

Your claim must
be submitted
online or
postmarked by:
March 6, 2026

Jarrell v. Adena Health System
Case No. 25CI000419
Court of Common Pleas for Ross County, Ohio

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ONLINE TRACKING TOOLS SETTLEMENT CLAIM FORM

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: “All patients of Defendant who logged into its patient portal between November 1, 2022 and June 3, 2024.”

Excluded from the Settlement Class are: (1) the Judge in this case, and the Judge’s family and staff; (2) Adena and its employees, officers, and directors; (3) Adena’s Counsel and in-house counsel; and (4) anyone who validly excludes themselves from the Settlement.

COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS

AVAILABLE BENEFITS

Adena has agreed to pay for two benefits that are available to all Class Members.

You may file a claim for one or both of these benefits.

BENEFITS

Privacy Monitoring. All Class Members are eligible to enroll in one year of CyEx Privacy Shield Global. This comprehensive service is designed to restore users' privacy and anonymity, and includes:

- Dark Web scanning
- compromised password scanning
- VPN, password manager, and other online privacy tools

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

Cash Payment. All Class Members may claim a one-time **\$21.00** cash payment. You do not have to provide any proof or explanation to claim this payment.

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If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@AdenaPixelSettlement.com
- Call toll free, 24/7: (833) 417-4976
- By mail: Adena Tracking Tools Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799

**THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT
WWW.ADENAPIXELSETTLEMENT.COM.**

You may also print out and complete this Claim Form and submit it by U.S. mail.

An electronic image of the completed Claim Form can also be emailed to info@AdenaPixelSettlement.com

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. **Please print legibly.**

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Unique ID (if known)

II. PRIVACY MONITORING

- Check this box if you would like to enroll in one year of **Privacy Monitoring** services.

III. CASH PAYMENT (you may submit a claim for Privacy Monitoring in addition to a claim for a Cash Payment)

- Check this box if you want to claim a one-time **\$21.00** cash payment.

IV. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

- PayPal**
Email address, if different than you provided in Section 1: _____
- Venmo**
Mobile number, if different than you provided in Section 1: _____
- Zelle**
Email address or mobile number, if different than you provided in Section 1: _____
- Virtual Prepaid Card**
Email address, if different than you provided in Section 1: _____
- Physical Check**
Payment will be mailed to the address provided in Section 1.

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V. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date