

1 Charles S. LiMandri, SBN 110841
cslimandri@limandri.com
2 Paul M. Jonna, SBN 265389
pjonna@limandri.com
3 Robert E. Weisenburger SBN 305682
rweisenburger@limandri.com
4 LiMANDRI & JONNA LLP
P.O. Box 9120
5 Rancho Santa Fe, California, 92067
Telephone: (858) 759-9930
6 Facsimile: (858) 759-9938

Harmeet K. Dhillon (SBN: 207873)
Harmeet@dhillonlaw.com
John-Paul S. Deol (SBN: 284893)
JPDeol@dhillonlaw.com
Jesse D. Franklin-Murdock (SBN: 339034)
JFranklin-Murdock@dhillonlaw.com
DHILLON LAW GROUP INC.
177 Post Street, Suite 700
San Francisco, California 94108
Telephone: (415) 433-1700
Facsimile: (415) 520-6593

7 Mark E. Trammell*
mtrammell@libertycenter.org
8 CENTER FOR AMERICAN LIBERTY
9 1311 S. Main Street, Suite 207
Mount Airy, MD 21771
10 Telephone: (703) 687-6212
Facsimile: (517) 465-9683

**Admitted Pro Hac Vice*

11 Attorneys for Plaintiff
12 CHLOE E. BROCKMAN

13 SUPERIOR COURT OF THE STATE OF CALIFORNIA

14 IN AND FOR THE COUNTY OF SAN JOAQUIN – STOCKTON BRANCH

15 CHLOE E. BROCKMAN aka CHLOE
16 COLE, an individual

Case No.: STK-CV-UMM-2023-0001612

17 Plaintiff,

**DECLARATION OF JOCELYN T.
BROCKMAN**

18 v.

19 KAISER FOUNDATION HOSPITALS,
20 INC., a California Corporation, THE
PERMANENTE MEDICAL GROUP, INC.,
21 a California Corporation, LISA KRISTINE
TAYLOR, M.D., an individual, HOP
22 NGUYEN LE, M.D., an individual,
SUSANNE E. WATSON, PHD., an
23 individual, LILIT ASULYAN PSYD, an
24 individual, and ESTER BALDWIN, LCSW,
an individual, and DOES 1 through 50,
25 inclusive,

Dept.: 11B
Judge: **Hon. Robert T. Waters**
Assigned for All Purposes

Action Filed: February 22, 2023
Trial Date: Not Set

26 Defendants.
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1 **DECLARATION OF JOCELYN T. BROCKMAN**

2 I, Jocelyn T. Brockman, declare as follows:

3 1. I make this declaration in support of Plaintiff Chloe E. Brockman’s (“Chloe”) Motion
4 for Leave to Amend Complaint to State Claim for Punitive Damages.

5 2. I am over the age of eighteen and am competent to testify as to the matters herein.
6 The following is based on personal knowledge unless otherwise stated.

7 3. As Chloe’s mother, I am familiar with Chloe’s developmental history, her childhood,
8 her progression into puberty and adolescence, the “Gender Affirming Care” (“GAC”) Chloe
9 received as a minor patient at Kaiser’s gender clinic in Oakland, her eventual detransition, and her
10 coming of age as an adult.

11 4. Chloe was born with a cleft palate. I and my husband wanted to make sure that she
12 was treated by the best medical professionals possible. We did our research and identified the
13 University of California San Francisco as one of the top programs in the country for cleft palate
14 surgery and treatment. Chloe had two surgeries to repair her cleft palate and some follow-up speech
15 therapy treatment related to her cleft palate. To my knowledge, Chloe’s mental health providers did
16 not evaluate or consider the impact of her cleft palate on her behavioral disorders, learning
17 disabilities, and other mental health struggles as described below.

18 5. From the time Chloe was a young child and through her teenage years, Chloe
19 struggled with among other things, social anxiety, behavioral problems including diagnosed
20 Disruptive Behavior Disorder, learning disabilities including diagnosed Attention
21 Deficit/Hyperactivity Disorder and other issues. Some examples of her behavioral troubles included
22 screaming, yelling, running out of the classroom, throwing objects at other students, and in 2nd and
23 3rd grade she had to have her desk moved outside so that she could work alone. Chloe didn’t like
24 it when other students looked at her. It made her uncomfortable and would cause her to act out.
25 Her teachers were concerned that she may be on the autism spectrum, though she never received an
26 autism diagnosis. Chloe was smart, but she lacked motivation and was easily distracted, and
27 struggled with school as a result. We struggled for many years with Chloe’s mental health issues,
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1 behavioral issues, and learning disabilities. These issues were never fully resolved nor controlled,
2 but continued to remain an ongoing problem through childhood, adolescences, and up to the cusp
3 of adulthood.

4 6. When Chloe was 12 years old, she wrote a letter telling me and my husband that she
5 wanted to be treated as a boy. We were concerned that this was not the best thing for her, but we
6 were unsure of what to do. We sought guidance from her pediatrician. I and my husband were not
7 sure that Chloe was transgender. We also did not believe that being transgender would be ideal for
8 Chloe because our impression is that living as a transgender person would be very difficult for her.
9 We thought that it would be better to wait and see how things progressed. But, Chloe’s mental
10 health providers assured us that children at Chloe’s age know whether they are transgender or not
11 and that she should be evaluated for being transgender.

12 7. Our pediatrician gave us a referral to a therapist, Matthew Esselstrom, who did an
13 initial visit or two with Chloe. Although we expressed uncertainty as to whether this was the best
14 thing for Chloe, he immediately assured us that Chloe was transgender. Mr. Esselstrom did not
15 allow me to participate in the session or two that he performed. He would only allow Chloe to be
16 in the session and kept me largely in the dark as to how the sessions went, other than to affirm with
17 me that she was transgender. When we tried to make more follow-up appointments, we were told
18 he was no longer available, so we were referred to another therapist, Ms. Lilit Asulyan, Psyd.

19 8. Similar to the prior provider, Ms. Asulyan also affirmed that Chloe knew at this time
20 in her life that she was transgender and further told us that Chloe needed to receive GAC in order
21 to resolve her mental health issues. She represented that without GAC the mental health issues
22 would not resolve. Similar to the Mr. Esselstrom, Ms. Asulyan had sessions with Chloe behind
23 closed doors and did not reveal to us what she discussed with Chloe and left us essentially in the
24 dark, except to claim that Chloe definitely was transgender and needed GAC. After a couple of
25 appointments, Ms. Asulyan referred Chloe for endocrine evaluation concluding that she was “trans”
26 and definitely a boy. Although we expressed some concern, Ms. Asulyan assured us that it was the
27 best course of action to start Chloe on puberty blockers and testosterone. Ms. Asulyan told us that
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1 the risk of suicide was high, gave me the impression that the risk of suicide was 50% or more, and
2 that suicide or suicide attempts were more likely than not to occur in Chloe’s case if we did not
3 proceed. Ms. Asulyan claimed that Chloe was at a high risk for suicide and that Chloe needed to
4 “transition” to avoid this risk. She told us that that Chloe’s mental health problems would not
5 resolve unless Chloe did transition and go through GAC. Although we were concerned, we trusted
6 her recommendations because she was the expert. We did not want our daughter to become a suicide
7 statistic and consented to move forward with GAC.

8 9. The first endocrinologist who we saw did not agree to prescribe testosterone, though
9 he would prescribe puberty blockers. When we told Ms. Asulyan, she asked “why” and said Chloe
10 needs GAC. She said she would find another doctor who would agree to prescribe testosterone
11 because this was necessary for Chloe to start on immediately. She referred us to Dr. Lisa Taylor.

12 10. Dr. Taylor performed a consultation and immediately prescribed puberty blockers.
13 A couple months later, she prescribed testosterone. We had a few follow-up visits from time to time
14 to adjust dosage, but we didn’t have much other contact with Dr. Taylor. In the first couple of visits,
15 Dr. Taylor immediately affirmed Chloe as being transgender. Other than indicating the existence
16 of some fertility risks and some potential discomfort, Dr. Taylor never indicated that there were any
17 significant downside risks to proceeding with puberty blockers and testosterone and affirmed that
18 this was a good treatment for Chloe. As a result, we trusted the therapist and Dr. Taylor and moved
19 forward with the treatment as we believed it was necessary to avert suicide risk. Based on what we
20 were told by these doctors, we believed that Chloe was transgender, would remain transgender for
21 the rest of her life, and that there would never be any need to reverse these decisions.

22 11. After Chloe started on the testosterone, among other things, she was moodier and
23 had hot flashes. She had an appointment at some point with Dr. Taylor to address gynecological
24 issues she was having. She seemed to improve a little bit at first, which seemed to be related to her
25 getting some additional attention from her peers. But, her condition essentially remained
26 unchanged. She continued to have the same behavioral and mental health struggles, and she
27 continued to struggle at school. She was intelligent and could do well on tests, but she wouldn’t do
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1 the homework and lacked motivation and focus. She continued to have anxiety, had few friends,
2 and disliked social interaction at school.

3 12. Eventually, in 2019, Chloe wanted to move forward with top surgery. My
4 understanding is that she wanted to continue with her transition because she believed it would
5 resolve her mental health struggles. We were referred to Kaiser's gender clinic in Oakland,
6 California to the Multi-Specialty Team for this evaluation.

7 13. Our next step was approximately a two-hour visit with the multi-Specialty Team at
8 the Oakland facility. During this visit, we sat in a room and several different providers came in and
9 introduced themselves and talked to us. The first provider to introduce herself was either the nurse
10 or other coordinator for the multi-Specialty Team who brought us into the room for the consultation.
11 This provider told us that proceeding with breast removal surgery was a necessary part of treating
12 Chloe's mental health symptoms and that her symptoms would not resolve without proceeding with
13 this surgery. My husband expressed concern to this provider about whether this surgery was really
14 necessary and appropriate at this time, but this provider immediately shut him down citing high
15 suicide rates for transgender individuals and claiming that Chloe was at a high risk for suicide if she
16 did not go through with surgery. This same provider also represented that desistance and regret
17 were very rare.

18 14. Another one of the providers we met with was Dr. Susan Watson, who introduced
19 herself as a gender specialist and the head of the department. I understood her to be supervising the
20 multi-Specialty Team. Dr. Watson approved Chloe on the spot for the mastectomy affirming that
21 she was definitely transgender. She also generally confirmed what the nurse/coordinator told us
22 that Chloe needed this treatment and that it would be beneficial for her to have the double
23 mastectomy. Dr. Watson and/or the multi-Specialty Team also informed us that Chloe could not
24 proceed with the surgery if she had depression, suicidal ideation or anxiety prior having the surgery.
25 Dr. Watson's evaluation of Chloe was very perfunctory and short and did not include any detailed
26 mental health and family history evaluation. Dr. Watson accepted that Chloe was transgender based
27 on Chloe's self-report in this regard and approved her for the surgery. This visit is the first and only

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1 time that we saw Dr. Susan Watson prior to Chloe receiving a mastectomy.

2 15. Another one of the providers we met during this two-hour consultation was the
3 plastic surgeon, Dr. Hop Nguyen Le. He also immediately approved Chloe for the mastectomy and
4 performed the consultation for surgery that same day. Dr. Le discussed the surgery options and the
5 general risks of surgery; however, he did not discuss any risks specific to Chloe's situation as a
6 minor seeking to live as a transgender person, such as the risk of desistence and regret, the limited
7 medical research available, and other such important issues.

8 16. Several weeks later, I, my husband, and Chloe attended a mastectomy information
9 and Q&A session at the clinic in Oakland. This session had 3 guest speakers who were all patients
10 that were minors when they had breast removal surgery. One or two of them were still in their teens.
11 At this event there was no discussion of any of the downsides or risks of having breast removal
12 surgery at such a young age. This was another significant event that swayed me into believing that
13 top surgery was the best thing for Chloe. Due to my concern about Chloe missing school, the
14 mastectomy was not scheduled until the end of the next school year, several months later.

15 17. In the next few months while still on Testosterone, Chloe continued to have mental
16 health struggles. She struggled with school and social interaction and was lonely. She was down and
17 depressed at times. Chloe also seemed sad at times wondering if she would be cleared for surgery.
18 She had some mental health visits at this time with various providers, but the extent of my
19 involvement was helping with the initial questionnaire. I was not involved in the sessions and the
20 therapists and doctors did not inform me of the results of Chloe's visits nor of any diagnosis or
21 ongoing mental health concerns that might contra-indicate surgery. I now understand based on
22 reviewing some of Chloe's medical records that she struggled with diagnosed depression and
23 anxiety, including for the first-time a bout of suicidal ideation. To my knowledge neither Dr.
24 Watson nor anyone on the multi-Specialty Team at Oakland had any further consultations with
25 Chloe regarding her mental health condition prior to the surgery and never considered that her
26 ongoing depression was an indication that surgery should not proceed.

27 18. Eventually, shortly before the scheduled surgery at the end of the school year, Chloe
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1 had a pre-op appointment with Dr. Le who continued to affirm that Chloe needed to proceed with
2 this surgery despite what I now understand to be ongoing depression that Chloe experienced. On
3 June 4, 2020, I took Chloe to the hospital for the surgery. I was placed in the waiting room and I
4 was not permitted to enter the pre-operation area where Chloe was being prepared. The charge
5 nurse provided me with an informed consent document in the waiting room, while my daughter was
6 already being prepared for surgery and asked me to sign it. I did sign the document, but the
7 document was not explained to me that day nor at any time prior to that date to my best recollection.
8 I do not have any recollection of speaking with Dr. Le on the date of the surgery prior to the surgery.
9 If I did see him, it would have been a very short interaction. Attached hereto as **Exhibit A** is a true
10 and correct copy of the consent form that I signed. Dr. Le performed a double mastectomy on Chloe
11 and called me on my phone after the surgery to let me know the surgery was finished, but otherwise
12 I never spoke with him and never saw him that day. On June 11, 2020, I took Chloe to a post-op
13 visit with a nurse who removed Chloe's bandages. Attached as **Exhibit B** to my declaration are
14 photographs that I understand were taken at this post-operation visit and inserted into Chloe's
15 medical records and which accurately depict the way that Chloe's breasts looked at this post-
16 operation visit.

17 19. Chloe was initially okay for a few months, but then when school started, she went
18 downhill quickly. She had anxiety. She would get in fights. She would refuse to get out of the car
19 at school. She was failing her classes the prior year, so she had to do an extra class in the morning.
20 She would hide in the locker room and text me that she can't "go out there." She had suicidal
21 ideation. She would send me hysterical text messages in the middle of the night. Chloe's wounds
22 from the surgery were not healing. She didn't have any friends. She was having other health issues
23 related to her gender affirming care. It got so bad that I thought we might lose Chloe. I requested
24 that they put Chloe in an inpatient program. That did not occur, but she did get put into an intensive
25 therapy program involving three sessions per week including one day of group therapy sessions.
26 Chloe's issues did not resolve. She turned to some substance abuse as well.

27 20. Things did not improve until Chloe detransitioned and put out a social media message
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1 telling her story. When she detransitioned, there was no support and no help from Chloe's providers
2 who performed the GAC. We felt abandoned and shocked at everything that had happened and
3 were appalled at the lack of information, support, and resources available to us after Chloe
4 detransitioned. We placed all of our trust in these providers and they utterly failed us and then
5 abandoned Chloe. Chloe clearly was not transgender. She just had mental health struggles. Now,
6 because her providers gave us erroneous, ill-conceived advice, Chloe has permanent damage that
7 she must live with for the rest of her life.

8 21. At every step of the way, all of Chloe's GAC providers confirmed and assured us
9 that Chloe was transgender and that the only way for her problems to resolve was for her to go
10 through GAC treatment. When we had questions and concerns about proceeding, Ms. Asulyan and
11 the Oakland Multispecialty Team shut down these questions insisting that Chloe was transgender,
12 citing high suicide rates to us, and telling us she needed this treatment because of the risk of
13 committing suicide.

14 22. Ms. Asulyan told me that there was a less than 1% chance that Chloe would
15 detransition and Dr. Watson also represented that desistence and regret are very rare. We have since
16 learned that there are quite high rates of desistence and detransition for minors with gender
17 dysphoria. Had we known this fact, we would have never agreed to move forward with any of this
18 GAC treatment.

19 23. We also were never informed that there was any question as to the effectiveness of
20 the transition treatment that Chloe received and were instead told the contrary that this treatment
21 was necessary and critical treatment for Chloe. Had we known there was some questions in the
22 medical research regarding the effectiveness of this treatment for minors, we would not have
23 proceeded with this care.

24 24. We were never informed that Chloe would essentially go through menopause as a
25 teenager. Nor were we informed that if Chloe remained on testosterone long enough, a hysterectomy
26 would become medically necessary because her reproductive organs would suffer severe atrophy.
27 Had we been informed of this fact, we would not have proceeded with the treatment.

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1 25. There was never any discussion with us of the long term, realistic implications for
2 Chloe living as a transgender person, such as how she pictured herself as a transgender person, the
3 types of relationships she might have, intimacy problems, limitations on relationships and people
4 who would be attracted to her, social acceptance problems, the problematic situation of continuing
5 to have female reproductive organs but trying to pass as a male, the implications of “bottom
6 surgery” and long term complications and medicalization, and other such issues. Had these issues
7 been discussed, we would have realized that Chloe should not have received GAC as a minor and
8 we would not have approved the treatment.

9 26. We were never advised by any of Chloe’s providers that individuals who undergo
10 GAC, including testosterone and surgery, do not necessarily experience resolution of their mental
11 health symptoms. Nor were we informed that transgender individuals who undergo GAC continue
12 to be at a significantly increased risk of mental health morbidities and suicidality, including
13 completed suicide attempts. Had we been informed of these risks, we would not have consented to
14 this treatment.

15 27. We were never offered the option of psychotherapy sessions as a treatment for
16 Chloe’s gender dysphoria, and the effectiveness of psychotherapy in alleviating mental health
17 symptoms was never discussed. If we had been offered psychotherapy sessions as an option in lieu
18 of continuing GAC, we would have proceeded with psychotherapy instead of testosterone and
19 surgery, as we had concerns about moving forward with GAC.

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Chloe E. Brockman v. Kaiser Foundation Hospitals, Inc., et al.

1. Exhibit A to Declaration of Jocelyn T. Brockman – Please see the Notice of Lodgment, Exhibit 3
2. Exhibit B to Declaration of Jocelyn T. Brockman – Please see the Notice of Lodgment, Exhibit 5

COURT OF THE STATE OF CALIFORNIA SAN JOAQUIN SUPERIOR COURT – STOCKTON BRANCH		FOR COURT USE ONLY
TITLE OF CASE (Abbreviated) Chloe E. Brockman v. Kaiser Foundation Hospitals, Inc., et al.		
ATTORNEY(S) NAME AND ADDRESS Charles S. LiMandri, Esq; Paul M. Jonna, Esq. Robert E. Weisenburger, Esq. LiMANDRI & JONNA LLP P.O. Box 9120 Rancho Santa Fe, California 92067 Tele: (858) 759-9930; Fax: (858) 759-9938		
ATTORNEY(S) FOR: Plaintiff Chloe E. Brockman	Dept. 11B	CASE NO.: STK-CV-UMM-2023-0001612

PROOF OF SERVICE

I, Rebecca M. Oakley, declare that: I am over the age of 18 years and not a party to the action; I am employed in, or am a resident of the County of San Diego, California, and my business address is P.O. Box 9120, Rancho Santa Fe, CA 92067, Telephone number (858) 759-9930; Facsimile number (858) 759-9938. I further declare that I served the following document(s) on the parties in this action:

Motion for Leave to Amend

1. **PLAINTIFF CHLOE E. BROCKMAN’S NOTICE OF MOTION AND MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;**
2. **PLAINTIFF CHLOE E. BROCKMAN’S MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;**
3. **PLAINTIFF CHLOE E. BROCKMAN’S NOTICE OF LODGMENT OF CONFIDENTIALLY MARKED DOCUMENTS IN SUPPORT OF MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;**
4. **DECLARATION OF CHLOE E. BROCKMAN;**
5. **DECLARATION OF CHARLES S. LIMANDRI IN SUPPORT OF PLAINTIFF CHLOE E. BROCKMAN’S MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;**
6. **DECLARATION OF JOCELYN T. BROCKMAN;**
7. **DECLARATION OF ROBIN A. DEA, M.D.;**
8. **DECLARATION OF NATHAN SZAJNBERG, M.D.;**
9. **DECLARATION OF MICHAEL LAIDLAW, M.D.;**
10. **DECLARATION OF JOHN PERROTTI, M.D.;**
11. **DECLARATION OF STEPHEN B. LEVINE, M.D.;**
12. **DECLARATION OF TIM CROSBY, LMFT;**
13. **DECLARATION OF KAYLA LOVDAHL;**
14. **DECLARATION OF ELISABETH “BETH” BOURNE;**
15. **DECLARATION OF LAUREN WOHL-SANCHEZ; and**
16. **[Proposed] ORDER In SUPPORT OF PLAINTIFF CHLOE E. BROCKMAN’S MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES.**

Motion to Seal

1. **PLAINTIFF CHLOE E. BROCKMAN’S NOTICE OF MOTION AND MOTION TO SEAL DOCUMENTS LODGED IN SUPPORT OF MOTION FOR LEAVE TO AMEND**

COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES;

- 2. PLAINTIFF CHLOE E. BROCKMAN'S MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF MOTION TO SEAL DOCUMENTS LODGED IN SUPPORT OF MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES; and**
- 3. [Proposed] ORDER In SUPPORT OF PLAINTIFF CHLOE E. BROCKMAN'S MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF MOTION TO SEAL DOCUMENTS LODGED IN SUPPORT OF MOTION FOR LEAVE TO AMEND COMPLAINT TO STATE CLAIM FOR PUNITIVE DAMAGES**

by one or more of the following methods of service to:

****SEE ATTACHED SERVICE LIST**

 (BY U.S. MAIL) I caused such document(s) to be sealed in envelopes, and with the correct postage thereon fully prepaid, either deposited in the United States Postal Service or placed for collection and mailing following ordinary business practices.

 X **(BY E-MAIL/ELECTRONIC MAIL)** I caused a copy of the foregoing document(s) to be sent to the persons at the e-mail addresses listed above, this date via internet/electronic mail.

 X **(BY ELECTRONIC FILING/SERVICE)** I caused such document(s) to be Electronically Filed and/or Service through OneLegal.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on April 18, 2024



Rebecca M. Oakley

COURT OF THE STATE OF CALIFORNIA
SAN JOAQUIN SUPERIOR COURT – STOCKTON BRANCH

Chloe E. Brockman v. Kaiser Foundation Hospitals, Inc., et al.
CASE NO.: STK-CV-UMM-2023-0001612

SERVICE LIST

Jason J. Curliano Ondrej Likar Vladimir Andrich J. Harvey Buty & Curliano LLP 516 - 16th Street Oakland, CA 94612 Tel: (510) 267-3000; Fax: (510) 267-0117 E-Mail: jcurliano@butycurliano.com E-Mail: olikar@butycurliano.com E-Mail: vandrich@butycurliano.com E-Mail: jharvey@butycurliano.com E-Mail: gcheng@butycurliano.com E-Mail: calendar@butycurliano.com E-Mail: service@butycurliano.com	Attorneys for Defendants <i>Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., Lisa Kristine Taylor, M.D., Hop Nguyen Le, M.D., Susanne E. Watson, PhD, Lilit Asulyan, PsyD, and Ester Baldwin, LCSW, PhD</i>
Kathleen R. Hartnett Zoe Helstrom Reece Trevor Jessica Taylor Hannah Pollack COOLEY LLP 3 Embarcadero Center, Floor 20 San Francisco, CA 94111 Tel: (415) 693-2000 E-Mail: khartnett@cooley.com E-Mail: zhelstrom@cooley.com E-Mail: rtrevor@cooley.com E-Mail: hpollack@cooley.com E-Mail: jtaylor@cooley.com E-Mail: mnarvaez@cooley.com E-Mail: emartin@cooley.com	Attorneys for Defendants <i>Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., Lisa Kristine Taylor, M.D., Hop Nguyen Le, M.D., Susanne E. Watson, PhD, Lilit Asulyan, PsyD, and Ester Baldwin, LCSW, PhD</i>
Yvonne M. Pierrou Caitlin Thompson Mark Palley MARION'S INN LLP 436 - 14th Street, Suite 1107 Oakland, CA 94612 Tel: (510) 451-6770 E-Mail: ymp@marionsinn.com E-Mail: caitlin@marionsinn.com E-Mail: mp@marionsinn.com	Attorneys for Defendants <i>Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., Lisa Kristine Taylor, M.D., Hop Nguyen Le, M.D., Susanne E. Watson, PhD, Lilit Asulyan, PsyD, and Ester Baldwin, LCSW, PhD</i>
Harmeet K. Dhillon John-Paul S. Deol Jesse Franklin-Murdock Rania Fahim Dhillon Law Group Inc. 177 Post Street, Suite 700 San Francisco, CA 94108 Tel: (415) 830-7400; Fax: (415) 520-6593 E-Mail: harmeet@dhillonlaw.com E-Mail: JPDeol@dhillonlaw.com E-Mail: JFM@dhillonlaw.com E-Mail: MHoesly@dhillonlaw.com	Co-Counsel for Plaintiff <i>Chloe E. Brockman</i>

E-Mail: rfahim@dhillonlaw.com	
Mark Trammell, Executive Director & General Counsel Center for American Liberty PO Box 200942 Pittsburgh, PA 15251-0942 Tel: (703) 687-6212 E-Mail: MTrammell@libertycenter.org E-Mail: jdixon@libertycenter.org	Co-Counsel for Plaintiff <i>Chloe E. Brockman</i>