

**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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\*\* 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