Commonwealth of Massachusetts
PO Box 4405
Taunton, MA 02780-0419

MassHealth
Commonwealth of Massachusetts
Executive Office of Health and Human Services

[DATE]

[FIRST NAME] [LAST NAME]
[STREET ADDRESS1]
[STREET ADDRESS2]
[CITY/TOWN], [STATE] [ZIP CODE]
[MASSHEALTH ID]

Dear [FIRST NAME] [LAST NAME]:

We write to notify you of an unauthorized disclosure of your protected health information. In May 2026, MassHealth became aware of a document posted to a web page within mass.gov. The document contained your personal information, including your name, MassHealth ID, and Social Security number, and it may have contained information about payment for your health care and about an accident you experienced. The document was removed from the site as soon as we learned of the incident. This letter describes the actions we have taken and describes steps you can take to protect yourself, including requesting credit monitoring.

What happened: Through an investigation, MassHealth found that the document was posted December 22, 2025 and remained online until it was taken down on May 14, 2026. Although there were no links to this page on mass.gov, this document was findable via web search.

What MassHealth has done and is doing: After learning about this incident, MassHealth immediately took down the document from its website, confirmed that the document is no longer findable through major search engines and the Internet Archive, and opened an investigation. MassHealth is in the process of determining how this occurred and will take all appropriate action. MassHealth is additionally reviewing its procedures and will establish new safeguards to reduce the risk of a future incident.

What you can do to protect yourself: This incident involved your Social Security number. The following steps may help to protect yourself from potential harm.

1. **Monitor your credit:** You have the right under federal law to request one free copy of your credit report every 12 months. You can obtain your free annual credit report at AnnualCreditReport.com.

2. **Sign up for free credit monitoring:** To help protect your identity, we are offering complimentary access to Experian IdentityWorks℠ for 24 months.

   If you believe there was fraudulent use of your information as a result of this incident and would like to discuss how you may be able to resolve those issues, please reach out to an Experian agent. If, after discussing your situation with an agent, it is determined that identity restoration support is needed then an Experian Identity Restoration agent is available to work with you to investigate and resolve each incident of fraud that occurred from the date of the incident (including, as appropriate, helping you with contacting credit grantors to dispute charges and close accounts; assisting you in placing a freeze on your credit file with the three major credit bureaus; and assisting you with contacting government agencies to help restore your identity to its proper condition).

   Identity Restoration is available to you for 24 months from the date of this letter and does not require any action on your part at this time. The Terms and Conditions for this offer are located at www.ExperianIDWorks.com/restoration.

While identity restoration assistance is immediately available to you, we also encourage you to activate the fraud detection tools available through Experian IdentityWorks as a complimentary 24-month membership. This product provides you with superior identity detection and resolution of identity theft. To start monitoring your personal information, please follow the steps below:

- Ensure that you enroll by October 31, 2026, by 11:59 pm UTC (Your code will not work after this date.)
- Visit the Experian IdentityWorks website to enroll: https://www.experianidworks.com/3bplusmembership.
- Provide your activation code: [ACTIVATION CODE]

If you have questions about the product, need assistance with Identity Restoration that arose as a result of this incident or would like an alternative to enrolling in Experian IdentityWorks online, please contact Experian's customer care team by October 31, 2026, at (833) 931-7577 Monday – Friday, 8 am – 8 pm Central Time (excluding major U.S. holidays). Be prepared to provide engagement number B169304 as proof of eligibility for the Identity Restoration services by Experian.

Additional Details Regarding Your 24-Month Experian IdentityWorks Membership

A credit card is not required for enrollment in Experian IdentityWorks. You can contact Experian immediately regarding any fraud issues, and have access to the following features once you enroll in Experian IdentityWorks:

- Experian credit report at signup: See what information is associated with your credit file. Daily credit reports are available for online members only.[1]
- Credit Monitoring: Actively monitors Experian, Equifax and Transunion files for indicators of fraud.
- Internet Surveillance: Technology searches the web, chat rooms & bulletin boards 24/7 to identify trading or selling of your personal information on the Dark Web.
- Identity Restoration: Identity Restoration specialists are immediately available to help you address credit and non-credit related fraud.
- Experian IdentityWorks ExtendCARE™: You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.
- $1 Million Identity Theft Insurance :[2] Provides coverage for certain costs and unauthorized electronic fund transfers.

3. **Request a credit security freeze:** Massachusetts law also allows consumers to place a security freeze on their credit reports, **free of charge.** A security freeze prohibits a credit reporting agency from releasing any information from your credit report without your authorization. Please be aware that placing a security freeze on your credit report may delay, interfere with, or prevent the timely approval of any requests you make for new loans, credit cards, mortgages, employment, housing, or other services.

   To place a security freeze on your credit report, you must send a written request to each of the three major consumer reporting agencies—Equifax (www.equifax.com), Experian (www.experian.com), and TransUnion (www.transunion.com)—by phone; online form; or regular, certified, or overnight mail at the addresses below.

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[1] Offline members will be eligible to call for additional reports quarterly after enrolling.

[2] The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Equifax Information Services LLC
PO Box 105788
Atlanta, GA 30348-5788
(888) 298-0045
https://www.equifax.com/personal/credit-report-services/credit-freeze/

Experian
PO Box 9554
Allen, TX 75013
(888) 397-3742
https://www.experian.com/freeze/center.html

TransUnion
PO Box 160
Woodlyn, PA 19094
(800) 916-8800
https://www.transunion.com/credit-freeze

In order to request a security freeze, you will need to provide the following information.

1. Your full name (including middle initial as well as any suffixes such as Jr., Sr., II, or III)
2. Current address
3. Social Security number
4. Date of birth
5. If you have moved in the past five years, the addresses where you have lived over the prior five years
6. Proof of current address such as a current utility bill or telephone bill
7. A legible photocopy of a government-issued identification card (such as a state driver's license or ID card, military identification)
8. If you are a victim of identity theft, a copy of the police report, investigative report, or complaint to a law enforcement agency concerning identity theft

The credit reporting agencies have three business days after receiving your request to place a security freeze on your credit report. The credit bureaus must send you written confirmation you within five business days and give you a unique personal identification number (PIN) or password, or both, that you can use to authorize the removal or lifting of the security freeze.

To lift the security freeze to give a specific entity or individual access to your credit report, you must call the credit reporting agencies, or mail them a written request, and include proper identification (name, address, and Social Security number) and the PIN or password provided to you when you placed the security freeze, as well as the identities of the entities or individuals you would like to receive your credit report and the specific period of time you want the credit report available. The credit reporting agencies have three business days after receiving your request to lift the security freeze for the identified entities or specified period of time.

To remove the security freeze, you must send a written request to each of the three credit bureaus by mail and include proper identification (name, address, and Social Security number) and the PIN or password provided to you when you placed the security freeze. The credit bureaus have three business days after receiving your request to remove the security freeze.

Police Reports

Under Massachusetts law, you have the right to obtain a copy of any police report filed regarding this event. **Please note that because the release of your information was not a result of criminal activity, MassHealth has not filed a police report.** However, if you become the victim of identity theft as a result of this incident or for any other reason, you have the right to file a police report and obtain a copy of it.

MassHealth takes the confidentiality of your personal information very seriously, and we regret any harm, inconvenience, or concern this incident may cause you. If you have any questions, please call the MassHealth Customer Service Center at (800) 841-2900 or email the MassHealth Privacy Office at privacy.officer@mass.gov.

Sincerely,

Andrew Salzman

Deputy General Counsel and Chief Privacy Officer

This information is important. It should be translated right away.
We can translate it for you free of charge.
Call us at (800) 841-2900. TDD/TTY: 711.

Esta información es importante y debe ser traducida inmediatamente. Podemos traducirla para usted gratuitamente. Llámenos al (800) 841-2900 o por TDD/TTY: 711. (Spanish)

Esta informação é importante. Deverá ser traduzida imediatamente. Nós podemos traduzí-la para você gratuitamente. Entre em contato conosco no (800) 841-2900. TDD/TTY: 711. (Brazilian Portuguese)

此處的資訊十分重要，應立即翻譯。我們可以免費爲您翻譯。請撥打電話號碼 (800) 841-2900 (TDD/TTY: 711)，與我們聯繫。 (Chinese)

Enfòmasyon sa enpòtan. Yo fèt pou tradwi li tou swit. Nou kapab tradwi li pou ou gratis. Rele nou nan (800) 841-2900. TDD/TTY: 711. (Haitian Creole)

Những tin tức này thật quan trọng. Tin tức này cần phải thông dịch liền. Chúng tôi có thể thông dịch cho quý vị miễn phí. Xin gọi cho chúng tôi tại số (800) 841-2900. TDD/TTY: 711. (Vietnamese)

Эта информация очень важна. Ее нужно перевести немедленно. Мы можем перевести ее для вас бесплатно. Позвоните нам по телефону (800) 841-2900. TDD/TTY: 711. (Russian)

هذه المعلومات هامة. يجب ترجمتها فوراً. يمكننا ترجمتها لك مجاناً. اتصل بنا على الرقم 2900-841 (800). TDD/TTY: 711. (Arabic)

នេះគឺជាព័ត៌មានសំខាន់ៗ វាត្រូវតែបានបកប្រែភ្លាមៗ។ យើងអាចបកប្រែជាំសំរាប់អ្នក ដោយឥតគិតថ្លៃឡើយ។ សូមទូរស័ព្ទមកយើង តាមលេខ (800) 841-2900។ TDD/TTY: 711។ (Khmer)

Kel informasãu li é inportanti. El debe ser traduzidu lógu. Nu pode traduzi-l pa nhos sin kobra nada. Nhos txuma-nu pa (800) 841 2900. TDD/TTY: 711. (Cape Verdean Creole)

Cette information est importante. Prière de la traduire immédiatement. Nous pouvons vous la traduire gratuitement. Appelez-nous au (800) 841-2900. TDD/TTY: 711. (French)

Questa informazione e importante. Si pregha di tradurla inmediatamente. Possiamo tradurla per voi gratuitamente. Chiammate all (800) 841-2900. TDD/TTY: 711. (Italian)

이 정보는 중요합니다. 이는 즉시 번역해야 합니다. 저희는 귀하를 위해 이를 무료로 번역해드릴 수 있습니다. 일반 전화인 경우 (800) 841-2900로, TDD/TTY 전화인 경우 711로 연락해 주십시오. (Korean)

Αυτή η πληροφορία είναι σημαντική και πρέπει να μεταφραστεί άμεσα. Μπορούμε να τη μεταφράσουμε για εσάς δωρεάν. Καλέστε μας στον αριθμό (800) 841-2900. TDD/TTY: 711. (Greek)

To jest ważna informacja. Powinna zostać niezwłocznie przetłumaczona. My tłumaczymy dla Państwa bezpłatnie. Prosimy do nas zadzwonić pod nr (800) 841-2900. TDD/TTY: 711. (Polish)

यह जानकारी महत्वपूर्ण है। इसका अनुवाद भलीभांति किया जाना चाहिए। हम आपके लिए इसका अनुवाद निशुल्क कर सकते हैं। हमें (800) 841-2900। TDD/TTY: 711 पर कॉल करें। (Hindi)

આ માહિતી મહત્વની છે. તેનું તરત જ અનુવાદ થવું જોઇએ. અમે વિના મૂલ્યે તમારા માટે તેમ કરી શકીએ છીએ. અમને (800) 841-2900. TDD/TTY: 711 પર કૉલ કરો. (Gujarati)

ຂໍ້ມູນນີ້ສຳຄັນ. ມັນມີຄວາມຈຳເປັນຕ້ອງແປເລີຍ. ພວກເຮົາ ສາມາດຊ່ວຍແປໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາພວກເຮົາໄດ້ທີ່ (800) 841-2900. TDD/TTY: 711. (Lao)

This information is available in alternative formats such as braille and large print.
To get a copy, please call us at (800) 841-2900. TDD/TTY: 711.

MassHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, creed, sexual orientation or sex (including gender identity and gender stereotyping). MassHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, creed, sexual orientation or sex (including gender identity and gender stereotyping).

MassHealth provides

→ free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, braille, accessible electronic formats, and other formats)

→ free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, contact us at (800) 841-2900. TDD/TTY: 711.

If you believe that MassHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, religion, creed, sexual orientation, or sex (including gender identity and gender stereotyping), you can file a grievance with: Section 1557 Compliance Coordinator, 1 Ashburton Place, 11th Floor, Boston, Massachusetts 02108, Phone: (617) 573-1704, TTY: (617) 573-1696, Fax: (617) 889-7862, or email at: Section1557Coordinator@state.ma.us. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Compliance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or by phone at (800) 368-1019, (800) 537-7697 (TDD).

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.