



**STAMFORD PODIATRY GROUP**

1234 Summer Street, Suite 202  
Stamford, CT 06905

STATE OF NH  
DEPT OF JUSTICE  
2016 MAY 26 AM 11:29

Attorney General Joseph Foster  
Attorney General's Office  
33 Capitol Street  
Concord, NH 03301

May 24, 2016

*Re: Stamford Podiatry Group, P.C. –  
Notice of Data Security Incident Affecting 24 New Hampshire Residents*

Dear Attorney General Foster:

We are writing to inform you of a data security incident that we believe may have compromised the security of 24 New Hampshire residents' personal information. Below we have provided a more detailed account of the pertinent facts that are known to us at this time.

**Nature of the Data Security Incident**

Based on our investigation to date, it appears that unauthorized persons with unknown and potentially malicious intent gained covert access to our systems between February 22 and April 14, 2016, including the ability to access our electronic health records database. After consulting with a third-party cybersecurity expert, we determined that, although there is no conclusive evidence that any patient information was accessed and copied, we also cannot conclusively confirm that no patient information was accessed and copied. As a result, we are taking the conservative view that all current and former patients with information stored in our electronic health records database may be at risk and are notifying those patients accordingly.

**Notice to New Hampshire Residents**

Each of the 24 New Hampshire residents with information stored in our electronic health records database will be sent written notice of the data security incident on or around May 25, 2016. The notice will be in substantially the same form as either of the exhibits attached to this letter. For individuals receiving notice in the form of **Exhibit A**, personal information that may have been accessed includes medical history and treatment information contained in our electronic health records database, including identifying information, such as name, Social Security number, date of birth, gender, marital status, address, telephone number, and email address, the names of treating and referring doctors, and insurance coverage information. For individuals receiving notice in the form of **Exhibit B**, personal information that may have been accessed includes only the identifying information referenced above, as no other medical history and treatment information for these individuals is stored electronically on our systems.

**Other Steps Taken or To Be Taken**

In addition to providing written notification to potentially affected individuals as described above, we will offer each of those individuals one year of credit monitoring through Equifax, at no cost to those individuals. The Equifax service also includes fraud victim assistance as well as identity theft reimbursement insurance.



Return Mail Processing Center  
P.O. Box 6336  
Portland, OR 97228-6336

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<<first name>> <<last name>>  
<<Address1>>  
<<Address2>>  
<<City>><<State>><<Zip>>

<<Date>>

**Re: Stamford Podiatry Group, P.C. - Notice of Data Security Incident**

Dear <<first name>> <<last name>>:

**Equifax Activation Code:** <<code>>

We are writing to inform you of a potentially malicious cyber intrusion of our computer systems that may have resulted in unauthorized access to your personal information. Below please find further information about the incident, the steps we have taken in response, and measures you can take to reduce the risk of unauthorized use of your personal information. Although we are not aware of any misuse of your personal information, we are providing one year of credit monitoring at no cost to you and have enclosed details on how to enroll below. We sincerely regret any worry or inconvenience this incident may have caused.

What happened: Based on our investigation to date, it appears that unauthorized persons with unknown and potentially malicious intent gained covert access to our systems between February 22 and April 14, 2016, including the ability to access our electronic health records database. Although we have not been able to confirm that your personal information was accessed and copied, we have not been able to rule out that possibility and encourage you to take the protective measures described below.

What information was involved: Information that may have been accessed includes your medical history and treatment information contained in our electronic health records database, including your identifying information, such as name, Social Security number, date of birth, gender, marital status, address, telephone number, and email address, the names of your treating and referring doctors, and your insurance coverage information.

What we are doing to protect your information: Since discovering the incident on April 14, 2016, we have completed a thorough forensic review and taken appropriate measures to ensure termination of all unauthorized access to our systems. We have also implemented and are continuing to implement additional security measures designed to protect our systems against future intrusions. We have retained cybersecurity experts to assist us in these efforts.

In addition, to help you protect your identity, we are offering you a one-year enrollment in the Equifax Credit Watch credit monitoring service, at no cost to you. That service helps detect possible misuse of your personal information, provides regular notifications and alerts and 24/7 customer service, and insures against and assists with responding to identity theft.

To activate the service, please follow the steps below **before August 31, 2016** (no credit card needed):

1. **Go to Website:** Go to [www.myservices.equifax.com/silver](http://www.myservices.equifax.com/silver).
2. **Enter Code:** Enter the Activation Code provided at the top of this letter in the "Activation Code" box and click the "Submit" button.
3. **Register:** Complete the form with your contact information (name, gender, home address, date of birth, Social Security Number and telephone number) and click the "Continue" button.
4. **Create Account:** Complete the form with your email address, create a User Name and Password, check the box to accept the Terms of Use and click the "Continue" button.
5. **Verify ID:** The system will then ask you up to four security questions to verify your identity. Please answer the questions and click the "Submit Order" button.
6. **Order Confirmation:** This page shows you your completed enrollment. Please click the "View My Product" button to access the product features.



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What information was involved: Information that may have been accessed includes certain identifying information contained in our electronic health records database, such as your name, Social Security number, date of birth, gender, marital status, address, telephone number, and email address, the names of your treating and referring doctors, and your insurance coverage information. No other medical history or treatment information of yours was involved as none is stored electronically on our systems.

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3. Register: Complete the form with your contact information (name, gender, home address, date of birth, Social Security Number and telephone number) and click the "Continue" button.
4. Create Account: Complete the form with your email address, create a User Name and Password, check the box to accept the Terms of Use and click the "Continue" button.
5. Verify ID: The system will then ask you up to four security questions to verify your identity. Please answer the questions and click the "Submit Order" button.
6. Order Confirmation: This page shows you your completed enrollment. Please click the "View My Product" button to access the product features.