

<<Date>> (Format: Month Day, Year)

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<<first_name>> <<middle_name>> <<last_name>> <<suffix>>
<<address_1>>
<<address_2>>
<<city>>, <<state_province>> <<postal_code>>
<<country >>
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Dear <<first name>> <<middle name>> <<last name>> <<suffix>>,

UCare Minnesota ("UCare") works hard to protect your private information. But we had an incident that may have involved some of your information. We have no proof that any information has been misused. This letter explains the incident, steps we took, and steps you can take.

### What happened?

In late April of this year, UCare became aware of unusual network activity. We quickly started to look into it with the assistance of a computer forensic firm. Between May 15 and May 21, we learned that on May 4, 2020, some email accounts were accessed by an unknown person.

#### What actions did UCare take?

UCare changed passwords for our email accounts. We also enhanced security for our email accounts. We reviewed emails and attachments in the accounts. The review found member information that may have been accessible.

#### What personal information may have been affected?

On September 1, 2020, we discovered that one or more of the email accounts may have contained some of your information. The information may have included your name, date of birth, healthcare provider name(s), treatment and/or diagnosis information, health insurance member ID number, and/or claim cost information.

#### What can you do to protect yourself?

UCare does not have any proof that your information was taken or misused. We always suggest that you review any statements you receive from UCare or your healthcare provider. If you see charges or services you did not receive, please contact UCare or your provider immediately.

#### What has UCare done to prevent something like this from happening again?

We regret any concern this incident may cause you. We have taken steps to help prevent this from happening again. We educated employees about email security and enhanced email security. We train and test all UCare employees about email security. We use technology to help prevent such incidents and to protect your privacy.

### Where can you get more information?

Michell Pand Homple

If you have any questions, please call 1-888-604-0289, Monday through Friday, between 8:00 am and 5:30 pm Central Time.

Sincerely,

Michelle David-Hample

Privacy Officer UCare Minnesota 500 Stinson Blvd. NE Minneapolis, MN 55413

# Toll Free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

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ما أذلاحظة: إرتد مسادعة مجانية لتجرمة هه الوثيذقصتة، ال على الرقم أعلاه

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက္၊ ဖဲနမ့်၊လိဉ်ဘဉ်တ၊မၤစၢၤကလီလ၊တ၊ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံးနှဉ်, ကိုးဘဉ်လီတဲစိနီါဂ်ါလ၊ထးအံးနှဉ်တက္၊

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

# **Civil Rights Notice**

**Discrimination is against the law.** UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age

- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

**Auxiliary Aids and Services.** UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services. UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

# **Civil Rights Complaints**

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

# U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age

- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

U.S. Department of Health and Human Services'

Office for Civil Rights

200 Independence Avenue SW

Room 515F

**HHH Building** 

Washington, DC 20201

Customer Response Center: Toll-free: 800-368-1019

TDD 800-537-7697 Email: ocrmail@hhs.gov

## Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

race

creed

color

sex

sexual orientation

religion

national origin

marital status

 public assistance status

disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights

540 Fairview Avenue North

Suite 201

St. Paul, MN 55104

651-539-1100 (voice)

800-657-3704 (toll free)

711 or 800-627-3529 (MN Relay)

651-296-9042 (Fax)

Info.MDHR@state.mn.us (Email)

## Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age

- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

### **UCare Complaint Notice**

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political belief

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

#### **UCare**

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052
Toll free: 1-800-203-7225
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org