

**MUST BE  
POSTMARKED ON  
OR BEFORE  
March 18, 2016**

**Chapin v. Los Robles  
c/o GCG  
P.O. Box 35100  
Seattle, WA 98124-1100  
Toll-Free: 1 (866) 825-1423**

LRH

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF VENTURA  
*Leah Chapin v. Los Robles Hospital & Medical Center*  
Case No. 56-2014-00454001-CU-NP-VTA

**POSSIBLE UNAUTHORIZED MEDICAL RECORD ACCESS CLAIM FORM**

Return this claim form to: Chapin v. Los Robles c/o GCG P.O. Box 35100 Seattle, WA 98124-1100

**Questions:** Visit [www.MedicalRecordSettlement.com](http://www.MedicalRecordSettlement.com) or call 1 (866) 825-1423

**INSTRUCTIONS:** If you received medical treatment at Los Robles Regional Medical Center (“Los Robles”) in February or March 2014 and have been notified by Los Robles that your medical record may have been improperly accessed or stolen while being transported to Los Robles’ business office by an outside courier service, you may be entitled to a monetary settlement payment if the settlement of this lawsuit is finally approved by the Court. **YOU MUST SUBMIT THIS CLAIM FORM IN ORDER TO RECEIVE A SETTLEMENT PAYMENT.**

**Deadlines:** The deadline to submit a claim is March 18, 2016.

**CLAIMANT INFORMATION**

*Please Type or Print in the Boxes Below; Do NOT Use Red Ink, Pencil, or Staples*

First Name

MI

Last Name

Mailing Address (Street, PO Box, Suite Name or Office Number, as applicable)

City

State

ZIP

QUESTIONS? CALL TOLL-FREE 1 (866) 825-1423 Or VISIT [www.MedicalRecordSettlement.com](http://www.MedicalRecordSettlement.com)

To view GCG's Privacy Notice, please visit [www.GardenCityGroup.com/privacy](http://www.GardenCityGroup.com/privacy)



**ADDITIONAL INFORMATION**

Last 4 Digits of Social Security No.    Date of Treatment in Feb. or March 2014 Received at Los Robles Reg. Med. Ctr.

    

Email Address (optional)

Username

Domain Name

@

Telephone Number (optional)

(    )    -

**SIGNATURE & CERTIFICATION**

I understand that my claim may be selected for audit, and hereby agree that if my claim is selected for audit, I will (i) execute a form authorizing access to records and providing such additional information necessary to audit the claim; and will (ii) timely supplement my claim with additional information or documentation pursuant to an audit of my claim. I hereby declare under penalty of perjury that I am the person who received medical treatment at Los Robles Regional Medical Center (“Los Robles”) on the date(s) identified above in March or April 2014, that I received notice from Los Robles or that my medical record may have been improperly accessed or stolen while it was being transported, and that the information I am providing in support of my claim is true and correct.

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

Date (mm/dd/yyyy): \_\_\_\_\_

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

Mail your claim to: Chapin v. Los Robles  
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