UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

KIRSTEN CHILDRESS, Plaintiff, v ORLANDO HEALTH, INC. d/b/a ORLANDO HEALTH – DR. P. PHILLIPS HOSPITAL, VICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC. ("VSC"), PAIGE MOLITZ, P.A., KAY BARRINGTON, R.N., Defendants.	Case No. 6:26-cv-372

COMPLAINT FOR MEDICAL NEGLIGENCE AND DEMAND FOR JURY TRIAL

Plaintiff Kirsten Childress ("Plaintiff"), by and through undersigned counsel, sues Defendants and alleges as follows:

I. NATURE OF ACTION

1. This is an action for medical negligence arising out of the rendering of medical care and services to a sexual-assault patient who presented within hours of the assault with symptoms and history consistent with possible drug-facilitated sexual assault ("DFSA"), including profound memory loss.

2. The acts and omissions alleged are failures in clinical assessment, counseling, testing decisions, specimen handling, documentation, and transfer-of-care communications; core components of medical care governed by Florida's medical negligence framework, including Chapter 766, Florida Statutes, and the prevailing professional standard of care.

3. In DFSA-suspect presentations, toxicology decisions are time-critical medical care. The detection window is narrow. A reasonably prudent emergency department and forensic program must recognize DFSA indicators and make timely, medically appropriate toxicology decisions, including obtaining and preserving clinically indicated specimens.

II. JURISDICTION AND VENUE

4. This Court has subject-matter jurisdiction under 28 U.S.C. § 1332(a) because the parties are citizens of different states and the amount in controversy exceeds $75,000, exclusive of interest and costs.

5. Venue is proper under 28 U.S.C. § 1391(b) because a substantial part of the events and omissions giving rise to these claims occurred in Orange County, Florida.

III. PARTIES

6. Plaintiff Kirsten Childress is a resident and citizen of North Carolina.

7. Defendant Orlando Health, Inc. ("Orlando Health") owns and operates Orlando Health – Dr. P. Phillips Hospital (the "Hospital") and provided emergency department care and services to Plaintiff on May 20, 2023. Orlando Health is a "health care provider" within the meaning of Chapter 766, Florida Statutes. It rendered medical care and services to Plaintiff through its emergency department, personnel, policies, and systems.

8. Defendant Paige Molitz, P.A. ("Molitz") is a Florida-licensed physician assistant who evaluated Plaintiff in the emergency department and participated in Plaintiff's discharge and referral. Molitz is a licensed health care practitioner who rendered medical care and services to Plaintiff in the emergency department. Plaintiff's claims against Molitz arise from the diagnosis, evaluation, counseling, testing decisions, and discharge/transfer decisions made in the course of that care.

9. Defendant Victim Service Center of Central Florida, Inc. ("VSC") is a Florida corporation that provided sexual-assault forensic medical services, including SAFE/SANE examinations, through licensed personnel. VSC rendered medical care and services to Plaintiff by providing

a SAFE/SANE medical forensic examination through licensed clinicians. The acts and omissions alleged against VSC arise out of clinical assessment, counseling, specimen handling, documentation, and related medical decision-making in the course of that examination.

10. Defendant Kay Barrington, R.N. ("Barrington") is a Florida-licensed registered nurse and forensic nurse who performed Plaintiff's SAFE/SANE examination and participated in clinical decisions regarding DFSA toxicology. Barrington is a licensed registered nurse who rendered forensic nursing medical care to Plaintiff during the SAFE/SANE examination. Plaintiff's claims against Barrington arise from clinical DFSA assessment, counseling and informed-consent practices, specimen handling decisions, documentation, and related medical decision-making.

11. At all relevant times, Plaintiff presented to Orlando Health and VSC as a patient seeking medical diagnosis, treatment, and related forensic medical services, and reasonably relied on Defendants to render care consistent with the prevailing professional standard of care.

12. At all relevant times, Molitz acted as Orlando Health's employee, agent, servant, and/or apparent agent in rendering emergency department care to Plaintiff and acted within the course and scope of that employment and/or agency. Plaintiff presented to Orlando Health's facility

seeking emergency medical care and reasonably believed Molitz was acting on behalf of Orlando Health.

13. At all relevant times, Barrington acted as VSC's employee, agent, servant, and/or apparent agent in rendering SAFE/SANE forensic medical services to Plaintiff and acted within the course and scope of that employment and/or agency. Plaintiff reasonably believed Barrington was acting on behalf of VSC when providing forensic nursing medical services.

IV. MEDICAL NEGLIGENCE FRAMEWORK AND STANDARD OF CARE

14. Defendants' duties arise from the provider–patient relationship and are governed by Florida's prevailing professional standard of care applicable to reasonably prudent similar providers under like circumstances.

15. When a sexual-assault patient presents with objective indicators consistent with possible DFSA; including profound memory loss, impaired lucidity, loss of consciousness, or other altered mental status, reasonably prudent providers must recognize that DFSA cannot be ruled out and must treat toxicology decisions as time-critical clinical care.

16. Under the prevailing standard of care, reasonably prudent emergency and forensic providers must: (a) assess DFSA risk; (b) counsel the patient regarding medically appropriate toxicology testing options and

timing; (c) obtain informed consent when feasible; (d) timely obtain and preserve appropriate specimens when DFSA is suspected or cannot be ruled out; and (e) document DFSA indicators and the clinical rationale for testing decisions.

17. Under the prevailing standard of care, where a patient exhibits impaired memory or fluctuating lucidity, providers must not rely on the patient alone to convey critical clinical history or urgency. Providers initiating discharge, referral, or transfer must execute a clinically competent transfer of care, affirmatively communicating material DFSA indicators and time-sensitive testing considerations to the receiving provider.

18. Under the prevailing standard of care, a receiving forensic program must maintain clinical workflows and internal communication practices sufficient to ensure that DFSA-critical information obtained during intake is incorporated into clinical decision-making before DFSA toxicology decisions are made.

19. Toxicology decisions in this setting are medically indicated to assess intoxication/ingestion, patient safety, and appropriate treatment and counseling, independent of any law-enforcement investigation.

20. Toxicology assessment and/or preservation in DFSA-indicator presentations inform clinically meaningful care decisions, including whether

additional observation is medically indicated; intoxication-specific discharge precautions and safety planning; counseling about impairment risks and contraindicated substances; appropriate follow-up and referral decisions; and documentation of impaired capacity and vulnerability relevant to safe discharge and ongoing medical care.

21. In DFSA-suspect presentations, toxicology is part of time-critical clinical diagnosis and documentation of possible chemical incapacitation in a patient presenting with altered mental status and profound memory loss. Delay can permanently foreclose timely diagnosis and medical documentation within the clinically appropriate window.

22. In this clinical setting, the harm caused by the failure to timely obtain and preserve clinically indicated specimens is not contingent on proving that a particular substance would have been detected. The harm is the irreversible loss of a time-sensitive clinical diagnostic opportunity to rule in or rule out incapacitating intoxication and to provide intoxication-informed medical counseling, discharge safety planning, and follow-up guidance—an opportunity that cannot be recreated once the medically appropriate window closes.

V. FACTUAL ALLEGATIONS

23. On May 20, 2023, Plaintiff presented to the Hospital within hours of a reported sexual assault.

24. Plaintiff reported the rape to law enforcement and emergency responders.

25. Plaintiff had profound gaps in memory and could recall only flashes of events.

26. Law enforcement observed and documented a red mark on the right side of Plaintiff's neck, and Plaintiff reported being choked.

27. Plaintiff presented to Orlando Health's emergency department at approximately 2:28 am and was discharged at approximately 3:34 am.

28. Plaintiff was immediately transferred to VSC for a SAFE/SANE examination which began at 6:50 am.

29. These times fell within the medically appropriate toxicology detection window for common incapacitating substances. Delay materially increased the risk of permanent loss of clinically useful toxicological assessment and documentation.

30. Orlando Health's emergency department documentation reflected Plaintiff's memory loss and presentation consistent with possible DFSA.

31. Plaintiff's presentation included signs consistent with possible incapacitation and impaired comprehension. The prevailing standard of care required clinical assessment and documentation of intoxication and mental status and medically appropriate counseling and discharge precautions tailored to suspected DFSA. Defendants' failure to do so foreseeably worsened Plaintiff's psychological injury course by depriving her of medically appropriate evaluation, guidance, and safety planning during the acute phase.

32. Orlando Health had the ability to obtain urine and/or blood specimens in the emergency department.

33. Molitz participated in Plaintiff's emergency department evaluation and disposition.

34. Despite DFSA indicators and the availability of specimen collection in the emergency department, Orlando Health and Molitz did not obtain and preserve urine and/or blood for medically appropriate DFSA toxicology assessment during the available detection window.

35. Orlando Health and Molitz discharged Plaintiff and directed her to report to VSC for a SAFE/SANE examination.

36. Orlando Health and Molitz did not execute a clinically competent transfer of care that affirmatively communicated DFSA

indicators, impaired memory, neck trauma, and time-sensitive toxicology considerations to VSC in a manner that did not depend on Plaintiff's compromised ability to self-advocate.

37. VSC's intake records documented DFSA indicators, including that Plaintiff could not remember what happened except that she had been choked and sexually assaulted.

38. At the relevant time, VSC utilized an intake workflow in which an advocate obtained a crisis assessment from the survivor before the forensic nurse examination.

39. That workflow foreseeably risked separating DFSA-critical information documented at intake from the clinician making time-critical toxicology decisions.

40. VSC collected Plaintiff's urine for pregnancy testing; that urine was available for medically appropriate DFSA toxicology assessment and/or preservation during the clinically appropriate window.

41. VSC and Barrington did not order, perform, or preserve toxicology testing for drugs or alcohol despite DFSA indicators and available specimen(s).

42. Defendants' failures foreseeably worsened Plaintiff's condition beyond the baseline harm of the underlying assault by depriving her, during

an acute crisis, of time-critical clinical answers and intoxication-informed counseling and safety planning that a reasonably prudent provider would provide when DFSA cannot be ruled out. The resulting loss of real-time clinical assessment and guidance predictably increased confusion and self-blame, delayed informed treatment and counseling decisions, and exacerbated trauma-related symptoms in a manner attributable to negligent clinical care rather than solely to the assault itself.

43. As a direct and proximate result of Defendants' failures, Plaintiff suffered damages to be proven at trial, including:

a. Permanent loss of a time-sensitive clinical diagnostic opportunity to assess and document incapacitating intoxication within the medically appropriate detection window, including inability to rule in or rule out intoxication in real time once that window closed;

b. Deprivation of intoxication-informed medical care, including medically appropriate counseling, discharge safety planning, and follow-up guidance tailored to DFSA-indicator presentations and impaired capacity/vulnerability;

c. Foreseeable exacerbation of acute and ongoing psychological trauma attributable to negligent clinical care, including deprivation of time-critical clinical answers and counseling during an acute crisis, increased confusion and self-blame, delayed informed treatment decisions, and worsened trauma-related sequelae beyond the baseline harm caused by the underlying assault.

44. Plaintiff sustained physical impact and physical injury associated with the reported sexual assault, including documented neck

trauma consistent with choking. Plaintiff's emotional distress and mental anguish are sought as damages flowing from physical impact and physical injury and from Defendants' negligent medical care in the immediate aftermath of that impact.

45. As a direct and foreseeable result of Defendants' deviations from the prevailing professional standard of care, Plaintiff's trauma-related symptoms were exacerbated and prolonged beyond the baseline course of injury expected from the assault alone. Among other damages, Plaintiff suffered and continues to suffer clinically significant psychological injury, including symptoms consistent with post-traumatic stress disorder, depression, anxiety, and related sequelae, requiring and/or increasing the need for mental-health treatment.

46. In addition, Defendants' failures foreseeably deprived Plaintiff—during an acute crisis and altered mental state—of medically appropriate, intoxication-informed counseling, discharge safety planning, and follow-up guidance. The resulting worsening and prolongation of psychological injury constitutes compensable harm proximately caused by medical negligence, independent of any law-enforcement outcome or whether a specific substance ultimately would have been detected.

VI. PARTICULAR NEGLIGENT ACTS AND OMISSIONS

47. In addition to the breaches otherwise alleged, Defendants committed the following negligent acts and omissions:

A. Orlando Health and Molitz

48. Failed to perform and document a DFSA-competent clinical assessment commensurate with Plaintiff's reported rape, profound memory loss, neck trauma, and documented DFSA indicators.

49. Failed to counsel Plaintiff regarding the time-sensitive nature of toxicology testing and specimen preservation when DFSA could not reasonably be ruled out.

50. Failed to timely obtain and preserve urine and/or blood specimens during the available detection window.

51. Failed to document the clinical rationale for declining to obtain or preserve specimens despite documented DFSA indicators.

52. Failed to execute a clinically competent transfer of care that affirmatively communicated DFSA indicators and time-sensitive toxicology considerations to VSC.

B. VSC and Barrington

53. Failed to incorporate DFSA indicators documented at intake into clinical toxicology decision-making.

54. Failed to counsel Plaintiff regarding time-sensitive toxicology options when DFSA indicators were present.

55. Failed to preserve and/or utilize available urine collected for pregnancy testing for clinically appropriate DFSA toxicology purposes.

56. Failed to document the clinical rationale for declining to order, perform, or preserve toxicology testing in a DFSA-indicator presentation.

VII. CHAPTER 766 CONDITIONS PRECEDENT AND TIMELINESS

57. Plaintiff conducted a reasonable investigation as required by Chapter 766, Florida Statutes, to ascertain that there were reasonable grounds to believe that each Defendant was negligent in the care and treatment of Plaintiff.

58. Plaintiff served Notices of Intent to Initiate Litigation pursuant to Chapter 766 on each Defendant, including Orlando Health, VSC, Molitz, and Barrington.

59. Plaintiff served a corroborating, verified written medical expert opinion in support of the Notices of Intent, concluding to a reasonable

degree of medical probability that Defendants deviated from the prevailing professional standard of care in connection with DFSA recognition, time-critical toxicology counseling and specimen handling, and transfer-of-care communications.

60. The alleged medical negligence occurred on May 20, 2023.

61. Plaintiff obtained a statutory 90-day extension pursuant to Fla. Stat. § 766.104(2), effective May 16, 2025.

62. Plaintiff served Notices of Intent by certified mail on August 13, 2025.

63. The statute of limitations was tolled during the Chapter 766 pre-suit period and during the parties' stipulated extensions through December 31, 2025.

64. Defendants' first written rejection/termination of Plaintiff's pre-suit demand was received on December 23, 2025.

65. This action is timely filed within the post-termination filing window provided by Chapter 766 and within the applicable limitations period as extended and tolled.

VIII. CAUSES OF ACTION

COUNT I – MEDICAL NEGLIGENCE

(Against Paige Molitz, P.A.)

66. Plaintiff realleges and incorporates by reference paragraphs 1–65.

67. Molitz owed Plaintiff a duty to render emergency department care consistent with the prevailing professional standard of care applicable to reasonably prudent emergency providers under like circumstances.

68. Under the prevailing standard of care, Molitz was required to assess DFSA risk based on Plaintiff's history and symptoms, including profound memory loss, impaired lucidity, and reported sexual assault.

69. Under the prevailing standard of care, Molitz was required to provide medically appropriate counseling regarding time-sensitive toxicology testing options and to make medically appropriate testing and specimen-handling decisions.

70. Under the prevailing standard of care, when DFSA was suspected or could not be ruled out, Molitz was required to timely obtain and preserve appropriate specimens for medically appropriate DFSA toxicology assessment within the detection window.

71. Under the prevailing standard of care, because Plaintiff exhibited impaired memory and potential fluctuating lucidity, Molitz was

required to execute or ensure a clinically competent transfer of care, affirmatively communicating DFSA indicators and time-sensitive testing considerations to VSC in a manner that did not depend on Plaintiff's compromised ability to self-advocate.

72. Molitz breached the foregoing duties by failing to timely obtain and preserve specimens for medically appropriate DFSA toxicology assessment, failing to provide clinically appropriate DFSA counseling and documentation, and failing to execute or ensure a clinically competent transfer of care communicating DFSA indicators and time-sensitive testing considerations.

73. Molitz's breaches were a legal and proximate cause of the permanent loss of the ability to clinically assess and document incapacitating substances within the medically appropriate detection window and deprived Plaintiff of informed medical counseling and discharge safety planning based on confirmed or ruled-out intoxication.

74. These injuries are complete once the medically appropriate detection window closes and are not contingent on proving that a particular substance would have been detected; they arise from the loss of time-sensitive clinical assessment and intoxication-informed care.

75. As a direct result, Plaintiff suffered damages to be proven at trial, including exacerbation of trauma, mental anguish and emotional distress, and the need for medical and counseling treatment, among other compensable damages.

COUNT II – MEDICAL NEGLIGENCE

(Against Kay Barrington, R.N.)

76. Plaintiff realleges and incorporates by reference paragraphs 1–65.

77. Barrington owed Plaintiff a duty to render SAFE/SANE forensic medical services consistent with the prevailing professional standard of care applicable to reasonably prudent forensic nurse examiners under like circumstances.

78. Under the prevailing standard of care, Barrington was required to assess DFSA risk based on objective indicators, including memory loss, impaired lucidity, and reported sexual assault, and to recognize that DFSA cannot be ruled out merely because the patient cannot identify a specific drug.

79. Under the prevailing standard of care, Barrington was required to counsel Plaintiff regarding medically appropriate toxicology testing

options and timing, obtain informed consent when feasible, and document DFSA indicators and the clinical rationale for testing decisions.

80. Under the prevailing standard of care, when DFSA was suspected or could not be ruled out, Barrington was required to timely obtain, preserve, and/or utilize appropriate specimens for medically appropriate DFSA toxicology assessment within the detection window, and to document the clinical rationale for any decision not to do so.

81. Barrington breached the foregoing duties by failing to provide clinically appropriate DFSA counseling, failing to order, perform, preserve, or utilize available specimens for medically appropriate DFSA toxicology assessment, and failing to document DFSA indicators and the clinical rationale for testing decisions.

82. Barrington's breaches were a legal and proximate cause of the permanent loss of the ability to clinically assess and document incapacitating substances within the medically appropriate detection window and deprived Plaintiff of informed medical counseling and discharge safety planning based on confirmed or ruled-out intoxication.

83. These injuries are complete once the medically appropriate detection window closes and are not contingent on proving that a particular

substance would have been detected; they arise from the loss of time-sensitive clinical assessment and intoxication-informed care.

84. As a direct result, Plaintiff suffered damages to be proven at trial, including exacerbation of trauma, mental anguish and emotional distress, and the need for medical and counseling treatment, among other compensable damages.

COUNT III – Vicarious Liability For Medical Negligence

(Against Orlando Health, Inc.)

85. Plaintiff realleges and incorporates by reference paragraphs 1–65.

86. Orlando Health provided emergency department care to Plaintiff through employees, agents, and/or apparent agents acting within the course and scope of their employment and/or agency.

87. Orlando Health's employees, agents, and/or apparent agents owed Plaintiff duties consistent with the prevailing professional standard of care applicable to emergency department providers under like circumstances.

88. Orlando Health's employees, agents, and/or apparent agents breached the standard of care as alleged in this Complaint, including failures

in clinical DFSA assessment, counseling, time-critical specimen handling, documentation, and clinically competent transfer-of-care communications.

89. Those breaches were a legal and proximate cause of the permanent loss of the ability to clinically assess and document incapacitating substances within the medically appropriate detection window and deprived Plaintiff of informed medical counseling and discharge safety planning based on confirmed or ruled-out intoxication.

90. These injuries are complete once the medically appropriate detection window closes and are not contingent on proving that a particular substance would have been detected; they arise from the loss of time-sensitive clinical assessment and intoxication-informed care.

91. Plaintiff suffered damages as a direct result, including exacerbation of trauma, mental anguish and emotional distress, and the need for medical and counseling treatment, among other compensable damages.

COUNT IV – INSTITUTIONAL MEDICAL NEGLIGENCE

(Against Orlando Health, Inc.)

92. Plaintiff realleges and incorporates by reference paragraphs 1–65.

93. Orlando Health owed Plaintiff institutional duties arising from the rendering of medical care and services, including a duty to adopt,

implement, and enforce reasonable policies, training, supervision, and clinical pathways to ensure DFSA-competent emergency department care.

94. Under the prevailing standard of care, Orlando Health was required to maintain an emergency department pathway that enables time-critical clinical assessment, counseling, and appropriate specimen handling when DFSA indicators are present.

95. Under the prevailing standard of care, Orlando Health was required to maintain and enforce transfer-of-care protocols that ensure material DFSA indicators, documented memory impairment, and time-sensitive testing considerations are affirmatively and reliably communicated to receiving providers.

96. Orlando Health breached its institutional duties by failing to maintain and enforce DFSA-competent policies, training, supervision, and transfer-of-care procedures sufficient to ensure timely, medically appropriate toxicology decisions and specimen handling in DFSA-indicated presentations.

97. Orlando Health's institutional breaches were a legal and proximate cause of the permanent loss of the ability to clinically assess and document incapacitating substances within the medically appropriate

detection window and deprived Plaintiff of informed medical counseling and discharge safety planning based on confirmed or ruled-out intoxication.

98. These injuries are complete once the medically appropriate detection window closes and are not contingent on proving that a particular substance would have been detected; they arise from the loss of time-sensitive clinical assessment and intoxication-informed care.

99. Plaintiff suffered damages as a direct result, including exacerbation of trauma, mental anguish and emotional distress, and the need for medical and counseling treatment, among other compensable damages.

COUNT V – Vicarious Liability For Medical Negligence

(Against VSC)

100. Plaintiff realleges and incorporates by reference paragraphs 1–65.

101. VSC provided SAFE/SANE forensic medical services to Plaintiff through employees, agents, and/or apparent agents acting within the course and scope of their employment and/or agency.

102. VSC's employees, agents, and/or apparent agents owed Plaintiff duties consistent with the prevailing professional standard of care applicable to forensic medical services under like circumstances.

103. VSC's employees, agents, and/or apparent agents breached the standard of care as alleged in this Complaint, including failures in clinical DFSA assessment, counseling, time-critical specimen handling, documentation, and DFSA-competent clinical workflows.

104. Those breaches were a legal and proximate cause of the permanent loss of the ability to clinically assess and document incapacitating substances within the medically appropriate detection window and deprived Plaintiff of informed medical counseling and discharge safety planning based on confirmed or ruled-out intoxication.

105. Plaintiff suffered damages as a direct result, including exacerbation of trauma, mental anguish and emotional distress, and the need for medical and counseling treatment, among other compensable damages.

COUNT VI – INSTITUTIONAL MEDICAL NEGLIGENCE

(Against VSC)

106. Plaintiff realleges and incorporates by reference paragraphs 1–65.

107. VSC owed Plaintiff institutional duties arising from the rendering of forensic medical services, including a duty to adopt, implement, and enforce DFSA-competent clinical workflows and communication practices.

108. Under the prevailing standard of care, VSC was required to maintain workflows ensuring that DFSA-critical information obtained during intake is reliably communicated to the examining clinician before DFSA toxicology decisions are made.

109. Under the prevailing standard of care, VSC was required to maintain and enforce clinical practices ensuring that DFSA-indicator presentations trigger medically appropriate DFSA counseling, informed consent, documentation, and time-critical specimen handling.

110. VSC breached its institutional duties by maintaining workflows and communication practices that foreseeably separated DFSA-critical intake information from the clinician's decision-making, and by failing to enforce DFSA-competent practices sufficient to ensure timely, medically appropriate toxicology decisions and specimen handling.

111. VSC's institutional breaches were a legal and proximate cause of the permanent loss of the ability to clinically assess and document incapacitating substances within the medically appropriate detection window and deprived Plaintiff of informed medical counseling and discharge safety planning based on confirmed or ruled-out intoxication.

112. Plaintiff suffered damages as a direct result, including exacerbation of trauma, mental anguish and emotional distress, and the need for medical and counseling treatment, among other compensable damages.

JURY DEMAND

113. Plaintiff demands trial by jury on all issues so triable.

WHEREFORE, Plaintiff demands judgment against Defendants for compensatory damages, costs, interest as allowed by law, and such other relief as the Court deems just and proper.

Respectfully submitted this 16th day of February, 2026

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