

**ADVANCED
PHYSICAL THERAPY**

OF ALBANY, PC

747 Madison Avenue Suite #1, Albany, New York 12208 Tel: 518.443.2279 Fax: 518.443.7246

F A X C O V E R S H E E T

Date: July 9, 2008

To: NYS AG, CSCIC, CPB

Re: Security Breach Notification

From: () Thomas J. Marston, MSPT () Karen Klein, Office Administrator

() Liesl Burnham, PT

Sandra Marston

() Urgent () For Your Review () Reply ASAP () Please Comment

Memo: _____

Number of pages, including cover sheet: 3

C o n f i d e n t i a l i t y S t a t e m e n t

"The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee listed above. If you have received this copy in error, please immediately notify us by telephone to arrange for return of the original document for use".

Please Note: If you do not receive all the pages of this transmission, please contact our office at (518) 443-2279 as soon as possible. Thank you!

NEW YORK STATE SECURITY BREACH REPORTING FORM
Pursuant to the Information Security Breach and Notification Act
(General Business Law §899-aa; State Technology Law §208)

Name of Entity: Advanced Physical Therapy of Albany PC
Street Address: 747 Madison Ave. Suite 1
City: Albany State: NY Zip Code: 12208

Sector (please select one): Local Government State Government Federal Government
 Not-for-profit Commercial Educational

Type of Business (please select one): Biotech/Pharm Education Financial Services
 Health Care Insurance Retail/Internet Telecom. Transportation
 Other _____

Persons Affected: Total: 1526 Dates: Breach Occurred: June 28th or 29th 2008
NY residents: All Breach Discovered: June 30th 2008
Consumer Notification: July 10th 2008

Reason for delay, if any, in sending notice: ^(owners) We were on vacation when it happened.
Have just returned on 6th and will have letter going out on 10th maybe 11th

Description of Breach (please select all that apply): Hacking incident, Inadvertent disclosure;
 Stolen computer, CD, tape, etc; Lost computer, CD, tape, etc; Insider wrongdoing;
 other (specify): _____ (Attach additional description if necessary)

Information Acquired (please select all that apply): Name; SSN; Driver's license no.;
 Account number; Credit or Debit card number; Other (specify): _____

Manner of Notification to Affected Persons (Attach Copy): Written; Electronic (email);
 Telephone; Substitute notice (provide justification). List dates of any previous (within 12 months)
breach notifications: _____

Credit Monitoring or Other Service Offered: Yes; No; Duration: _____
Service: _____ Provider: _____

Submitted by: Sandra Marston Title: Office Manager
Firm Name (if other than entity): _____
Telephone: 518 207-5596 Email: smarston@nycap.rr.com

Dated: 7/8/08

ADVANCED
PHYSICAL THERAPY
OF ALBANY, PC

747 Madison Avenue Suite#1, Albany, New York 12208 • Tel: 518.443.2279 • Fax: 518.443.7246

July 8, 2008

To Our Valued Patients:

Advanced Physical Therapy of Albany, PC recently experienced a security breach of our computer system, which stores personal information of our patients including names, addresses, and social security numbers. Although our computer system maintains high security standards thus rendering it unlikely that an unauthorized person has acquired your personal information, we are apprising you of this breach as a courtesy.

We invite you to contact us if you have any questions or concerns at the telephone number and/or address listed above. Thank you for choosing Advanced Physical Therapy of Albany, PC for your care and we look forward to serving you in the future.

Very truly yours,

Advanced Physical Therapy of Albany, PC