

**SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF SAN DIEGO**

*R.O., et al. v. Rady Children’s Hospital-San Diego,*

Lead Case No. 37-2020-00011841-CU-BT-CTL (consolidated with *Orozco, et al. v. Rady Children’s Hospital-San Diego*, Case No. 37-2020-00023102-CU-NP-CTL)

**CLAIM FORM FOR RADY DATA SECURITY INCIDENT BENEFITS**

If you or your child was a patient who was admitted as radiology patients or received radiology-related treatment or services at one of Defendant’s hospital, satellite or urgent care locations on or before January 3, 2020 and were mailed a letter sent by Rady Children’s Hospital – San Diego (“Rady” or “Defendant”) entitled “Notice of Data Security Incident,” dated February 21, 2020 (hereinafter the “Class” or “Class Members”), you are eligible to receive benefits from the Class Action Settlement in the above-mentioned matter.

This Claim Form may be submitted online at [www.radyprivacyclassaction.com](http://www.radyprivacyclassaction.com) or mail your completed and signed Claim Form to:

R.O., et al. v. Rady Children’s Hospital-San Diego  
c/o ILYM Group, Inc.  
P.O. Box 2031  
Tustin, CA 92781

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY:  
MARCH 30, 2022**

**CLASS MEMBER INFORMATION**

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of the settlement benefits, you must notify the Settlement Administrator in writing at the address above.

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Please update the Settlement Administrator if any of this information changes.

In order for you receive a guaranteed cash payment and the opportunity to enroll in one (1) year of identity theft protection at no cost, you must affirm that you received a Notice of Data Security Incident letter, dated February 21, 2020, from Rady, sent to affected patients, or their parents or guardians, regarding a data security incident regarding between the dates of June 20, 2019 and January 3, 2020 that involved radiology-related patient information that was accessed without authorization via an Internet port.

**Questions? Go to [www.radyprivacyclassaction.com](http://www.radyprivacyclassaction.com) or call (888) 250-6810**

1. Did you receive a Notice of Data Security Incident letter from Rady, dated February 21, 2020?
  - o Yes
  - o No
2. Sub-Class 1 Settlement Class Members who timely submit this Claim Form will receive One Hundred Twenty-Five Dollars (\$125.00). Sub-Class 2 Settlement Class Members who timely submit this Claim Form will receive Thirty-Five Dollars (\$35.00).
3. Sub-Class 1 and Sub-Class 2 Settlement Class Members who submit this Claim Form will be provided the opportunity to enroll, at no expense to the Settlement Class Member, in Experian IdentityWorks for twelve (12) months.

***Claim for Out-of-Pocket Expenses***

You can also submit a claim for reimbursement of Out-of-Pocket expenses. In order to receive payment for Out-of-Pocket Expenses, you must submit reasonable documentation that the out-of-pocket expenses and charges claimed were actually incurred and more likely than not arose from the Data Security Incident. Failure to provide required supporting documentation shall result in denial of the out-of-pocket portion of the claim. Settlement Class Members seeking reimbursement of out-of-pocket expenses must exhaust all provided identity Theft Protection or similar benefits provided by any third party before Defendant is responsible for any expenses claimed for such expenses.

<b>Out-of-Pocket Expense</b> (Check all that apply)	<b>Date of Loss</b>	<b>Amount of Expense</b>	<b>Description of Supporting Documentation</b> (Identify what you are attaching)
<input type="checkbox"/> Long distance telephone charges as a result of Rady Data Security Incident			<i>Examples: Receipt or account statement reflecting charges</i>
<input type="checkbox"/> Cell minutes (if charged by minute), Internet usage charges (if charged by the minute or by the amount of data usage and incurred solely as a result of the RadyData Security Incident), and text messages (if charged by the message and incurred solely as a result of the Rady Data Security Incident)			<i>Examples: Receipt or account statement reflecting charges</i>

<input type="checkbox"/> Unreimbursed charges from banks or credit card companies as a result of the Rady Data Security Incident			<i>Example: Receipts or account statements reflecting charges</i>
<input type="checkbox"/> Unreimbursed costs for credit reports as a result of the Rady Data Security Incident			<i>Example: Account statements reflecting costs or charges</i>
<input type="checkbox"/> Unreimbursed costs of credit monitoring and identity theft protection first purchased by Settlement Class Members between February 21, 2020, and the Claims Deadline because of the Rady Data Security Incident			<i>Example: Account statements reflecting costs or charges</i>
<input type="checkbox"/> Other Out-of-Pocket Expenses reasonably incurred as a result of the Rady Data Security Incident (provide detailed description)			<i>Please provide detailed description of supporting documentation</i>

**ATTESTATION AND SIGNATURE**

I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that the compensation I am claiming is based on losses I reasonably believe to the best of my knowledge were the result of the Rady Data Security Incident.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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