

**North Carolina Security Breach Reporting Form
Pursuant to the Identity Theft Protection Act of 2005**

Name of Business Owning or Licensing Information Affected by the Breach: THE DENTAL NETWORK
Address: 1946 Greenspring Dr.
TIMONUM, MD 21093
Telephone: (see below)
Fax: _____
Email: _____

PLEASE SUBMIT FORM TO:
Consumer Protection Division
NC Attorney General's Office
9001 Mail Service Center
Raleigh, NC 27699-9001
Telephone: (919) 716-6000
Toll Free in NC: (877) 566-7226
FAX: (919) 716-6050

*Date Security Breach Reporting Form submitted: 4/4/2008
Date the Security Breach was discovered: 2-20-2008
Estimated number of affected individuals: 74256
Estimated number of NC residents affected: 95
Name of business maintaining or possessing information that was the subject of the Security Breach, if the business that experienced the Security Breach is not the same entity as the business reporting the Security Breach (pursuant to N.C.G.S. § 75-65(b)): N/A

Describe the circumstances surrounding the Security Breach and state whether the information breached was in electronic or paper format: access to member data on public website was unprotected from outside exposure - for a limited time - approximately 2 weeks

* Regarding electronic information breached, state whether the information breached or potentially breached was password protected or encrypted in some manner. NO If so, please describe the security measures protecting the information: _____

* Describe any measures taken to prevent a similar Security Breach from occurring in the future: see attached letter

Date affected NC residents were/will be notified: 3-17-08

If there has been any delay in notifying affected NC residents, describe the circumstances surrounding the delay pursuant to N.C.G.S. § 75-65(a) and (c): N/A

If the delay was pursuant to a request from law enforcement pursuant to N.C.G.S. § 75-65(c), please include the written request or the contemporaneous memorandum.

How NC residents were/will be notified? (pursuant to N.C.G.S. § 75-65(e))

- written notice
 electronic notice (email)
 telephone notice
 substitute notice

Please attach copy of the notice if in written form or a copy of any scripted notice if in telephonic form.

Signature: [Signature] Date: 3/20/2008
Contact Person, Title: C. Arevalo Director, Critical Incident Response
Address: 8625 SW Cascade Ave. STE 310 Beaverton, OR 97008
(if different from above)
Telephone: 503 860 1576 Fax: (800) 298-8457 Email: Christine.Arevalo@

identity safe guards.com

DRAFT

[date]

Dear [insert name],

This letter is to advise you of a recent accidental data exposure that occurred on The Dental Network's public website. On February 20, 2008, The Dental Network (TDN) learned that, for a limited period of time, access to member data on its website was left unprotected from outside exposure. This data included personal information about you and other TDN members, including your name, Social Security number, address(es) and date of birth.

Please be assured that your data is now secure and that a careful and thorough investigation into the potential risk to members has been our top priority since this was first discovered. TDN understands the value of your personal information and the potential risk that such a breach presents. So that you thoroughly understand this issue, as well as what TDN is doing to mitigate any risks, I am providing you with answers to several frequently asked questions.

Has my personal information been stolen or compromised?

At this time, we have no evidence that anyone has used the personal information that was maintained on our website. You are only being notified because, for approximately two weeks, your personal data was accessible to the public. While such exposure does not necessarily mean that your personal information was taken, any risk – regardless of how slight – should be taken seriously.

Has TDN resolved the issue that allowed this breach to occur?

Yes, upon learning of the breach, the TDN website was taken offline immediately. The data is now secure, and the issues leading to this breach have been corrected.

What is TDN doing to protect me from identity theft?

TDN is taking the following measures to mitigate this breach and to protect you from the possibility of identity theft.

1. We have engaged *Identity Safeguards*, an organization experienced in addressing such issues, to work on our behalf. Identity Safeguards are experts in this field, and they are available to address your concerns, answer your questions, and provide any additional information you may need through our member hotline at (866) 879-7402. Representatives are available to take your calls Monday – Friday, 9 am – 9 pm (Eastern Time).
2. TDN has made arrangements to provide you with a one year membership in Identity Safeguards' protection services. The membership includes 12 months of credit monitoring, as well as an insurance reimbursement component of up to \$30,000 and fraud restoration services in the unlikely event you experience identity fraud as a result of this incident. This membership and all of the included services are being provided at no cost to you by The Dental Network. To enroll with Identity Safeguards, please call our member hotline at (866) 879-7402 or visit the website described below. Please be aware that the deadline for registering with Identity Safeguards is **September 1, 2008**.

To enroll in the Identity Safeguards services, you will need the following **Access Code**: [code]

3. We have set-up a dedicated website – <http://ids.thedentalnet.org/> - that offers a one-stop site that features answers to questions you may have, as well as online enrollment in the identity theft protection services outlined above.
4. We have included, as an attachment to this letter, important tips for taking advantage of the protection services available to you.

TDN takes this breach very seriously. We deeply regret any concern this has caused, and we apologize for the inconvenience.

Sincerely,

Julie Fisher
Director, Dental Business Operations

MBR1208

The Dental Network is an independent licensee of the Blue Cross and Blue Shield Association

The Dental Network
c/o Identity Safeguards
Beaverton, OR 97008

The Dental Network

While the likelihood that this breach of data will result in identify theft is very low, there are still important precautionary measures that you can take to protect yourself. To assist, The Dental Network has outlined the following recommended steps.

Enroll in Identity Safeguards' Protection Services

The Dental Network has made available, at no cost to you, one year of identity protection services through Identity Safeguards. Membership in their program includes 12 months of credit monitoring, \$30,000 in identity theft insurance and fraud restoration services if you experience identity theft as a result of this incident. To enroll with Identity Safeguards, please call 1-866-879-7402 or visit <http://ids.thedentalnet.org/>.

Obtain a free copy of your credit report

Whether or not you choose to enroll in the Identity Safeguards program, you should obtain a copy of your credit report, for free, once a year from each credit reporting agency. You can obtain a free credit report by visiting www.annualcreditreport.com or by calling 1-877-322-8228.

Place a Fraud Alert on your credit file

You also have the right to place an initial "fraud alert" on your credit file. A fraud alert lets creditors know that they should contact you before they open any new accounts in your name. You can do this by calling any one of the three credit reporting agencies at the numbers below. You can also place fraud alerts online using the Experian website. You only need to place a fraud report with one of the agencies; they will then share your request with the other two. The fraud alert will stay on your credit files for 90 days, after which you may renew the alert for additional 90 day periods by calling any one of the three agencies.

Equifax

P.O. Box 740241
Atlanta, GA 30374-0241
1-800-525-6285
www.equifax.com

Experian

P.O. Box 2002
Allen, TX 75013
1-888-397-3742
www.experian.com

TransUnion

Fraud Victim Assistance Division
P.O. Box 6790
Fullerton, CA 92834-6790
1-800-680-7289
www.transunion.com

Review Your Credit Report

When you receive your credit report, review it carefully. Look for accounts you did not open. Look for inquiries from creditors that you did not initiate. Look for personal information, such as home address, employment or Social Security numbers that are not accurate. If you see anything you do not understand, call the credit agency at the telephone number on the report.

If your credit report indicates fraud or identity theft, call your local police or sheriff's office and file a report of identity theft. Get a copy of the police report. You may need to give copies of the police report to creditors to clear up your records. If you suspect that you may be a victim of identity theft and you have enrolled in the Identity Safeguards program, you should contact them immediately. You will be able to speak with a knowledgeable advocate about your situation and, if needed, they will open a case to resolve the identity theft on your behalf.

For More Information

Should you wish to learn more about identity theft and how to protect yourself, you may contact the Federal Trade Commission at (877) 382-4357. The FTC website, www.consumer.gov/idtheft/, also offers additional information on identity theft that you may find helpful.