They told Ms. Perrone they had made an appointment for her to visit the specialist the next day. Ms. Perrone again asked for methotrexate but was told that the emergency room could not prescribe the medication and she would need to talk to the specialist OB/GYN the next day. Though confused, Ms. Perrone left the hospital with the understanding that she was under the care of a specialist and would receive the emergent health care she needed in the morning.

32. Dr. Dymrna Coll was the OB/GYN and alleged “specialist” on call, but she never spoke with or examined Ms. Perrone while she was in the hospital that day.

33. The next morning, October 10 at 11:30 A.M., as scheduled, Ms. Perrone and her husband arrived at Dohr, Coll & Gadson for her appointment with Dr. Coll. At check in, Ms. Perrone told the nurse she was there to receive methotrexate to treat an ectopic pregnancy.

34. Ms. Perrone and her husband were ushered into a room where a nurse took her vitals and a urine sample. Ms. Perrone repeated that she was experiencing bleeding, cramps, and shoulder pain, and had received a likely diagnosis of an ectopic pregnancy at the hospital the day before. The nurse told Ms. Perrone and her husband that the doctor would be with them shortly. As they waited, Ms. Perrone noticed there were advertisements for Botox on the walls. Ms. Perrone began to feel uneasy, as it did not look like an obstetrical specialist’s office.

35. When Dr. Coll entered the exam room, Ms. Perrone again catalogued her medical history of two prior ectopic pregnancies, her symptoms, and test results from the day prior, which all pointed to a likely third ectopic pregnancy. Ms. Perrone repeated that she wanted methotrexate and did not want surgery. Dr. Coll quickly made it clear that she would not administer

methotrexate, and the conversation became heated. Ms. Perrone began to cry. As Ms. Perrone talked, Dr. Coll repeatedly made eye contact not with Ms. Perrone, but with her husband.

36. Both Ms. Perrone and her husband recall Dr. Coll making the following statements, in sum and substance, during their conversation:

- “We have to weigh the pros and cons of the life of the baby and the life of the mother.”
- “There is a 1% chance that there is a baby in there.”
- “I cannot in good faith intervene at this time.”
- “I will only intervene if your tube is rupturing.”
- “You are not going to bully me into giving you methotrexate.”
- “We do not do abortions here. You will have to go somewhere else.”

37. During their conversation, Dr. Coll also referenced an unspecified Illinois law, saying the law was an additional reason why Dr. Coll would not intervene. To the extent Dr. Coll may have been referring to the Illinois Healthcare Right of Conscience Act, 745 ILCS, 70/1, *et seq.*, she later denied that her refusal to treat Ms. Perrone was based on a religious or conscience objection to abortion. In any event, she failed to refer, transfer, or provide Ms. Perrone with written information about other providers who she reasonably believed may offer the service Ms. Perrone was seeking, as required under that law. 745 ILCS 70/6.1(3).

38. Ms. Perrone asked if Dr. Coll could order labs and an ultrasound to confirm the ectopic pregnancy. Dr. Coll said she could, but she then repeated that she still would not be able to intervene until Ms. Perrone’s tube ruptured. Given this, Ms. Perrone declined further testing at Dr. Coll’s office, realizing it would be futile because Dr. Coll refused to provide the care she sought and needed.

39. During the conversation, Ms. Perrone’s husband was holding a canned drink in his hand. He got so frustrated while Dr. Coll was talking that he crushed the can with his hand.

40. Realizing Dr. Coll would not provide the medical assistance she urgently needed, Ms. Perrone and her husband asked where they could go for treatment. Dr. Coll told them they should not go back to Advocate Good Shepherd because it was out of network for their insurance. Dr. Coll instead wrote the name and address of a different facility on a piece of paper: Mercy Health, a Catholic provider in McHenry.

41. Ms. Perrone's medical records from Dr. Coll's office catalogue Ms. Perrone's obstetrical history, including her two prior ectopic pregnancies. Strangely, however, Dr. Coll's notes incorrectly recount Ms. Perrone's miscarriages, stating she had two "spontaneous" abortions (the medical term often used to describe miscarriages) and one "induced" abortion. It is possible that Dr. Coll misread "chemical pregnancy" (a term used to describe an early miscarriage) from Ms. Perrone's records from Advocate Good Shepherd as "chemical abortion," a phrase anti-abortion individuals often use to describe an abortion induced with the medications mifepristone and misoprostol.

42. Dr. Coll's records are otherwise sparse and reflect none of the details of her extensive conversation with Ms. Perrone and her husband. Dr. Coll's notes from the visit read as follows:

**Chief Complaints:**

1. GSH ER fu per DAC. History of 2 ectopic pregnancies. G8 P2052, H/O right salpingectomy. Presents to GSH 10/9/25 with spotting. RH pos. Quant bhcg was only 1011. 2. HGb was 14. No free fluid on gyn u/s. 1.4 cm left adnexal cyst next to left ovary. Cannot exclude left side ectopic pregnancy. Pt told to f/u 10/10/25 for gyn u/s and repeat quant. Instructed by PA at GSH ER to present to ER if signs of ruptured ectopic such as severe abdominal and pelvic pain.. 3. Pt states she is still having vaginal bleeding. , Pt is declining laparoscopic surgery for possible ectopic.. 4. Pt is requesting Methotrexate today. Pt counseled not ACOG standard of care to give methotrexate when quant less than 1500 to avoid the error of administering methotrexate when a potential intrauterine pregnancy could be present.. 5. Was trying for pregnancy. Accompanied by spouse..

**Assessment:**

1. Threatened miscarriage - O20.0 (Primary)

2. Amenorrhea - N91.2

early pregnancy 5 6/7 . Possible left ectopic vs threatened AB vs IUP. Recommend repeat quant today as quant from yesterday was only 1011. Pt requesting methotrexate today. I advised not standard of care to administer methotrexate unless certainty of diagnosis of ectopic. Declined exam or u/s or lab today. Recommend pt go to in local in network ER for u/s and quant and consult with a gynecologist for ongoing care. Aware of sign and symptoms of ruptured ectopic and to present to ER if severe pain. Pt refusing diagnostic laparoscopy today. Aware cystic lesion 1.4 cm left adnexa may be an ectopic pregnancy. Patient left without ultrasound or lab draw and states she will go directly to Mercy Health ER for repeat quant today and ultrasound.

Dr. Coll's first note states "Pt is declining laparoscopic surgery for possible ectopic" and her second note states "Pt refusing diagnostic laparoscopy today." Dr. Coll's records do not detail what kind of "laparoscopic surgery" she allegedly offered nor on what timeline.

43. Neither Ms. Perrone nor her husband have any memory of Dr. Coll offering her "laparoscopic surgery."

44. Dr. Coll's claim in the records that it is "not ACOG standard of care to give methotrexate when quant [hCG] less than 1500 to avoid the error of administering methotrexate when a potential intrauterine pregnancy could be present," is patently false. To the contrary, as discussed earlier, ACOG recommends counseling the patient about the options of salpingostomy and methotrexate, along with the risks of administering methotrexate if the pregnancy turns out to be intrauterine, and allowing *the patient to decide* the best option for them. In addition, studies suggest that methotrexate becomes less effective in treating ectopic pregnancy when hCG is 1,500 mIU/mL or *higher*—exactly the opposite of Dr. Coll's claim.

45. ACOG cautions against relying exclusively on hCG values to diagnose an ectopic pregnancy and instead recommends considering a combination of the following: history of ectopic pregnancy; ultrasound findings; symptoms, including localized abdominal pain and cramping, abnormal vaginal bleeding, shoulder pain, and dizziness; and serum hCG. Further, ACOG states that expectant management—the very approach Dr. Coll exclusively employed—is not recommended for suspected ectopic pregnancy due to the risk of serious complications.

46. It is far outside the standard of care to wait to intervene until an ectopic pregnancy ruptures, as rupture often leads to loss of fertility, hemorrhage, or death.

**D. Ms. Perrone’s Search for Medical Care and Ultimate Loss of Fertility**

47. Leaving Dohr, Coll & Gadson, Ms. Perrone and her husband spent a tense half-hour driving to the facility Dr. Coll had suggested—Mercy Health in McHenry—which they thought was a hospital. When they arrived, Ms. Perrone again told the front desk staff through tears that she needed methotrexate to treat an ectopic pregnancy. But the staff explained that the facility she was at was a clinic, not Mercy’s hospital location, which was in Crystal Lake, and the clinic was unable to assist her. Accordingly, Ms. Perrone and her husband then drove 15 minutes back the way they came to Crystal Lake, where they were informed that Mercy’s Hospital location had neither an OB/GYN nor access to methotrexate. If Ms. Perrone stayed, they would need to admit her and then transfer her to a different facility, which could take hours. Instead, one staff member suggested Ms. Perrone leave immediately and drive to Northwestern Medicine Huntley (“Northwestern”), another 30 minutes away.

48. As they left the second Mercy facility, one thought kept going through Ms. Perrone’s mind: “This is it, I am going to die.”

49. By the time Ms. Perrone and her husband arrived at Northwestern, it was nearly 4 P.M. For the third time in two days, Ms. Perrone went through triage and explained her story all over again.

50. As Ms. Perrone was relating her experience with Dr. Coll to Northwestern’s ER staff, an emergency medicine physician expressed confusion regarding Advocate Good Shepherd’s and Dr. Coll’s refusal to administer methotrexate given Ms. Perrone’s extensive history of ectopic pregnancy. Emergency room staff also took labs. Ms. Perrone’s hCG had risen and was now 1,308 mIU/mL, indicating that her ectopic pregnancy was continuing to grow.

51. The emergency room physician called an OB/GYN to come down to the emergency room and speak with Ms. Perrone. Within 20 minutes, the OB/GYN arrived, having already reviewed Ms. Perrone's ultrasound and labs. The OB/GYN expressed shock that a hospital would let Ms. Perrone leave in her condition, without treating her ectopic pregnancy. The OB/GYN's notes in Ms. Perrone's medical records reflect that Ms. Perrone provided the same description of her experience with Dr. Coll as detailed in this complaint:

**History of Present Illness:** Patient is a 28 y.o. G8P2062 female who presents due to being told she likely has a left ectopic pregnancy. Pt states she was seen at Advocate Good Sheperd Hospital yesterday and US showed possible left ectopic pregnancy, no IUP with BHCG 1000. Pt saw an OB through there and was told by that provider that she could not treat her because she "does not do terminations" Pt was frustrated with this therefore presented to ED at Huntley hoping to get treatment. Pt's hx is significant for prior ectopic pregnancy x2, one treated with Right salpingectomy due to rupture. The second one was treated with methotrexate. Pt has mild pain at this time. Having some mild vaginal bleeding. No n/v. No lightheaded or dizziness. Pt would like to receive methotrexate

52. The OB/GYN then appropriately counseled Ms. Perrone regarding her options, including the small possibility of an intrauterine pregnancy, and administered an injection of methotrexate at Ms. Perrone's request. Through tears, Ms. Perrone thanked the OB/GYN for saving her life.

53. By the time Ms. Perrone received methotrexate the evening of October 10, it is clear from the medical records that Dr. Coll's and Advocate Good Shepherd's actions delayed and denied that urgent care by a day and a half. For the successful treatment of ectopic pregnancy, every hour counts.

54. Six days later, on October 16, Ms. Perrone was in a morning meeting when she suddenly experienced pain so severe she could not stand up straight. Ms. Perrone immediately called her husband, and they rushed back to Northwestern.

55. Once there, Ms. Perrone went through testing in the emergency room. Her hCG was now 2,478 mIU/mL. Staff attempted to do a transvaginal ultrasound, but it was excruciatingly painful for Ms. Perrone.

56. The same OB/GYN who had administered methotrexate reviewed Ms. Perrone's results and proceeded to counsel her on her options. As the OB/GYN explained, there was not yet evidence of ectopic rupture but based on her symptoms, the success of repeated methotrexate was low. At this point, surgery was her best chance for fertility preservation. The OB/GYN told Ms. Perrone she would attempt to remove the ectopic pregnancy and leave her fallopian tube intact, but it was possible that to save her life, the OB/GYN would need to remove the tube as well. Ms. Perrone weighed the risks and benefits and elected to proceed with surgery.

57. During surgery, the OB/GYN discovered an ectopic pregnancy in Ms. Perrone's left fallopian tube. Blood was already pooling in her pelvis—a sign of rupture—and the physician was forced to remove the entire tube to save Ms. Perrone's life.

#### **E. Ms. Perrone's Social Media Posts and Dr. Coll's Defamation Suit Against Ms. Perrone**

58. On October 12, 2025—two days after she was treated at Northwestern, but several days before her ectopic rupture and surgery—Ms. Perrone posted a video to TikTok, where she runs an affiliate account promoting beauty products to 18,500 followers. She detailed her traumatic experience with Dr. Coll and Advocate Good Shepherd, her subsequent visit to Mercy at Dr. Coll's direction, and how she finally received methotrexate at Northwestern. The post began: "There is a war against women's bodies and let me tell you my experience."

59. Ms. Perrone's story, as shared in the post, is consistent with the recitation of facts in this complaint, and with her medical records, including the following statements:

- "[Advocate Good Shepherd] found a thing or whatever they call it in my left fallopian tube, and they're like okay, we are going to page OB and we are going to see what they say. The lady was like, oh it's super early, you're fine, we're gonna have you go to the specialist the next day at 11:30 A.M."
- The next day at the doctor's office: "she's like, so we are not going to intervene at this moment because there is a 1% chance that it's a viable pregnancy. And I was like what do you mean there is a 1% chance, that you literally saw it in my fallopian tube. She is like,

well your hCG is not high enough, and I can't in good faith do that because we don't practice abortions here."

- "She tried to convince me it was a law in Illinois. And I was like, well don't I have a right to an abortion in Illinois anyways? Like, is that not like, something legal here, especially with how early I am? And she's like, no, no, I don't practice that here. I'm not doing it."
- "She's like the only way I will intervene is if your tube ruptures, and I suggest that you don't come to this hospital that you just went to because it's not in network for your insurance. And I was like okay well I don't care about this bill, I don't care about the price, I care about my life, I don't want to die. She's like well in these scenarios we need to weigh out the pros and cons of the baby's life versus the mother, and right now, with the 1% chance that this is a viable pregnancy, I'm not going to intervene and you're not gonna force me to intervene. And I was like, what do you mean like, this is terrifying, I don't want my tube to rupture. She's like you need to go down to this Hospital called Mercy, and I was like okay."
- "So my husband and I, we are running out this hospital like alright, we need to get somewhere fast because it is race against time when you have an ectopic pregnancy, and they did find something in that left tube. It is a matter of time before it bursts, and when it bursts, you can start bleeding out. Okay, so I was like this is a non-negotiable, at this point I think I'm gonna die like, I am bawling my eyes out, like I don't know what to do. This lady, this OB, had upset me so bad because her religious beliefs were coming before my life."
- "Thank God this one doctor finally listened to me. I still can't believe we live in a world where you don't have a right to your body if the physician practices a different like religious belief than you."
- "So that was the trauma I went through and I'm still very upset and I'm grateful to be alive and I'm grateful they gave me the treatment but that was very hurtful. Like we wanted to have this pregnancy, it's the last thing I want to do, but I also don't want to die in the process, you know?"

The post itself does not identify Dr. Coll in any way, but in response to questions about the identity of the OB/GYN from many commentors to the post, Ms. Perrone responded to several comments with a screenshot from Dohr, Coll & Gadson's website.

60. On October 19, 2025—three days after her surgery—Ms. Perrone posted a second video, in which she shared that her ectopic pregnancy had ruptured and as a result, her left tube had to be removed. In this video, Ms. Perrone recounted the full story again, and mentioned Dr. Coll in passing:

“Had Dr. Coll intervened on Oct 9th when I showed up to the hospital, most likely I would still have my tube. And if she wouldn’t have dicked me around on Friday Oct 10th, maybe I would still have my tube. Maybe she could have given me methotrexate or even intervened surgically to save my tube. But because she could not in good faith practice that, I had to go forty minutes away from the hospital that I was currently at, and wait hours and hours, which with ectopic pregnancy, every single hour counts.”

61. As with her prior video, the details of her experience with Dr. Coll are consistent with the recitation of facts in this complaint. This video also includes more details about Ms. Perrone’s emotional reaction to the experience:

- “I am no longer fertile, or I cannot have kids naturally anymore. I will need the intervention of IVF in order to conceive because I no longer have a left or right tube.”
- “I don’t have words. I, I don’t, I’m a lot of things right now. I’m sad and I’m mad and I’m confused. I’m frustrated and I’m disappointed to say the least because how can you in good faith send me away knowing the risk of leaving an ectopic pregnancy in somebody’s body without any type of medical intervention. I just I don’t understand.”

As with her prior post, in response to questions about the identity of the OB/GYN from many commentors, Ms. Perrone occasionally responded by identifying Dr. Coll by name.

62. On October 27, 2025, while Ms. Perrone was in the process of retaining counsel to represent her in a malpractice lawsuit, she received a cease-and-desist and retraction letter from an attorney representing Dr. Coll.<sup>17</sup> One copy of the letter was sent to her home via FedEx, and another copy was rolled up and slotted into the handle of her front door.

63. In part, the cease-and-desist and retraction letter demands that Ms. Perrone take down the TikTok videos and post a retraction video on her TikTok account. Ms. Perrone was shocked not only to receive the letter, but also by many of the statements in the letter, as they misstated the facts of her conversation with Dr. Coll.

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<sup>17</sup> While the letter purports to be a “confidential settlement communication, not to be used, disclosed, or published for any other purpose,” the letter itself is merely a stream of unilateral demands with no request for negotiation or settlement. *Control Sols., LLC v. Elecsys*, 2014 IL App (2d) 120251, ¶ 38 (“[O]ne party’s description of its communication as a ‘settlement offer’ does not automatically bar the communication.”)

64. On October 28, 2025, Ms. Perrone responded to the demand letter via undersigned counsel, refusing the demands made in the letter and detailing inconsistencies between Dr. Coll's account of events and Ms. Perrone's medical records and memory.

65. On December 9, 2025, Dr. Coll filed a lawsuit against Ms. Perrone raising claims for defamation, false light, commercial disparagement, and intentional interference with prospective economic advantage (attached hereto as Exhibit 2).

66. In her complaint, Dr. Coll alleges that the statements attributed to her in Ms. Perrone's videos are "patently false, including the assertions that Dr. Coll refused care due to her 'religious beliefs,' claimed Illinois law prohibited intervention or abortion in [Ms. Perrone's] circumstances, that she would only intervene upon tube rupture, and directed [Ms. Perrone] away from care based on insurance network status." Dr. Coll further alleges that Ms. Perrone's videos "prompted negative commentary, a cascade of adverse online Google reviews, and resulted in numerous existing patients contacting Dr. Coll and her staff expressing concern about the TikTok's [sic]." Ex. 2, ¶¶ 25-26.

67. Dr. Coll's allegations are not merely an inaccurate, revisionist account of her conversation with Ms. Perrone and her husband; some of Dr. Coll's key allegations are also inconsistent with her own notes in Ms. Perrone's medical record. For example, Dr. Coll's complaint alleges that "Dr. Coll recommended definitive same day surgery" and Ms. Perrone "declined definitive same day surgery." Ex. 2, ¶¶ 13-14. As discussed above, however, Ms. Perrone was not offered any kind of surgery, and Dr. Coll's notes from Ms. Perrone's records state only that Ms. Perrone was "declining laparoscopic surgery for possible ectopic," a procedure she described later in the notes as merely "diagnostic."

68. In addition, Dr. Coll alleges in her complaint that she instructed Ms. Perrone “to *immediately* go to the local ER for repeat blood testing, an ultrasound, and a possible Methotrexate injection” (emphasis added). Ex. 2, ¶ 15. This allegation flatly contradicts Dr. Coll’s own notes which state: “Recommend pt go to in local in network [sic] ER for u/s and quant and consult with a gynecologist for ongoing care. Aware of sign and symptoms of ruptured ectopic and to present to ER if severe pain.” According to her own notes, Dr. Coll told Ms. Perrone to go to the ER for nothing more than testing and a “consult” and suggested Ms. Perrone would only need pregnancy termination if she was *already rupturing*.

69. On March 11, 2026, Ms. Perrone through counsel filed a motion to dismiss Dr. Coll’s complaint, arguing that each of Dr. Coll’s claims is legally deficient. As of the filing of this Complaint, the motion remains pending.

70. Ms. Perrone’s treatment at the hands of Dr. Coll, Advocate Good Shepherd, and Dohr, Coll & Gadson infringed her legal rights, in violation of multiple provisions of Illinois law.

## CLAIMS FOR RELIEF

**COUNT I: VIOLATION OF THE ILLINOIS HUMAN RIGHTS ACT—**  
**PUBLIC ACCOMMODATION DISCRIMINATION BASED ON PREGNANCY**  
*(Against Dympna Ann Coll, M.D.; Dohr, Coll & Gadson OB/GYN Associates & Medical Spa;  
and Advocate Good Shepherd Hospital)*

71. The allegations in paragraphs 1 through 70 above are incorporated as if fully set forth herein.

72. Advocate Good Shepherd, a hospital, and Dohr, Coll & Gadson, a professional office of a medical provider, are both places of public accommodation. 775 ILCS 5/5-101(A)(6).

73. The Illinois Human Rights Act (“IHRA”) provides that it is a civil rights violation for any person to deny or refuse to another the full and equal enjoyment of the facilities, goods, and services of any public place of accommodation, including a hospital or the professional office of a health care provider, based on unlawful discrimination. *See* 775 ILCS 5/5-101(A)(6); 775 ILCS 5/5-102(A). Under the IHRA, unlawful discrimination includes discrimination based on pregnancy. 775 ILCS 5/1-103(L-5), (Q).

74. Ms. Perrone was denied the full and equal enjoyment of the facilities and services made available to the public by Advocate Good Shepherd based on her pregnancy. When Ms. Perrone arrived at the Advocate Good Shepherd emergency room on October 9, 2025, she was experiencing an emergency medical condition that required immediate care. Yet while another, non-pregnant patient experiencing a medical emergency that day would have received the full enjoyment of Advocate Good Shepherd’s facilities and services, Ms. Perrone was denied the care that she needed—*i.e.*, termination of an ectopic pregnancy—by Dr. Coll and Advocate Good Shepherd because she was pregnant.

75. Instead, she was told that she was not, in fact, experiencing an emergency, and that she could wait for further care. Ms. Perrone was discharged without treatment, contrary to both

Illinois law and the standard of care, because Dr. Coll and Advocate Good Shepherd refused to terminate Ms. Perrone’s pregnancy. Had Ms. Perrone not been pregnant, she would not have been denied services that day.

76. Likewise, Ms. Perrone was denied the full and equal enjoyment of the facilities and services made available to the public by Dohr, Coll & Gadson based on her pregnancy. When Ms. Perrone visited Dohr, Coll & Gadson on October 10, 2025, she was seeking treatment for an urgent medical condition. Where another, non-pregnant patient in need of care that day would have received the full enjoyment of Dohr, Coll & Gadson’s facilities and services, Ms. Perrone was denied the care that she needed—*i.e.*, termination of an ectopic pregnancy—by Dr. Coll and Dohr, Coll & Gadson because she was pregnant.

77. Instead, after Dr. Coll had refused to treat Ms. Perrone at Advocate Good Shepherd, Ms. Perrone was turned away without treatment a second time—contrary to the standard of care—because Dr. Coll and Dohr, Coll & Gadson refused to terminate her ectopic pregnancy. Had Ms. Perrone not been pregnant, she would not have been denied services that day.

**COUNT II: VIOLATION OF THE ILLINOIS HUMAN RIGHTS ACT—**  
**PUBLIC ACCOMMODATION DISCRIMINATION BASED ON**  
**REPRODUCTIVE HEALTH DECISIONS**  
*(Against Dympna Ann Coll, M.D.; Dohr, Coll & Gadson OB/GYN Associates & Medical Spa;  
and Advocate Good Shepherd Hospital)*

78. The allegations in paragraphs 1 through 70 above are incorporated as if fully set forth herein.

79. Advocate Good Shepherd, a hospital, and Dohr, Coll & Gadson, a professional office of a medical provider, are both places of public accommodation. 775 ILCS 5/5-101(A)(6).

80. The IHRA provides that it is a civil rights violation for any person to deny or refuse to another the full and equal enjoyment of the facilities, goods, and services of any public place of

accommodation, including a hospital or the professional office of a health care provider, based on unlawful discrimination. *See* 775 ILCS 5/5-101(A)(6); 775 ILCS 5/5-102(A). Under the IHRA, unlawful discrimination includes discrimination based on reproductive health decisions. 775 ILCS 5/1-103(O-2), (Q).

81. Ms. Perrone was denied the full and equal enjoyment of the facilities and services made available to the public by Advocate Good Shepherd based on her decision to terminate her ectopic pregnancy. When Ms. Perrone arrived at the Advocate Good Shepherd emergency room on October 9, 2025, she was experiencing an emergency medical condition that required immediate care. Yet while another patient not seeking to terminate an ectopic pregnancy that day would have received the full enjoyment of Advocate Good Shepherd's facilities and services, Ms. Perrone was denied the care that she needed by Dr. Coll and Advocate Good Shepherd based on her decision to terminate her ectopic pregnancy.

82. Instead, she was told that she was not, in fact, experiencing an emergency, and that she could wait for further care. Ms. Perrone was discharged without treatment, contrary to both Illinois law and the standard of care, because Dr. Coll and Good Shepherd refused to terminate Ms. Perrone's pregnancy. Had Ms. Perrone not been requesting to terminate her pregnancy, she would not have been denied services that day.

83. Likewise, Ms. Perrone was denied the full and equal enjoyment of the facilities and services made available to the public by Dohr, Coll & Gadson based on her decision to terminate her ectopic pregnancy. When Ms. Perrone visited Dohr, Coll & Gadson on October 10, 2025, she was seeking treatment for an urgent medical condition. Where another patient not seeking to terminate an ectopic pregnancy that day would have received the full enjoyment of Dohr, Coll &

Gadson's facilities and services, Ms. Perrone was denied the care that she needed by Dr. Coll and Dohr, Coll & Gadson based on her decision to terminate her ectopic pregnancy.

84. Instead, after Dr. Coll had refused to treat Ms. Perrone at Advocate Good Shepherd, Ms. Perrone was turned away without treatment a second time—contrary to the standard of care—because Dr. Coll and Dohr, Coll & Gadson refused to terminate Ms. Perrone's pregnancy. Had Ms. Perrone not been requesting to terminate her pregnancy, she would not have been denied services that day.

**COUNT III: MEDICAL NEGLIGENCE**  
***(Against Dympna Ann Coll, M.D.)***

85. The allegations in paragraphs 1 through 70 above are incorporated as if fully set forth herein.

86. At all relevant times, Dr. Coll was a physician licensed to practice medicine in the State of Illinois who specializes in the practice of obstetrics and gynecology. By virtue of her role as the on-call OB/GYN at Advocate Good Shepherd on October 9, 2025, and her direct examination and treatment of Ms. Perrone at Dohr, Coll & Gadson on October 10, 2025, a physician-patient relationship existed between Dr. Coll and Ms. Perrone.

87. At all relevant times, Dr. Coll owed a duty to exercise reasonable care in connection with the care and services rendered to Ms. Perrone.

88. Notwithstanding said duty, Dr. Coll was negligent in her care and treatment of Ms. Perrone in one or more of the following ways:

- a. Failed to administer methotrexate or provide any other treatment for Ms. Perrone's suspected left tubal ectopic pregnancy on October 9, 2025;
- b. Failed to administer methotrexate or provide any other treatment for Ms. Perrone's suspected left tubal ectopic pregnancy on October 10, 2025;

- c. Misrepresented the applicable standard of care by documenting in Ms. Perrone's records that it was "not ACOG standard of care to give methotrexate when quant less than 1500," when in fact ACOG recommends methotrexate precisely when hCG is below 1,500 mIU/mL;
- d. Failed to present Ms. Perrone with the accurate range of treatment options available to her;
- e. Waited for the ectopic pregnancy to rupture before intervening when Ms. Perrone was symptomatic and had objective evidence of a likely ectopic pregnancy, contrary to ACOG guidelines;
- f. Failed to conduct a timely repeat serum hCG test, repeat transvaginal ultrasound, or any other diagnostic evaluation on October 10, 2025, that would have enabled definitive diagnosis and timely treatment;
- g. Failed to admit, stabilize, or arrange an appropriate transfer of Ms. Perrone from Advocate Good Shepherd on October 9, 2025;
- h. Delayed definitive treatment of Ms. Perrone by discharging her on October 9, 2025 with instructions to follow up the next day for an outpatient office visit; and/or
- i. Failed to refer Ms. Perrone to a facility equipped to treat her acute condition, further delaying the urgent care she required.

89. As a direct and proximate result of one or more of Dr. Coll's negligent acts, Ms. Perrone sustained injuries of a personal and pecuniary nature.

90. As a further direct and proximate result of one or more of Dr. Coll's negligent acts, Ms. Perrone has suffered pain and suffering associated with the rupture of her ectopic pregnancy and the emergency surgical procedure performed on October 16, 2025; significant emotional distress and psychological harm; past and future medical expenses; loss of a normal life and enjoyment of life; and permanent loss of her natural fertility.

91. A report of a physician stating there is a reasonable and meritorious cause of filing against Defendant Dr. Coll, is attached hereto as Exhibit 3.

92. An affidavit pursuant to Section 5/2-622 of the Illinois Code of Civil Procedure is attached hereto as Exhibit 4.

**COUNT IV: MEDICAL NEGLIGENCE**  
***(Against Dohr, Coll & Gadson OB/GYN Associates & Medical Spa)***

93. The allegations in paragraphs 1 through 70 above are incorporated as if fully set forth herein.

94. At all relevant times, Dr. Coll was the actual and/or apparent agent, servant, or employee of Dohr, Coll & Gadson.

95. At all times relevant herein, Dohr, Coll & Gadson, by and through Dr. Coll, owed a duty to exercise reasonable care in connection with the care and services rendered to Ms. Perrone.

96. Notwithstanding said duty, Dohr, Coll & Gadson, by and through Dr. Coll, was negligent in its care and treatment of Ms. Perrone in one or more of the following ways:

- a. Failed to administer methotrexate or provide any other treatment for Ms. Perrone's suspected left tubal ectopic pregnancy on October 10, 2025;
- b. Misrepresented the applicable standard of care by documenting in Ms. Perrone's records that it was "not ACOG standard of care to give methotrexate when quant less than 1500," when in fact ACOG recommends methotrexate precisely when hCG is below 1,500 mIU/mL;
- c. Failed to present Ms. Perrone with the accurate range of treatment options available to her;
- d. Waited for the ectopic pregnancy to rupture before intervening when Ms. Perrone was symptomatic and had objective evidence of a likely ectopic pregnancy, contrary to ACOG guidelines;
- e. Failed to conduct a timely repeat serum hCG test, repeat transvaginal ultrasound, or any other diagnostic evaluation on October 10, 2025, that would have enabled definitive diagnosis and timely treatment; and/or
- f. Failed to refer Ms. Perrone to a facility equipped to treat her acute condition, further delaying the urgent care she required.

97. As a direct and proximate result of one or more of Dohr, Coll & Gadson's negligent acts, Ms. Perrone sustained injuries of a personal and pecuniary nature.

98. As a further direct and proximate result of one or more of Dohr, Coll & Gadson's negligent acts, Ms. Perrone has suffered pain and suffering associated with the rupture of her ectopic pregnancy and the emergency surgical procedure performed on October 16, 2025; significant emotional distress and psychological harm; past and future medical expenses; loss of a normal life and enjoyment of life; and permanent loss of her natural fertility.

99. A report of a physician stating there is a reasonable and meritorious cause of filing against Dohr, Coll & Gadson is attached hereto as Exhibit 3.

100. An affidavit pursuant to Section 5/2-622 of the Illinois Code of Civil Procedure is attached hereto as Exhibit 4.

**COUNT V: MEDICAL NEGLIGENCE**  
***(Against Advocate Good Shepherd Hospital)***

101. The allegations in paragraphs 1 through 70 above are incorporated as if fully set forth herein.

102. At all relevant times, Dr. Coll was the actual and/or apparent agent, servant, or employee of Advocate Good Shepherd.

103. At all relevant times, Advocate Good Shepherd, by and through its actual and/or apparent agents, servants, or employees, including but not limited to Dr. Coll, its nursing staff, and its emergency department physicians and nurses, owed a duty to exercise reasonable care in connection with the care and services rendered to Ms. Perrone.

104. Notwithstanding said duty, Advocate Good Shepherd, was negligent in its care and treatment of Ms. Perrone in one or more of the following ways:

- a. Failed to administer methotrexate or provide any other treatment for Ms. Perrone's suspected left tubal ectopic pregnancy on October 9, 2025;
- b. Failed to present Ms. Perrone with the accurate range of treatment options available to her;

- c. Waited for the ectopic pregnancy to rupture before intervening when Ms. Perrone was symptomatic and had objective evidence of a likely ectopic pregnancy, contrary to ACOG guidelines;
- d. Failed to admit, stabilize, or arrange an appropriate transfer of Ms. Perrone from Advocate Good Shepherd Hospital on October 9, 2025;
- e. Delayed definitive treatment of Ms. Perrone by discharging her on October 9, 2025, with instructions to follow up the next day for an outpatient office visit;
- f. Failed to refer Ms. Perrone to a facility equipped to treat her acute condition, further delaying the urgent care she required;
- g. Discharged Ms. Perrone without any stabilizing treatment, obstetrical consultation, or appropriate transfer when her presenting signs and symptoms and test results were consistent with a diagnosis of ectopic pregnancy; and/or
- h. Failed to implement policies and procedures sufficient to ensure that patients presenting with suspected ectopic pregnancy received appropriate emergent OB/GYN evaluation and treatment.

105. As a direct and proximate result of one or more of Advocate Good Shepherd's negligent acts, Ms. Perrone sustained injuries of a personal and pecuniary nature.

106. As a further direct and proximate result of one or more of Advocate Good Shepherd's negligent acts, Ms. Perrone has suffered pain and suffering associated with the rupture of her ectopic pregnancy and the emergency surgical procedure performed on October 16, 2025; significant emotional distress and psychological harm; past and future medical expenses; loss of a normal life and enjoyment of life; and permanent loss of her natural fertility.

107. A report of a physician stating there is a reasonable and meritorious cause of filing against Advocate Good Shepherd, is attached hereto as Exhibit 3.

108. An affidavit pursuant to Section 5/2-622 of the Illinois Code of Civil Procedure is attached hereto as Exhibit 4.

**COUNT VI: VIOLATION OF THE HOSPITAL EMERGENCY SERVICE ACT**  
***(Against Advocate Good Shepherd Hospital)***

109. The allegations in paragraphs 1 through 70 above are incorporated as if fully set forth herein.

110. Advocate Good Shepherd had a duty under the Hospital Emergency Service Act to provide Ms. Perrone with stabilizing treatment, including termination of pregnancy, for her ectopic pregnancy which they failed to do. 210 ILCS 80/1(a).

111. The Hospital Emergency Service Act requires hospitals like Advocate Good Shepherd to provide emergency services to any person who presents at the hospital for “injury or acute medical condition where the same is liable to cause death or severe injury or serious illness.” 210 ILCS 80/1(a).

112. The “emergency services” that Illinois hospitals must provide under the Act include, but are not limited to: “medical screening, the provision of necessary stabilizing treatment, procedures for refusals to consent, restricting transfers until the individual is stabilized, appropriate transfers of patients, nondiscrimination, no delay in examination or treatment, and whistleblower protections.” *Id.*; *see also* 210 ILCS 70/1 (prohibiting hospitals and physicians from refusing to provide emergency treatment because of the patient’s inability to pay).

113. The Hospital Emergency Service Act explicitly identifies ectopic pregnancy as an emergency condition covered by the Act. Specifically, the Act states that the medical conditions to which it applies include “when a pregnant patient is experiencing ectopic pregnancy, complications of pregnancy loss, [or] risks to future fertility,” and necessary “stabilizing treatment” for those conditions “includes abortion when abortion is necessary to resolve the patient’s injury or acute medical condition that is liable to cause death or severe injury or serious illness.” 210 ILCS 80/1(b-1, b-2).

114. Advocate Good Shepherd and its staff failed to provide Ms. Perrone the emergency services required under the Hospital Emergency Service Act to stabilize and treat her ectopic pregnancy.

115. Dr. Coll, the on-call OB/GYN, failed to examine or speak to Ms. Perrone before approving her discharge on October 9, in violation of the medical screening requirement.

116. Dr. Coll and the ER staff refused to administer methotrexate to terminate Ms. Perrone's ectopic pregnancy and failed to offer any other treatment to stabilize her acute medical condition, in violation of the stabilizing treatment requirement.

117. Dr. Coll and the ER staff instead chose to schedule a follow-up appointment for Ms. Perrone the next day at Dr. Coll's outpatient clinic, in violation of the appropriate transfer requirement.

118. Advocate Good Shepherd's failure to appropriately screen, stabilize, or transfer Ms. Perrone caused a delay in treatment of her acute medical condition.

### **DAMAGES**

119. As a direct and proximate result of the conduct alleged herein, Ms. Perrone has suffered and continues to suffer the following damages:

- a. Permanent loss of her left fallopian tube, permanent loss of use of a critical bodily function, and disfigurement from surgical scarring;
- b. Past medical expenses for treatment at Advocate Good Shepherd Hospital and Northwestern Medicine Huntley;
- c. Future medical expenses for the monitoring and management of her reproductive health;

- d. The future cost of in vitro fertilization (IVF), which is extremely expensive and often not covered by insurance.
- e. Past and future pain and suffering, past and future emotional distress, and loss of a normal life and loss of enjoyment of life.

**PRAYER FOR RELIEF**

WHEREFORE, Plaintiff Harmonie Perrone respectfully requests that this Court:

- A. Enter a judgment in her favor and against Defendants in an amount in excess of the jurisdictional limits of Lake County and the State of Illinois, including compensatory and punitive damages;
- B. Award Plaintiff attorneys' fees and costs as provided under the Illinois Human Rights Act, 775 ILCS 5/10-102(C)(2); and
- C. Award any other relief this Court deems just and appropriate.

Dated: June 1, 2026

Respectfully submitted,

/s/ Allison Siebeneck

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Mason Strand, No. 6344708  
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*Attorneys for Plaintiffs*

\* Admitted pro hac vice

\*\* Application for admission pro hac vice  
forthcoming

**VERIFICATION**

I, Harmonie Perrone, under penalties provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, hereby certify that I have read the foregoing Verified Complaint; that the factual statements set forth in this Verified Complaint are true and correct, except for those alleged on information and belief; and that I am informed and I believe that the facts alleged on information and belief are also true.

Dated: June 1, 2026

*Harmonie Perrone*  
\_\_\_\_\_  
Harmonie Perrone

# Exhibit 1

**STATE OF ILLINOIS  
DEPARTMENT OF HUMAN RIGHTS**

**IN THE MATTER OF:**

HARMONIE PERRONE, )  
)  
)  
COMPLAINANT, )  
AND )  
DOHR COLL GADSON OBGYN ASSOCIATES )  
AND MEDICAL SPA, )  
)  
)  
)  
RESPONDENT. )

CHARGE NO. 2026CP1587  
EEOC NO. N/A

**NOTICE OF OPT OUT OF THE INVESTIGATIVE AND ADMINISTRATIVE PROCESS, RIGHT TO  
COMMENCE AN ACTION IN CIRCUIT COURT OR OTHER APPROPRIATE COURT OF COMPETENT  
JURISDICTION, AND NOTICE OF ADMINISTRATIVE CLOSURE**

For Complainant

Mason Strand  
Roger Baldwin Foundation of ACLU  
Inc.  
150 N. Michigan Ave  
Suite #600  
Chicago, IL 60601

For Respondent

Dohr Coll Gadson  
OBGYN Associates and Medical Spa  
600 Hart Road  
Suite #310  
Barrington, IL 60010

DISMISSAL / NOTICE DATE: May 19, 2026

Date Perfected Charge Filed: April 24, 2026

Date Opt Out Request Filed: May 15, 2026

YOU ARE HEREBY NOTIFIED that pursuant to Section 7A-102(C-1) of the Illinois Human Rights Act (775 ILCS 5/7A-102(C-1)), Complainant having filed a written request to opt out of the Illinois Department of Human Rights' investigation and administrative processing of the above-captioned charge, the IDHR issues this Notice of Opt Out of the Investigative and Administrative Process, and the Right of Complainant to Commence an Action in the Circuit Court or other appropriate court of competent jurisdiction within 90 days from the date of this Notice and Order, as identified above.

- Complaint filed and serve a copy of the complaint to the Department and Respondent on the same date that the complaint is filed with the circuit court or other appropriate court of competent jurisdiction.
- Complainant may not file or refile a substantially similar charge with the Department arising from the same incident of unlawful discrimination or harassment.

NOW, THEREFORE, it is further hereby ORDERED that the Department cease the investigation and **ADMINISTRATIVELY CLOSE** the charge of civil rights violation(s).

DEPARTMENT OF HUMAN RIGHTS  
James L. Bennett  
Director

STATE OF ILLINOIS        )  
                                      )  
COUNTY OF COOK         )    ss

CHARGE NO. 2026CP1587

**AFFIDAVIT OF SERVICE**

The undersigned served a copy of the attached **NOTICE OF OPT OUT OF THE INVESTIGATIVE AND ADMINISTRATIVE PROCESS, RIGHT TO COMMENCE AN ACTION IN CIRCUIT COURT OR OTHER APPROPRIATE COURT OF COMPETENT JURISDICTION, AND NOTICE OF ADMINISTRATIVE CLOSURE**

on May 19, 2026 , to each person named below by email or first class mail, addressed as follows: \_\_\_\_\_

**For Complainant**

Mason Strand  
Roger Baldwin Foundation of ACLU  
Inc.  
150 N. Michigan Ave  
Suite #600  
Chicago, IL 60601

**For Respondent**

Dohr Coll Gadson  
OBGYN Associates and Medical Spa  
600 Hart Road  
Suite #310  
Barrington, IL 60010

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that s/he verily believes the same to be true.

  
\_\_\_\_\_

**PLEASE NOTE:**

The above-signed person is responsible only for mailing these documents. If you wish a review of the findings in this case, you must complete the Request for Review form attached. Department of Human Rights' staff are not permitted to discuss the investigation findings once a Notice of Determination has been issued.



STATE OF ILLINOIS        )  
                                      )  
COUNTY OF COOK        )    ss

CHARGE NO. 2026CP1585

AFFIDAVIT OF SERVICE

The undersigned served a copy of the attached NOTICE OF OPT OUT OF THE INVESTIGATIVE AND ADMINISTRATIVE PROCESS, RIGHT TO COMMENCE AN ACTION IN CIRCUIT COURT OR OTHER APPROPRIATE COURT OF COMPETENT JURISDICTION, AND NOTICE OF ADMINISTRATIVE CLOSURE

on May 19, 2026 , to each person named below by email or first class mail, addressed as follows: \_\_\_\_\_

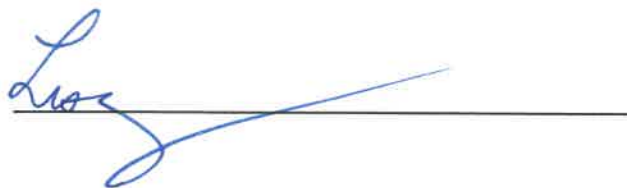
For Complainant

Mason Strand  
Roger Baldwin Foundation of ACLU  
Inc.  
150 N. Michigan Ave., Suite 600  
Chicago, IL 60601

For Respondent

Nile Miller  
Advocate Health Care  
3075 Highland Parkway, Suite 600  
Downers Grove, IL 60515

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that s/he verily believes the same to be true.



PLEASE NOTE:

The above-signed person is responsible only for mailing these documents. If you wish a review of the findings in this case, you must complete the Request for Review form attached. Department of Human Rights' staff are not permitted to discuss the investigation findings once a Notice of Determination has been issued.



STATE OF ILLINOIS        )  
                                      )  
COUNTY OF COOK         ) ss

CHARGE NO. 2026CP1719

AFFIDAVIT OF SERVICE

The undersigned served a copy of the attached NOTICE OF OPT OUT OF THE INVESTIGATIVE AND ADMINISTRATIVE PROCESS, RIGHT TO COMMENCE AN ACTION IN CIRCUIT COURT OR OTHER APPROPRIATE COURT OF COMPETENT JURISDICTION, AND NOTICE OF ADMINISTRATIVE CLOSURE

on March 19, 2026 , to each person named below by email or first class mail, addressed as follows: \_\_\_\_\_

For Complainant

Mason Strand  
Roger Baldwin Foundation of ACLU  
Inc.  
150 N. Michigan Ave  
Suite #600  
Chicago, IL 60601

For Respondent

Dr. Dympna Coll  
600 Hart Road  
Suite #310  
Barrington, IL 60010

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that s/he verily believes the same to be true.

\_\_\_\_\_ 

PLEASE NOTE:

The above-signed person is responsible only for mailing these documents. If you wish a review of the findings in this case, you must complete the Request for Review form attached. Department of Human Rights' staff are not permitted to discuss the investigation findings once a Notice of Determination has been issued.

## Exhibit 2

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
LAKE COUNTY, ILLINOIS**

DYMPNA COLL, M.D.,	)	
	)	
Plaintiff,	)	
	)	
v.	)	
	)	Case No.:
HARMONIE PERRONE,	)	
	)	
Defendant.	)	
	)	

**COMPLAINT FOR DEFAMATION (INCLUDING LIBEL *PER SE*), FALSE LIGHT,  
INJUNCTIVE RELIEF, AND OTHER RELATED RELIEF**

Plaintiff, Dympna Coll, M.D. (“Dr. Coll” or “Plaintiff”), by and through undersigned counsel, for her Complaint for Defamation (Including Libel *Per Se*), False Light, Injunctive Relief, and Other Related Relief against Defendant, Harmonie Perrone (“Perrone” or “Defendant”), states as follows:

**PARTIES**

1. Plaintiff Dr. Coll is a resident of Illinois, and a physician licensed to practice medicine in the State of Illinois.
2. Dr. Coll practices obstetrics and gynecology (“OBGYN”) in the Chicago metropolitan area, including in and around Barrington, Illinois.
3. Dr. Coll’s medical practice (Dohr, Coll and Gadson Obstetrics and Gynecologic Surgery S.C.) (hereinafter the “Practice”) and principal place of business is located at 600 Hart Road, Barrington, Illinois 60010, in Lake County.
4. Defendant Perrone is a resident of Illinois and resides at [REDACTED]

[REDACTED]

## **JURISDICTION AND VENUE**

5. This Court has jurisdiction over this matter because Defendant is an Illinois resident.

6. Venue is proper in this Court under 735 ILCS 5/2-101 because a substantial part of the events or harm occurred in this county, Plaintiff's professional reputation and practice are in this county, and the publications at issue were accessed and republished in this county.

## **FACTUAL ALLEGATIONS**

7. On October 10, 2025, Defendant consulted with Dr. Coll at her Practice as a follow-up to her emergency room visit at Advocate Good Shepherd Hospital ("Hospital") the day prior.

8. During this visit, Dr. Coll explained to Defendant that she likely had an ectopic pregnancy and discussed possible options for treatment, including a same-day surgical procedure called a diagnostic laparoscopy.

9. Dr. Coll advised that another option for treatment would be an injection of medication called Methotrexate.

10. Defendant informed Dr. Coll that this was a desired pregnancy.

11. Dr. Coll told Defendant that, in her clinical judgment, a pregnancy in the uterus could not be ruled out unless the quantitative beta HCG blood test level was 1500. Defendant's HCG level was only 1101.

12. To avoid inadvertent administration of Methotrexate to an intrauterine pregnancy (which poses significant risks to a potentially viable intrauterine pregnancy), a same day repeat HCG blood test could only be obtained by having an immediate evaluation at the Emergency Room ("ER").

13. As a cystic area was noted on Defendant's ultrasound that was suspicious for an ectopic pregnancy, and because the patient desired future fertility, Dr. Coll recommended definitive same day surgery.

14. Defendant declined definitive same day surgery.

15. Defendant had also declined a physical examination and ultrasound at Dr. Coll's office. As such, Defendant was instructed by Dr. Coll to immediately go to the local ER for repeat blood testing, an ultrasound, and a possible Methotrexate injection.

16. Further, Defendant was counseled regarding the risks of failure and possible fallopian tube rupture with Methotrexate. After being counseled, Defendant chose to pursue evaluation at the ER rather than to obtain a diagnostic laparoscopy.

17. Dr. Coll expressly informed Defendant that elective termination is legal in Illinois, her practice is pro-choice and that she refers patients to a reputable family planning clinic if requested by the patient.

18. On October 12, 2025 and October 19, 2025, shortly after consulting with Dr. Coll, Defendant published two videos on TikTok, a social media platform where users can create, share, and view videos.

19. In these TikTok videos, Defendant expressly identified "Dr. Coll," including by name, location, and screenshot image, and attributed to Dr. Coll statements and conduct regarding Defendant's medical care for a suspected ectopic pregnancy.

20. Defendant further identified Dr. Coll as an OBGYN practicing in Barrington, Illinois at the Hospital, and indicated that she is associated with Coll, Dohr, and Gadson.

21. In these TikTok publications, Defendant made the following statements about Dr. Coll:

- (a) “The doctor says she doesn’t perform abortions and she cannot in good faith do that because there is a 1% chance there is a viable pregnancy”;
- (b) She would not treat me because of her “religious beliefs”;
- (c) “She tried to convince me that it was a law in Illinois” that Defendant did not have a right to an abortion;
- (d) “The only way I will intervene is if your tube ruptures”;
- (e) “She...suggest[ed] that you don’t come to this hospital...because it is not in network with your insurance”; and
- (f) “This OB upset me so bad because her religious beliefs were coming before my life.”

22. Defendant further told viewers that “Huntley Hospital...was shocked by the fact that Dr. Coll refused to give me life-saving medical intervention,” and repeatedly named “Dr. Coll” in response to comments from other viewers urging her to “drop her name.”

23. Defendant posted another video on TikTok, which included Dr. Coll’s photograph, stating that:

- (a) Dr. Coll would not administer Methotrexate because of her “religious beliefs”;
- (b) “She doesn’t perform abortions and she cannot in good faith do that because there is a 1% chance there is a viable pregnancy”; and
- (c) Dr. Coll said it was “a law” that Defendant did not “have a right to an abortion in Illinois.”

24. Defendant also made various statements that “if Dr. Coll [had] intervened on 10/9 when I showed up at the hospital most likely I would still have my [fallopian] tube” and that Dr. Coll put her life at risk due to failure to administer Methotrexate.

25. The statements attributed to Dr. Coll in Defendant’s publications are patently false, including the assertions that Dr. Coll refused care due to her “religious beliefs,” claimed Illinois law prohibited intervention or abortion in Defendant’s circumstances, that she would only

intervene upon tube rupture, and directed Defendant away from care based on insurance network status.

26. Defendant published the statements of and concerning Dr. Coll to a wide online audience. These false statements prompted negative commentary, a cascade of adverse online Google reviews, and resulted in numerous existing patients contacting Dr. Coll and her staff expressing concern about the TikTok's.

27. Defendant acted at least negligently in failing to ascertain the truth, and in multiple respects acted with actual malice, publishing accusations impugning Dr. Coll's professional integrity despite being informed by medical providers that Methotrexate would terminate any pregnancy, and that clinical evaluation was necessary.

28. As a direct and proximate result of Defendant's publications, Dr. Coll has suffered and continues to suffer harm to her professional reputation and practice, including substantial negative commentary, patient inquiries prompted by the false assertions, and negative online reviews from non-patients.

29. On October 24, 2025, counsel for Dr. Coll issued a Cease and Desist and Retraction Notice to Defendant, which Defendant has refused to comply with.

**COUNT I**  
**DEFAMATION (INCLUDING LIBEL *PER SE*)**

30. Plaintiff repeats and realleges the allegations in Paragraphs 1 – 29 as if fully stated herein.

31. Defamation occurs when (1) the defendant makes a false statement about the plaintiff, (2) the defendant made an unprivileged publication of that statement to a third party, and (3) the publication of such statement caused plaintiff damages. *Dobias v. Oak Park and River Forest High School Dist. 200*, 2016 IL App (1<sup>st</sup>) 152205, ¶ 53 (1st Dist. 2016).

32. A statement is considered defamatory if it “tends to cause such harm to the reputation of another that it lowers that person in the eyes of the community or deters third persons from associating with her.” *Bryson v. News America Publications, Inc.*, 174 Ill. 2d 77, 87 (Ill. 1996) (citing *Kolegas v. Heftel Broadcasting Corp.*, 154 Ill. 2d 1, 10 (1992)). A statement can be defamatory on its face – defamation *per se* – if the “words [that] prejudice a party or impute lack of ability, in his or her trade, profession or business.” *Kolegas*, 154 Ill. 2d 1, 10 (1992) (citing *Costello v. Capital Cities Communications, Inc.*, 125 Ill. 2d 402, 414 (1988)).

33. Defendant published false statements of fact about Dr. Coll’s professional medical services and clinical decision-making, including that Plaintiff refused to provide Methotrexate and other care due to her “religious beliefs,” misrepresented and misstated Illinois law regarding denial of abortion care, that she would only intervene if a tube ruptured, and redirected care based on insurance network status.

34. These statements are of and concerning Plaintiff, whom Defendant identified by name, location, and image in her TikTok posts.

35. The statements were published to third parties through TikTok and related online platforms and widely viewed by users of these platforms.

36. The statements are defamatory *per se* because they impute an inability to perform or lack of integrity in Dr. Coll as a physician, including accusations of refusing medically indicated, life-saving care for impermissible reasons and misstating the law to a patient.

37. Defendant acted at least negligently upon, and information and belief with actual malice, in publishing these false statements about Dr. Coll.

38. Plaintiff has suffered presumed and actual damages, including reputational harm, the loss of patients and referrals from other health care providers, and other losses related to her medical practice.

WHEREFORE, Plaintiff requests judgment in her favor and against Defendant for compensatory damages in an amount to be determined at trial, presumed damages, punitive damages, costs, and such other and further relief as the Court deems just and equitable.

**COUNT II**  
**FALSE LIGHT INVASION OF PRIVACY**

39. Plaintiff repeats and realleges the allegations in Paragraphs 1 – 29 as if fully stated herein.

40. A cause of action for false light invasion of privacy will stand if the Plaintiff can establish that: (1) She was placed in a false light before the public as a result of defendant's actions, (2) the false light would be highly offense to a reasonable person, and (3) the defendant acted with actual malice. *Chang Hyun Moon v. Kang Jun Liu*, 2015 IL App (1<sup>st</sup>) 143606, ¶ 17.

41. Defendant publicized statements and implications placing Plaintiff in a false light before the public, portraying Plaintiff as a physician who refuses medically indicated, life-saving treatment due to personal religious beliefs, misstates Illinois law regarding denial of abortion care, and prioritizes insurance issues over patient safety.

42. This false light would be highly offensive to a reasonable person and is defamatory, as it has injured Plaintiff's professional reputation and standing as a physician.

43. Defendant acted at least with reckless disregard as to the falsity of the publicized matter and the false light in which Plaintiff would be placed.

WHEREFORE, Plaintiff requests judgment in her favor and against Defendant for compensatory damages, punitive damages, costs, and such other and further relief as the Court deems just and proper.

**COUNT III**  
**COMMERCIAL DISPARAGEMENT**

44. Plaintiff repeats and realleges the allegations in Paragraphs 1 – 29 as if fully stated herein.

45. A cause of action for commercial disparagement will lie when defendant makes false and demeaning statements regarding the quality of a business's goods and services. *Imperial Apparel, Ltd. v. Cosmo's Designer Direct, Inc.*, 367 Ill. App. 3d 48, 60 (1st Dist. 2006). Statements that constitute commercial disparagement indicate that a business's practices are substandard, negligent or harmful. *Allcare, Inc. v. Bork*, 176 Ill. App. 3d 993, 1000 (1988).

46. Defendant published false statements disparaging the quality and integrity of Plaintiff's medical care and advice. Further, Defendant published false statements that Plaintiff refused her life-saving care for religious reasons, misstated Illinois law to deny care, and would not act unless her tube ruptured.

47. Defendant intended or should reasonably have recognized that publication would result in pecuniary loss to Plaintiff's practice. In fact, such loss has occurred through negative commentary, patient inquiries prompted by the false assertions, and negative online reviews from non-patients.

48. Defendant acted with malice in publishing the false statements.

WHEREFORE, Plaintiff requests judgment in her favor and against Defendant for special damages in an amount to be proven at trial, punitive damages, costs, and such other and further relief as the Court deems just and proper.

**COUNT IV**  
**INTENTIONAL INTERFERENCE WITH**  
**PROSPECTIVE ECONOMIC ADVANTAGE**

49. Plaintiff repeats and realleges the allegations in Paragraphs 1 – 29 as if fully stated herein.

50. Intentional interference with prospective economic advantage exists when (1) Plaintiff has a reasonable expectancy of entering into a valid business relationship, (2) the defendant's knowledge of the expectancy, (3) an intentional and unjustified interference by the defendant that induced or caused a breach or termination of the expectancy, and (4) damage to the plaintiff resulting from defendant's interference. *Myers v. Levy*, 348 Ill. App. 3d 906, 921 (2nd Dist. 2004).

51. Plaintiff had a reasonable expectancy of continued and prospective business relationships with current and potential patients and referral sources.

52. Defendant knew of this expectancy and intentionally interfered by publishing false accusations attacking Plaintiff's professional integrity and care, with the purpose and effect of deterring patients from seeking care with Plaintiff and harming her medical practice.

53. The interference was wrongful because it was accomplished through defamation and false light.

54. Plaintiff suffered damages, including loss of patient goodwill, reputational and pecuniary harm.

WHEREFORE, Plaintiff requests judgment to her favor against Defendant for compensatory and punitive damages, costs, and such other and further relief as the Court deems just and proper.

**COUNT V**  
**INJUNCTIVE RELIEF**

55. Plaintiff repeats and realleges the allegations in Paragraphs 1 – 29 as if fully stated herein.

56. A preliminary injunction will be granted by the Court, when the Plaintiff is able to show: (1) a clearly ascertainable right in need of protection, (2) irreparable harm that would result without the protection of the injunction, (3) no adequate remedy at law for the injury, and (4) a substantial likelihood of success on the merits of the underlying case. *County of Du Page v. Gavrilos*, 359 Ill. App. 3d 629, 634 (2nd Dist. 2005).

57. Dr. Coll has a right to be free from defamation and false light, specifically statements impugning her professional integrity and competence.

58. Defendant published false statements of and concerning Dr. Coll's professional services and clinic-decision making, including that she refused to give her Methotrexate due to "religious beliefs," misstated Illinois law regarding denial of abortion care, that she would only act if her tube ruptured, and redirected care based on insurance network status.

59. Defendant's ongoing publications continue to cause irreparable harm to Plaintiff's reputation and practice, including continued negative commentary and online reviews.

60. Monetary damages cannot adequately remedy the ongoing and compounding reputational harm, loss of patient trust, and continued publication of false statements to broad online audiences.

61. Further, injunctive relief is necessary to require deletion of the false statements and to prohibit further publication of the same or similar false statements by Defendant in the future.

62. Plaintiff has a substantial likelihood of success on the merits of this case as the statements published by Defendant are defamatory per se because they impute an inability to

perform or lack of integrity in Dr. Coll as a physician, including accusations of refusing medically indicated, life-saving care for impermissible reasons and misstating the law to a patient.

63. Further, Defendant publicized false statements placing Dr. Coll in a highly offensive false light as a physician who refuses medically indicated, life-saving treatment due to her religious beliefs and misstates Illinois law with regard to denial of abortion services.

WHEREFORE, Plaintiff requests that the Court enter a temporary and permanent injunction ordering Defendant to: (a) cease and desist from publishing, republishing, or disseminating the false statements identified herein; (b) delete any and all existing posts (including videos) containing the false statements; (c) post a retraction clarifying the falsity of the statements; and (d) provide written confirmation of compliance, together with costs and such other and further relief as the Court deems just and proper.

### **JURY DEMAND**

Plaintiff hereby requests and demands a trial by jury on all factual issues that are triable by a fact-finder.

Dated: December 3, 2025

Respectfully Submitted,  
**DYMPNA COLL, M.D.**

By: /s/ Hillard M. Stirling

Hillard M. Stirling (#6232655)  
Melissa M. Cuddington (#6338853)  
ROETZEL & ANDRESS, LPA  
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*Attorneys for Plaintiff Dympna Coll, M.D.*

**ILLINOIS SUPREME COURT RULE 222(B) DECLARATION**

Under penalties as provided by law pursuant to 735 ILCS 5/1-109, Plaintiff, Dympna Coll, M.D. (“Plaintiff”) declares and states as follows:

1. I have personal knowledge of and am competent to testify to the facts stated in this Declaration.
2. Plaintiff seeks monetary damages in excess of fifty thousand dollars (\$50,000.00) exclusive of interest and costs.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes that same to be true.

Dated: December 3, 2025

---

Dympna Coll, M.D.

## Exhibit 3

Dear Counsel:

I am a practicing OB/GYN licensed in Washington State with 26 years of experience practicing medicine. I am board certified in both Obstetrics and Gynecology (“OB/GYN”) and Complex Family Planning. I am a professor of OB/GYN at the University of Washington where I am also the Chief of the Complex Family Planning Division and Associate Program Director for the Complex Family Planning Fellowship. I have authored over sixty articles in peer-reviewed journals, and have also co-authored various ACOG Practice Bulletins, including ACOG’s guideline on early pregnancy loss management. I am an expert in miscarriage care, miscarriage management, and other facets of early pregnancy care, including ectopic pregnancy.

Currently, I spent approximately 45% of my time in the clinical setting treating patients both in the hospital and in the outpatient setting, 25% of my time teaching medical students, residents, and fellows, with the rest of my time allocated to faculty liaison work.

Over my career, I have treated thousands of patients, including hundreds of patients with ectopic pregnancies. In my clinical roles, I regularly treat patients with ectopic pregnancy, and in my teaching roles, I regularly provide instruction on the proper diagnosis and treatment of ectopic pregnancy.

I am knowledgeable in the relevant issues involved in this litigation and qualified by experience and demonstrated competence in the subject matter in this case.

I have reviewed Ms. Harmonie Perrone’s medical records from October 2025 from the following:

- Advocate Good Shepherd Hospital
- Dohr, Coll & Gadson
- Northwestern Medicine Huntley

On October 9, 2025, Ms. Perrone presented to the Emergency Room of Advocate Good Shepherd Hospital for testing and treatment of a pregnancy she suspected was ectopic. According to her medical records, Ms. Perrone had a history of ectopic pregnancy, including a right salpingectomy, and her present symptoms included uterine bleeding and left-sided lower abdominal pain. Testing revealed that Ms. Perrone’s hCG was 1,011 mIU/mL and her ultrasound showed an adnexal mass on her left side and no intrauterine pregnancy. The notes state the results were “suspicious for an ectopic pregnancy.” Based upon these facts, if the patient was desiring medical management (i.e. an injection of methotrexate) at this time for a likely ectopic pregnancy, it would be reasonable and evidence-based to offer that care.

Ms. Perrone’s medical records show that she was not, however, offered treatment for her suspected ectopic pregnancy. Nor was she examined in person by the on-call OB/GYN. Rather, the emergency room discussed Ms. Perrone’s case with the on-call OB/GYN, Dr. Coll, who recommended a repeat ultrasound and beta hCG outpatient “in her office” the next day. The ED notes state that, according to Dr. Coll, “[n]o medical emergency at this time or recommendation

to give methotrexate.” The hospital discharged Ms. Perrone with an appointment at Dr. Coll’s office for 11:30 am the following day.

On October 10, 2025, Ms. Perrone visited Dr. Coll’s outpatient medical office. According to Ms. Perrone’s medical records, Ms. Perrone requested methotrexate at Dr. Coll’s office, but Dr. Coll refused. According to the records, Dr. Coll advised Ms. Perrone that methotrexate is not the standard of care under ACOG’s guidelines “when quant less than 1500 to avoid the error of administering methotrexate when a potential intrauterine pregnancy could be present.” This statement is incorrect. Also according to the records, Dr. Coll offered “laparoscopic surgery” which Ms. Perrone declined. Such offer is only appropriate if clinically urgent or desired by the patient.

Per ACOG Practice Bulletin 193: Tubal Ectopic Pregnancy: “Medical management with methotrexate can be considered for women with . . . high clinical suspicion of ectopic pregnancy . . . who have an unruptured mass. . . . The decision for surgical management or medical management of ectopic pregnancy should be guided by the initial clinical, laboratory, and radiologic data as well as patient-informed choice based on a discussion of the benefits and risks of each approach.”<sup>1</sup> Further: “Systematic review evidence shows a failure rate of 14.3% or higher with methotrexate when pretreatment hCG levels are higher than 5,000 mIU/mL compared with a 3.7% failure rate for hCG levels less than 5,000 mIU/mL.”

Ms. Perrone left Dr. Coll’s office without further testing, apparently because Dr. Coll was refusing to provide methotrexate.

According to Ms. Perrone’s medical records, she presented to the emergency room at Northwestern Huntley later in the day on October 10 where she explained that her request for methotrexate was refused by the prior providers. Her hCG was checked and had risen to 1,308 mIU/mL, which further supported a diagnosis of ectopic pregnancy. Ms. Perrone received an injection of methotrexate at Northwestern from the on-call OB/GYN at Northwestern.

Ms. Perrone returned to Northwestern on October 16 for severe pain and symptoms of potential ectopic rupture. There, Ms. Perrone underwent laparoscopy which revealed bleeding from her left fallopian tube requiring a salpingectomy (removal of her left tube).

The delay in treatment of Ms. Perrone’s ectopic pregnancy was not standard of care. Early management of ectopic pregnancy helps to prevent tubal rupture. As Ms. Perrone had received a salpingectomy of her right tube for a prior ectopic pregnancy, this rupture of her left tube permanently destroyed Ms. Perrone’s natural fertility at age 28.

Based upon my training, education, experience, and review of the above-mentioned records, it is my opinion to a reasonable degree of medical certainty that a meritorious case of action exists against Dr. Coll, Dohr, Coll & Gadson, and Advocate Good Shepherd due to the negligent care provided to Ms. Perrone.

---

<sup>1</sup> The American College of Obstetricians and Gynecologists (“ACOG”), *Practice Bulletin 193: Tubal Ectopic Pregnancy*, 131 *Obstetrics Gyn.* 3, e197-207 (Mar. 2018)

Dohr, Coll & Gadson and Dr. Coll were negligent in the following ways:

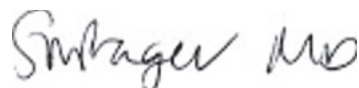
- a. Failed, as the on-call OB/GYN on October 9 at Advocate Good Shepherd, to either examine Ms. Perrone and present her with treatment options or ensure that emergency room staff did so at her direction.
- b. Failed to engage in shared decision-making with Ms. Perrone on both October 9 and 10 regarding likely diagnosis and treatment options.
- c. Failed to follow the standard of care for management of presumed ectopic pregnancy, by failing to consider Ms. Perrone's history of ectopic pregnancy, symptoms of ectopic pregnancy, desire for continued fertility, and expressed preference for medical management via methotrexate.
- d. Erroneously directed emergency room staff at Advocate Good Shepherd to discharge Ms. Perrone without offering medical management via methotrexate.
- e. Failed to offer or facilitate access to methotrexate on October 9 or October 10.
- f. Erroneously offered only laparoscopic surgery on October 10, instead of both medical management (with methotrexate) or laparoscopic surgery to Ms. Perrone. It is not standard of care to perform diagnostic laparoscopic surgery before administering methotrexate and saying otherwise, particularly when the patient is requesting methotrexate, is contrary to the standard of care.
- g. Erroneously refused treatment until Ms. Perrone had a definitive diagnosis of ectopic pregnancy.
- h. Erroneously counseled Ms. Perrone that "not ACOG standard of care to give methotrexate when quant less than 1,500 to avoid the error of administering methotrexate when a potential intrauterine pregnancy could be present." This statement is entirely inaccurate. Rather, the opposite is true. There is no hCG level too low to treat with methotrexate with a highly suspected ectopic pregnancy, but there is an hCG level above which one should be cautious using medical management. Further, as discussed above, ACOG standard of care is to offer both medical management via methotrexate or surgery and engage in shared decision-making with the patient given their medical history, symptoms, and desire for future fertility regarding course of treatment.

Advocate Good Shepherd was negligent in the following ways:

- a. Erroneously discharged Ms. Perrone without treatment, despite symptoms of a likely ectopic pregnancy, which is an emergency medical condition, and despite Ms. Perrone's stated preference for medical management via methotrexate.
- b. Erroneously instructed Ms. Perrone to only return if she experienced signs of rupture.

My opinions expressed in this report are subject to modification upon review of additional medical records and depositions that may be obtained during discovery.

Sincerely,



## Exhibit 4

**IN THE CIRCUIT COURT OF THE NINETEENTH  
JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS**

HARMONIE PERRONE,	)	
	)	
Plaintiff,	)	
	)	
v.	)	No.
	)	
DYMPNA COLL, M.D., DOHR COLL	)	
& GADSON OB/GYN ASSOCIATES &	)	
MEDICAL SPA and ADVOCATE GOOD	)	
SHEPHERD HOSPITAL,	)	
	)	
Defendants.	)	

**ATTORNEY AFFIDAVIT PURSUANT TO 735 ILCS 5/2-622**

I, Allison Siebeneck, state as follows:

1. I am one of the attorneys for Plaintiff Harmonie Perrone.

2. I have consulted and reviewed the facts of the case with a health professional who

I reasonably believe: (i) is knowledgeable in the relevant issues involved in the particular action; (ii) practices or has practiced within the last 6 years or teaches or has taught within the last 6 years in the same area of health care or medicine that is at issue in the particular action; and (iii) is qualified by experience or demonstrated competence in the subject of the case.

3. The reviewing health professional has determined in a written report, after a review of the medical record and other relevant material involved in the particular action, that there is a reasonable and meritorious cause for the filing of such action against Dympna Ann Coll, M.D., Dohr Coll & Gadson OB/GYN Associates & Medical Spa, and Advocate Good Shepherd Hospital. A copy of the written report is attached as **Exhibit 3** to this Verified Complaint.

4. I have concluded on the basis of the reviewing health professional's review and consultation that there is a reasonable and meritorious cause for filing of such action against

Dympna Ann Coll, M.D., Dohr Coll & Gadson OB/GYN Associates & Medical Spa, and Advocate Good Shepherd Hospital.

5. Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned attorney certifies that the statements set forth in this instrument are true and correct, except as to such matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

/s/ Allison Siebeneck  
One of the Attorneys for Plaintiff

Allison Siebeneck, No. 6313603  
Mason Strand, No. 6344708  
Roger Baldwin Foundation of ACLU, Inc.  
150 N. Michigan Ave, Suite 600  
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(312) 201-9740  
asiebeneck@aclu-il.org  
mstrand@aclu-il.org