[Date]

[Insert Recipient’s Name]
[Insert Address]
[Insert City, State, Zip]

***RE: Important Security Notification
Please read this entire letter.***

Dear [Insert customer name]:

**What Happened?**

We are writing to let you know about an information security situation that potentially could affect you, and to share with you the steps we have taken to address it.

On June 22, 2021, Sacramento County was the target of a malicious phishing campaign in an unknown threat actor obtained access to several employees’ credentials and began using those credentials to access the users’ Webmail. An internal investigation has determined that the exposed emails contained personally identifiable information.

While we have no indication that any data was misused, we are taking the precaution of notifying you so you can, if you deem appropriate, take additional steps to protect yourself and your information.

**What Information Was Involved?**

Please note, the information was limited to your first name, last name, date of birth, and medical health information such as service type, location of service, dates of service, and diagnosis/condition.  It did not contain any other information, such as Social Security number, Driver's License number, or financial account numbers, which could expose you to identity theft. Nonetheless, we felt it necessary to inform you since your medical information was involved.

**What we are doing to protect your information:**

Sacramento County deeply regrets any inconvenience this incident may cause you. This event has been reported to the Sacramento Sheriff (Case #21-211501) and Department of Homeland Security (Case#2021-USCERTv3142X8).To help prevent something like this from happening in the future, technical safeguards have been implemented to prevent further access to any PHI. Additional safeguards include reviewing and revising our policies and procedure and Security Awareness training to minimize the risk of recurrence.

To help protect your identity, we are offering a complimentary 12-month membership of Experian’s® IdentityWorksSM. This product provides you with superior identity detection and resolution of identity theft.  To activate your membership and start monitoring your personal information please follow the steps below:

* Ensure that you **enroll by**: **March 31, 2022** (Your code will not work after this date.)
* **Visit** the Experian IdentityWorks website to enroll:  www.experianidworks.com/credit
* Provide your **activation code**: **[code]**

If you have questions about the product, need assistance with identity restoration or would like an alternative to enrolling in Experian IdentityWorks online, please contact Experian’s customer care team by **March 31, 2022.** Be prepared to provide engagement number **XXXXXXX** 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 files for indicators of fraud.
* **Identity Restoration:** Identity Restoration specialists are immediately available to help you address credit and non-credit related fraud.
* **Experian IdentityWorks ExtendCARETM**: You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.
* **Up to $1 Million Identity Theft Insurance\*\*:**  Provides coverage for certain costs and unauthorized electronic fund transfers.

If you believe there was fraudulent use of your information 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 (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 this Identity Restoration support 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](http://www.ExperianIDWorks.com/restoration).  You will also find self-help tips and information about identity protection at this site.

**For More Information:**

For information about your privacy rights, you may visit the website of the California Department of Justice, Privacy Enforcement and Protection at <https://www.oag.ca.gov/privacy>.

We sincerely apologize for this incident and regret any inconvenience it may cause you. Should you need any further information about this incident, please contact *Rick Pearson.*

Sincerely,

Rick Pearson Health Program Manager
Sacramento County Public Administrator/Guardian/Conservator

\* Offline members will be eligible to call for additional reports quarterly after enrolling

\*\* The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.