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Q1655-L02-0000002 P001 T00001 *****SCH 5-DIGIT 12345

[ORIGINAL FULL NAME]

APT ABC

123 ANY STREET

ANYTOWN, ST 12345-6789



July 20, 2026

Re: Notice of Breach of Protected Health Information

[Mail Merge-Greeting] [Original Full Name],

UCLA Health is writing to notify you of a recent incident potentially involving your protected health information (“PHI”). We take the privacy and security of patient information very seriously and are providing this notice to explain what happened, what information was involved, the steps we have taken in response, and resources available to you.

What Happened? On July 2, 2026, UCLA Health determined that your patient information was accessed and disclosed on [ACCESS_DT], to an outside healthcare provider in a manner inconsistent with UCLA Health policies governing protected health information. UCLA Health promptly investigated the incident. At this time, UCLA Health has not identified any evidence that your information has been further disclosed or otherwise misused.

What Information Was Involved? The information involved was contained in your medical record. It varied by individual and may have included your name, address, date of birth, and health insurance information, as well as clinical information, such as referral orders. For some individuals, the affected information may have also included the last four digits of a Social Security number. No full Social Security numbers, financial account numbers, or payment card information were involved.

What We Are Doing. We understand receiving a notice such as this can create concern, and we regret that your personal information was impacted. Protecting patient information is a top priority for UCLA Health. Upon identifying this incident, UCLA Health promptly initiated an investigation and have taken additional steps to safeguard patient PHI by deploying additional monitoring and enhanced system controls.

What Can You Do. To date, we are not aware of any misuse of your information beyond the disclosure described above. We encourage you to review statements you receive from your health plan or providers and to monitor your free annual credit reports for suspicious activity and to detect errors. You may obtain a free copy of your credit report online at www.annualcreditreport.com, by calling toll free 1-877-322-8228, or by mailing an Annual Credit Report Request Form (available at www.annualcreditreport.com) to: Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA, 30348-5281. You may also obtain a copy of your credit report by contacting one or more of the three national credit reporting agencies listed below:

Equifax
P.O. Box 740241
Atlanta, GA 30374-0241
1-866-349-5191
www.equifax.com

Experian
P.O. Box 9701
Allen, TX 75013-9701
1-888-397-3742
www.experian.com

TransUnion
P.O. Box 1000
Chester, PA 19016-1000
1-800-888-4213
www.transunion.com

To help protect your identity, we are offering complimentary access to Experian IdentityWorks for 12 months.

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If you believe there was fraudulent use of your information as a result of this incident 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 from the date of the incident (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 Identity Restoration is available to you for 12 months 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.

While identity restoration assistance is immediately available to you, we also encourage you to activate the fraud detection tools available through Experian IdentityWorks as a complimentary 12-month membership. This product provides you with superior identity detection and resolution of identity theft. To start monitoring your personal information, please follow the steps below:

- Ensure that you **enroll by** October 31, 2026 by 11:59 pm UTC (Your code will not work after this date.)
- Visit the Experian IdentityWorks website to enroll: <https://www.experianidworks.com/RR3Bplus>
- Provide your activation code: ABCDEFGHI

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 by October 31, 2026 at 833-745-1349 Monday – Friday, 6 am - 6 pm Pacific Time (excluding major U.S. holidays). Be prepared to provide engagement number ENGAGE# 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.
- **Internet Surveillance:** Technology searches the web, chat rooms & bulletin boards 24/7 to identify trading or selling of your personal information on the Dark Web.
- **Identity Restoration:** Identity Restoration specialists are immediately available to help you address credit and non-credit related fraud.
- **Experian IdentityWorks ExtendCARE™:** 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.
- **Lost Wallet:** Provides assistance with canceling/replacing lost or stolen credit, debit, and medical cards.

UCLA Health values the trust you place in us and regrets any concern this incident may cause. Safeguarding patient information is a responsibility we take seriously, and we remain committed to protecting your privacy. If you have questions or would like additional information, please contact 833-745-1349 Monday through Friday, from 6 am - 6 pm Pacific Time (excluding US holidays). Please be prepared to reference engagement number ENGAGE# when speaking with an agent.

Sincerely,

Office of Compliance Services
UCLA Health