

If you were notified in or around April 2021 by Bricker & Eckler that your personal, medical or financial information you submitted to certain health care providers was breached by a third party, you may be eligible for monetary compensation from this class action settlement.

Si desea recibir esta notificación en español, llámenos o visite nuestra página web.

A settlement has been reached in a class action lawsuit relating to the inadvertent exposure of individuals' personal information during a ransomware attack ("Incident") on Bricker & Eckler ("Bricker"). Bricker was in possession of files from certain health care systems containing personal and medical information as part of its representation of these health care systems. The Plaintiffs claim that the health care systems and Bricker were responsible for the Incident. The health care systems and Bricker deny they did anything wrong. The Court has not decided which side is right. Instead, the parties have decided to settle this case.

WHO IS INCLUDED? Records provided by the health care systems and Bricker show that you are an individual potentially impacted by the Incident, and who was mailed a notification of the Incident around April 2021. Therefore, you are included in this Settlement as a "Settlement Class Member."

MONETARY SETTLEMENT BENEFITS. Bricker will create a \$1,950,000 Settlement Fund. If you spent time dealing with fraud or identity theft or to protect yourself from future harm fairly traceable to the Incident, then you may make a claim for reimbursement for your time. All Settlement Class Members may submit a claim for reimbursement of Undocumented Time up to four (4) hours at \$20.00 per hour (up to \$80). No documentation is necessary to submit an Undocumented Time claim, and a Claim Form is attached to this Notice. If you spent time dealing with fraud or identity theft or to protect yourself from future harm that is fairly traceable to the Incident and can provide Reasonable Documentation to support your claim ("Documented Time claim"), then you may make a claim for reimbursement for up to 8 additional hours at \$20 per hour (up to an additional \$160). Examples of Reasonable Documentation include documents such as receipts, telephone records, or contemporaneous correspondence. The Settlement Fund also will be used to reimburse Settlement Class Members for unreimbursed and documented Out-of-Pocket expenses incurred in addressing the effects of the Incident or losses related to the Incident, up to \$5,000.00 per individual. Go to www.southernohiohealthsystemsdatabreachsettlement.com to submit a claim for Out-of-Pocket Losses or Documented Time.

THE ONLY WAY TO RECEIVE A MONETARY BENEFIT IS TO FILE A CLAIM. Undocumented Time Claims can be filed using the attached claim form and Out-of-Pocket Losses or Documented Time Claims can be filed online at www.southernohiohealthsystemsdatabreachsettlement.com. To print a Claim Form, visit the settlement website or call 1-888-846-0459. Claims must be postmarked by December 21, 2022, to be timely.

OTHER OPTIONS. If you do nothing, you will remain in the class, you will not be eligible for benefits, you will be bound by the decisions of the Court and give up your rights to sue Bricker and the health care systems for the claims resolved by this Settlement. If you do not want to be legally bound by the Settlement, you must exclude yourself by November 7, 2022. To exclude yourself from the Settlement, you must complete and mail a request for exclusion form, postmarked no later than November 7, 2022. You may also visit the settlement website, www.southernohiohealthsystemsdatabreachsettlement.com, to download a request for exclusion form. If you stay in the Settlement, you may object by November 7, 2022. A more detailed notice and FAQs are available on the website which explain how to exclude yourself or object. You can also call 1-888-846-0459 to request the more detailed notice. On November 17, 2022, at 3:00 pm Eastern, the Court will hold a Fairness Hearing to determine whether to approve the Settlement. Class Counsel's request for attorneys' fees not to exceed \$649,935.00, their request for reimbursement of expenses, and a service award of \$2,500 for each Plaintiff. The fees motion will be posted on the settlement website. This is only a summary notice. For more information, call 1-888-846-0459 or visit www.southernohiohealthsystemsdatabreachsettlement.com.

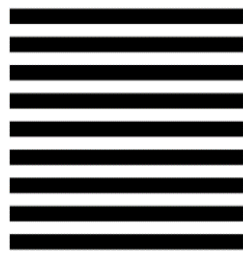
*In Re: Southern Ohio Health Systems
Data Breach Settlement*



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 84 IRVINE CA

POSTAGE WILL BE PAID BY ADDRESSEE




CPT GROUP INC
CLASS ACTION ADMINISTRATORS
50 CORPORATE PARK
IRVINE CA 92606-9905

In Re: Southern Ohio Health Systems Data Breach Settlement

Hamilton County Court of Common Pleas, Case No. A2101886

c/o CPT Group, Inc.

50 Corporate Park

Irvine, CA 92606

PRESORTED
First Class
U.S. Postage
PAID

ELECTRONIC SERVICE REQUESTED

In Re: Southern Ohio Health Systems Data Breach Settlement Undocumented Time Claim Form

Complete this Claim Form, tear at perforation above, and return by U.S. Mail postmarked no later than December 21, 2022.

You may submit this Claim Form if you wish to submit a claim for reimbursement of Undocumented Time up to four (4) hours at \$20.00 per hour (up to \$80) for self-certified Undocumented Time. However, if you spent time dealing with fraud or identity theft or to protect yourself from future harm that is fairly traceable to the Incident and can provide Reasonable Documentation of your claim for this time ("Documented Time" claim), then you also may make a claim for reimbursement for up to eight (8) additional hours at \$20 per hour (up to an additional \$160). Examples of Reasonable Documentation include documents such as receipts, telephone records, or contemporaneous correspondence.

Claims for cash payment for Documented Time or Out-of-Pocket Losses or Extraordinary Out-of-Pocket Losses must be submitted online at www.southernohiohealthsystemsdatabreachsettlement.com using your CPT ID Number and Passcode or by printing a Claim Form from the website. Mailed claim forms must be postmarked no later than December 21, 2022.

CASH PAYMENT: UNDOCUMENTED TIME SPENT: If you spent time trying to recover from fraud or identity theft caused by this Incident, or if you spent time trying to avoid fraud or identity theft because of the Incident (for example, researching the Incident, placing or removing credit freezes on your credit files, purchasing credit monitoring services, reviewing your account information for unusual activity, or taking other actions), complete and mail this form to file a Claim.

How much time did you lose related to the data breach (up to 4 hours)? _____
Hours

By signing and submitting this Claim, I certify as being true to the best of my knowledge and recollection that I spent the amount of time indicated above dealing with fraud or identity theft or to protect myself from future harm and that this time spent is fairly traceable to the Incident.

HOW WOULD YOU LIKE TO RECEIVE YOUR CASH PAYMENT?

Check a box below and provide the email or phone number associated with your account if you want to receive your payment via PayPal or Venmo. If you do not check a box below, you will receive a check in the mail (the barcode on this claim form is associated with your name and address). Checks must be cashed within 90 days.

PayPal (If checked) PayPal e-mail address: _____

Venmo (If checked) Venmo phone number: _____

I affirm under the laws of the United States that the information supplied in this claim form is true and correct to the best of my knowledge.

Signature: _____ Date: _____