



<Date>

<Member Name>

<Member Address>

<City, State, Zip Code>

Dear <Member Name>:

We are sending you this letter to inform you of an information processing error that may have involved accidental disclosure of your information. On January 24, 2014, we became aware that some L.A. Care Covered members who logged onto our payment portal were able to see another member's name, address and member identification number.

Upon learning of this issue we temporarily disabled the payment portal and promptly began to investigate the issue. We were able to confirm that the disclosures took place between January 22, 2014 to January 24, 2014 and were the result of a manual information processing error which we have since corrected. We were also able to confirm that the information disclosed was limited to member name, address and member identification number and did not include any other information, such as Social Security number, Driver's License number, or financial account numbers.

Although we have no indication that your information was misused, we will be sending you a new member identification number and new card with the replacement identification number.

Please keep a copy of this notice for your records. For information about your medical privacy rights, we recommend you visit the website of the California Department of Justice, Privacy Enforcement and Protection at www.privacy.ca.gov.

Your privacy is very important to us. We regret that this incident occurred and want to assure you that we are reviewing and revising our procedures and practices to minimize the risk of this happening again. Should you need any further information about this incident, please contact L.A. Care's Privacy Officer at PrivacyOfficer@lacare.org, by telephone at 1-855-270-2327, or letter to 1055 West 7th Street, 10th Floor, Los Angeles, CA 90017.

We will be happy to answer any questions or concerns you may have.

Sincerely,

Veronica Richardson
Privacy & Information Security Officer