

NOTICE OF PERSONAL INFORMATION IDENTIFIED IN COMPUTER SYSTEM

«Name» <<Mail Date>>
«Addr1»
«Addr2»
«City» «State» «Zip»

Unique Class Member ID: XXXXXX

Dear <<INSERT NAME>>:

You are receiving this notice because you are a Settlement Class Member in the case of *John Doe v. California Department of Public Health et al.*, Los Angeles Superior Court, Case No. 20STCV32364.

During the investigation of the case the California Department of Public Health conducted an audit of the computer systems of Defendants Premier Pharmacy, Evolve Healthcare, Inc, and Gary “Julian” Goldstein.

Your name, and potentially other personal information, was discovered in a computer system maintained by <<Premier Pharmacy>> <<Evolve Healthcare and Gary “Julian” Goldstein (Defendants Evolve Healthcare, Inc. and Gary “Julian” Goldstein maintain a single computer).>>

As part of the Settlement in this case you have the right to have your information removed and permanently deleted. To do so you must complete the enclosed form and return it to the address provided.

Please sign the attached request form using only your unique Class Member ID provided above. To protect your privacy, please do not sign using your actual name and do not return this cover page.

Sincerely,

JND Legal Administration
Settlement Administrator

Questions? Call 1-877-381-0385 toll free or visit www.ThriveTribeSettlement.com

**Si necesita asistencia en español, por favor llame al 1-877-381-0385
Para una notificación en español, www.ThriveTribeSettlement.com**

**PERSONAL INFORMATION DELETION REQUEST AND AUTHORIZATION FOR
USE AND DISCLOSURE OF PERSONAL INFORMATION**

I understand that my name and potentially other personal identifying information about me has been located in a computer system maintained by <<Premier Pharmacy>> <<Evolve Healthcare and Gary “Julian” Goldstein.>>

By entering my unique Class Member ID, I am requesting that all of my personal information be removed from all computer systems maintained by (please check the appropriate box):

- <<Premier Pharmacy>>
- <<Evolve Healthcare, Inc. and Gary “Julian” Goldstein>>

I also hereby authorize the Settlement Administrator, JND Legal Administration, to share my name, and Social Security number (only if determined to be necessary for identification purposes), with the California Department of Public Health and <<Premier Pharmacy>> <<Evolve Healthcare and Gary “Julian” Goldstein>> for the sole purpose of ensuring that all of my personal information is deleted. <<Premier Pharmacy>> <<Evolve Healthcare and Gary “Julian” Goldstein>> shall process those deletions promptly. This authorization is in effect until the deletions are processed, when it expires.

DATED: _____

Class Member ID No. _____

RETURN THIS FORM TO:

Thrive Tribe Settlement
c/o JND Legal Administration
P.O. Box 91306
Seattle, WA 98111

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