

St. Peter's Surgery & Endoscopy Center

Return Mail Processing Center
PO Box 6336
Portland, OR 97228-6336

<<Mail ID>>

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<<Address 5>>

<<City>><<State>><<Zip>>

<<Country>>

<<Date>>

Dear <<Name1>>:

St. Peter's Surgery and Endoscopy Center (the "Center") takes the privacy and confidentiality of our patients' information very seriously. Regrettably, we are writing to advise you of an incident that may have involved that information.

On January 8, 2018, we learned that an unauthorized third party gained access to our servers on that same day. We immediately took steps to secure the information on those servers and began an investigation. We have no evidence that any patient information was specifically accessed or used in any way. However, we were unable to definitively rule that out. As a patient previously treated at the Center, your information was contained on the servers in question, and would have included your name, date of birth, address, dates of service, diagnosis code, procedure codes and Medicare information (which contains your social security number).

While we have no indication that your information was accessed or misused, out of an abundance of caution, we are offering you a complimentary one-year membership to the fraud detection tools available through Experian IdentityWorksSM. This product provides you with superior identity detection and resolution of identity theft. To start monitoring your personal information, please follow the steps on the following page.

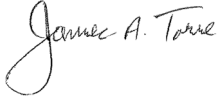
If you believe there was fraudulent use of your information and would like to discuss how you may be able to resolve those issues, please reach out to an Experian agent. If, after discussing your situation with an agent, it is determined that identity restoration support is needed, then an Experian Identity Restoration agent is available to work with you to investigate and resolve each incident of fraud that occurred (including, as appropriate, helping you with contacting credit grantors to dispute charges and close accounts; assisting you in placing a freeze on your credit file with the three major credit bureaus; and assisting you with contacting government agencies to help restore your identity to its proper condition).

Please note that this offer is available to you for one-year from the date of this letter and does not require any action on your part at this time. The Terms and Conditions for this offer are located at www.ExperianIDWorks.com/restoration. You will also find self-help tips and information about identity protection at this site. We also recommend you review the statements you receive from Medicare. If you see charges for services you did not receive, please contact Medicare immediately.

The Center is an entity governed and operated separately from St. Peter's Hospital and Albany Gastroenterology Consultants. This incident was limited to information on the Center's servers and **did not** involve or affect any servers or information at St. Peter's Hospital, Albany Gastroenterology Consultants, or any of the other affiliated surgeons or healthcare organizations.

We deeply regret any concern or inconvenience this incident may cause. As indicated, the Center considers the privacy and confidentiality of our patients' information of the utmost importance. To help prevent the possibility of any future computer security incidents, the Center is implementing even more stringent information security standards, increasing staff training, and investigating the purchase of additional and more elaborate anti-fraud and virus protection software. Should you have any questions, please contact 1-888-604-3385, 9:00 am to 9:00 pm, Eastern Time, Monday through Friday.

Sincerely,

A handwritten signature in cursive script that reads "James A. Torre". The signature is written in black ink and is positioned above the printed name.

James Torre
St. Peter's Surgery and Endoscopy Center

Activate Experian IdentityWorksSM Now in Three Easy Steps

- To activate the membership is <https://www.experianidworks.com/3bcredit>
- Your code is: <<**Activation Code**>>
- Toll-free number for enrollments/questions is 877-890-9332
- Enrolment end date: <<**Enrollment Date**>>

If you have questions about the product, need assistance with identity restoration that arose as a result of this incident or would like an alternative to enrolling in Experian IdentityWorks online, please contact Experian's customer care team at 877-890-9332 by 5.31.2018. Be prepared to provide engagement number <<**Engagement Number**>> as proof of eligibility for the identity restoration services by Experian.

ADDITIONAL DETAILS REGARDING YOUR 12-MONTH EXPERIAN IDENTITYWORKS MEMBERSHIP:

A credit card is **not** required for enrollment in Experian IdentityWorks.

You can contact Experian **immediately** regarding any fraud issues, and have access to the following features once you enroll in Experian IdentityWorks:

- **Experian credit report at signup:** See what information is associated with your credit file. Daily credit reports are available for online members only.*
- **Credit Monitoring:** Actively monitors Experian, Equifax and Transunion files for indicators of fraud.
- **Identity Restoration:** Identity Restoration specialists are immediately available to help you address credit and non-credit related fraud.
- **Experian IdentityWorks ExtendCARETM:** You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.
- **\$1 Million Identity Theft Insurance^{**}:** Provides coverage for certain costs and unauthorized electronic fund transfers.

What you can do to protect your information: There are additional actions you can consider taking to reduce the chances of identity theft or fraud on your account(s). Please refer to www.ExperianIDWorks.com/restoration for this information.

Once your enrollment in Experian IdentityWorks is complete, you should carefully review your credit report for inaccurate or suspicious items. If you have any questions about Experian IdentityWorks, need help understanding something on your credit report or suspect that an item on your credit report may be fraudulent, please contact Experian's customer care team at 877-890-9332.

Even if you choose not to take advantage of the identity theft protection services we are offering, we recommend that you remain vigilant to the possibility of fraud and identity theft by reviewing your credit card, bank, and other financial statements for any unauthorized activity. You may also obtain a copy of your credit report, free of charge, directly from each of the three nationwide credit reporting agencies once every 12 months. To order your credit report, please visit www.annualcreditreport.com or call toll free at 877-322-8228. Contact information for the three nationwide credit reporting agencies is as follows:

Equifax
P.O. Box 740241
Atlanta, GA 30374
www.equifax.com
(800) 685-1111

Experian
P.O. Box 2002
Allen, TX 75013
www.experian.com
(888) 397-3742

TransUnion
P.O. Box 2000
Chester, PA 19016
www.transunion.com
(800) 680-7289

If you believe you are the victim of identity theft or have reason to believe your personal information has been misused, you should contact the Federal Trade Commission and/or your state attorney general. Contact information for the Federal Trade Commission is as follows:

Federal Trade Commission
600 Pennsylvania Avenue, NW
Washington, DC 20580
www.ftc.gov/idtheft
(877) 438-4338

If you are a North Carolina resident, the contact information for your attorney general is as follows:

Attorney General's Office
9001 Mail Service Center
Raleigh, NC 27699
www.ncdoj.gov
(919) 716-6400

Credit Freezes (for Massachusetts Residents): Massachusetts law gives you the right to place a security freeze on your consumer reports. A security freeze is designed to prevent credit, loans and services from being approved in your name without your consent. Using a security freeze, however, may delay your ability to obtain credit. You may request that a freeze be placed on your credit report by sending a request to a credit reporting agency by certified mail, overnight mail or regular stamped mail to the address below:

Equifax:
P.O. Box 105788
Atlanta, GA 30348
www.equifax.com

Experian:
P.O. Box 9554
Allen, TX 75013
www.experian.com

TransUnion LLC:
P.O. Box 2000
Chester, PA, 19022-2000
freeze.transunion.com

Unlike a fraud alert, you must separately place a credit freeze on your credit file at each credit reporting company. The following information should be included when requesting a security freeze (documentation for you and your spouse must be submitted when freezing a spouse's credit report): full name, with middle initial and any suffixes; Social Security number; date of birth (month, day and year); current address and previous addresses for the past five (5) years; and applicable fee (if any) or incident report or complaint with a law enforcement agency or the Department of Motor Vehicles. The request should also include a copy of a government-issued identification card, such as a driver's license, state or military ID card, and a copy of a utility bill, bank or insurance statement. Each copy should be legible, display your name and current mailing address, and the date of issue (statement dates must be recent). The credit reporting company may charge a reasonable fee of up to \$5 to place a freeze or lift or remove a freeze, unless you are a victim of identity theft or the spouse of a victim of identity theft, and have submitted a valid police report relating to the identity theft to the credit reporting company.

* Offline members will be eligible to call for additional reports quarterly after enrolling

** Identity theft insurance is underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. (AIG). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.