North Carolina Security Breach Reporting Form Pursuant to the Identity Theft Protection Act of 2005

Name of Business Owning or Licensing Information Affected by the Breach: Pediatric Services of America, Inc.	PLEASE SUBMIT FORM TO: Consumer Protection Division
Address: PediaTic Services of America, Loc. Norcross, Georgia 30072	NC Attorney General's Office
Telephone: (770) 840-3234	Raleigh, NC 27699-9001 Telephone: (919) 716-6000
Fax: (770) 840 3234	Toll Free in NC: (877) 566-7226
Email: jhamilton & psahealthcare, com	FAX: (919) 716-6050
Date Security Breach Reporting Form submitted: 8/15/04 (Original	A notice letter sent 8/7/06)
Date the Security Breach was discovered: 07/15/66	
Estimated number of affected individuals: 51,000 pathonwide	<u></u>
Estimated number of NC residents affected: 7,089	
Name of business maintaining or possessing information that was the subbusiness that experienced the Security Breach is not the same entity as the Breach (pursuant to N.C.G.S. § 75-65(b):	-
Describe the circumstances surrounding the Security Breach and state who in electronic or paper format: Longary-word laptop con Cur on 7/15/04; Computer Contained Sensitive personal data in a	meter was stoken from an employee
Regarding electronic information breached, state whether the information was password protected or encrypted in some manner. Ves I measures protecting the information: The laptop Computer was parties of the computer was partie	f so, please describe the security
Describe any measures taken to prevent a similar Security Breach from on have been revised to limit and restrict downloading of sensitive personal Security Numbers from our data systems; and, we intend to	enal date we are deletive individual
Date affected NC residents were/will be notified: Notice letters 5	ent on 8/8/06 internation,
If there has been any delay in notifying affected NC residents, describe the delay pursuant to N.C.G.S. § 75-65(a) and (c)):	•
If the delay was pursuant to a request from law enforcement pursuant to N. written request or the contemporaneous memorandum.	C.G.S. § 75-65(c), please include the
Please attach copy of the notice if in written form or a copy of telepho	notice nic notice (email) one notice ute notice
Signature: Contact Person, Title: Address: (if different from above) Telephone: (170) 840-3734 Fax: (770) 840-3234 Email	Date: 8/15/Wp



August 8, 2006

[Guar-Name] [Guar-Address1] [Guar-Address2] [Guar-City], [Guar-State] [Guar-Zip]

Re: Notice Regarding Potential Theft of Patient Information

Control # [Control #]

Dear [Guar-Name]:

We are writing to inform you that confidential patient information contained on a laptop computer of an employee of Pediatric Services of America ("PSA") may have been obtained by an unauthorized individual following the theft of the laptop computer from the PSA employee's car on July 15, 2006. We sincerely regret that this incident has occurred and apologize for any inconvenience that it causes you. To date, the laptop computer has not been recovered. Unfortunately, the records on the laptop computer appear to have contained confidential information about [Patient], including some or all of the following: name and address, Social Security Number, and medical diagnostic and treatment information used in the preparation of reimbursement claims for services provided by PSA to [Patient]. It should be noted that the confidential information did not include any banking information or credit card numbers.

We would like to assure you that we are working diligently with law enforcement to identify and prosecute the responsible person(s) and to recover the stolen laptop computer. We have also initiated our own investigation and will continue our efforts to locate the laptop as well as take steps to enhance the security of our confidential patient records contained on other PSA computers. More importantly, we want you to be aware of the situation so that you can take precautions to protect yourself against the possibility of becoming a victim of identity theft from any unauthorized acquisition of your Social Security Number or other information.

In order to help minimize the possible future misuse of patient information, we suggest you immediately consider taking the steps outlined on the attached sheet entitled "IMPORTANT STEPS TO HELP PREVENT FRAUD," including calling the toll-free number referenced in item #7. The attached information page covers these points in more detail, and includes explanations as to how these actions can help protect [Patient] from becoming a potential victim of identity theft.

We stand ready and willing to provide you assistance. Again, we sincerely regret that this theft has occurred and we will be doing all that we can to protect the confidential patient information in our possession and minimize any further inconvenience to you.

Yours truly,

Daniel J. Kohl President & Chief Executive Officer

IMPORTANT STEPS TO HELP PREVENT FRAUD

- 1. Carefully review all of your banking and credit card account statements issued since July 15, 2006 and report any unauthorized transactions to the applicable bank or credit card company. You may wish to consider changing the account numbers on your existing banking and credit card accounts if you see any suspicious activity. This will help you to avoid future risk by eliminating the ability of unauthorized individuals to access your accounts through the use of your old account numbers.
- 2. Notify your financial institution(s) and credit card companies that you received this notice. This will provide them with notice that information relating to you may have been viewed or accessed by an unauthorized party.
- 3. Contact the fraud department at the three major credit bureaus listed below and ask them to place a "fraud alert" on your credit file. When you place an initial fraud alert with one of the bureaus, your request will be automatically forwarded to the other bureaus which, in turn, will also place fraud alerts on your credit file. Please note: placing a fraud alert on your credit file will make it more difficult for a criminal to open a fraudulent account in your name; however, it may also make it more difficult for you to open a new account as well because extra steps in the approval process will be required to verify your identity. Although we recommend that you place a fraud alert on your credit file as a precautionary measure, you may wish to discuss with the credit bureau how you might minimize inconveniences to you during the time the fraud alert is active.

Experian: (888) 397-3742 or <u>www.experian.com</u>

Equifax: (877) 478-7625 or <u>www.equifax.com</u>

TransUnion: (800) 680-7289 or <u>www.transunion.com</u>

- 4. Obtain a copy of your credit report from each of the three major credit reporting agencies and review them to be sure they are accurate and include only authorized accounts. You are entitled to one free copy of your report annually. To order your report, you may visit www.annualcreditrreport.com or call toll-free (877) 322-8228. Carefully review your credit report to verify that your name, address, account, and any other information is accurate and notify the credit reporting agencies of any errors you detect.
- 5. Visit the Federal Trade Commission's ("FTC") website at www.ftc.gov to obtain additional information about how to protect against identity theft. You may also wish to contact the FTC at (877) FTC-HELP (877-382-4357) or TTY: (866) 653-4261 if you have further general questions about identity theft.
- 6. Remain vigilant over the next 12 to 24 months and report any suspected incidents of identity theft or other misuse of your personal information immediately.
- 7. You may call us toll-free immediately at 1-866-752-5259, as we have set up a 24-hour/7-day per week information service to document your questions or concerns about this matter.