

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

*Indicated a mandatory field

*Name of the Company or Government Agency owning or licensing information affected by the entity experiencing breach:

TRIAD RADIOLOGY ASSOCIATES

Entity Type: HEALTHCARE
Address: 3010 TRENWEST DRIVE
Apt/Suite/Building:
City: WINSTON-SALEM
State: NC
Zip Code: 27103
Telephone:
Fax:
Email:

*Date Security breach Reporting Form Submitted: 02/11/2026

Is this notice a supplement to a previously filed
Security Breach:

*Date the Security Breach was discovered: 12/10/2025

Breach Type: PHISHING

*Estimated number of affected individuals: 11011

*Estimated number of NC residents affected: 225

Name of company or government agency maintaining or possessing information that was the subject of the Security Breach, if the agency that experienced the Security Breach is not the same entity as the agency reporting the Security Breach (pursuant to N.C.G.S. 75-65(b))

Describe the circumstances surrounding the Security Breach: ON OR AROUND JULY 30, 2025, TRIAD RADIOLOGY ASSOCIATES (?TRA?) DISCOVERED SUSPICIOUS ACTIVITY RELATED TO ONE EMPLOYEE'S EMAIL ACCOUNT. UPON DISCOVERY, TRA TOOK IMMEDIATE ACTION TO SECURE THE ACCOUNT AND ENGAGED A TEAM OF THIRD-PARTY SPECIALISTS TO ASSIST WITH DETERMINING THE FULL NATURE AND SCOPE OF THE INCIDENT. THE INVESTIGATION DETERMINED THAT AN UNAUTHORIZED INDIVIDUAL HAD GAINED ACCESS TO ONE EMAIL ACCOUNT FOR A LIMITED TIME BETWEEN JULY 11, 2025, AND JULY 30, 2025. TRA THEN REVIEWED THE CONTENTS OF THE EMAIL ACCOUNT TO DETERMINE THE TYPES OF INFORMATION CONTAINED THEREIN AND TO WHOM THAT INFORMATION RELATED. ON DECEMBER 10, 2025, AFTER AN EXTENSIVE AND THOROUGH REVIEW OF THE POTENTIALLY AFFECTED DATA, TRA DETERMINED THAT A LIMITED AMOUNT OF PERSONAL INFORMATION MAY HAVE BEEN ACCESSED BY AN UNAUTHORIZED THIRD PARTY IN CONNECTION WITH THIS INCIDENT. WHILE THERE IS NO EVIDENCE TO SUGGEST THAT ANY INFORMATION HAS BEEN OR WILL BE FRAUDULENTLY MISUSED, WE ARE PROVIDING THIS NOTIFICATION IN AN ABUNDANCE OF CAUTION. ON FEBRUARY 9, 2026, TRA DISCOVERED THAT INFORMATION RELATED TO TWO-

HUNDRED AND ELEVEN (225) RESIDENTS OF NORTH CAROLINA MAY HAVE BEEN ACCESSED BY AN UNAUTHORIZED PARTY IN CONNECTION WITH THIS INCIDENT. THE INFORMATION WAS LIMITED TO FIRST AND LAST NAME IN COMBINATION WITH SOCIAL SECURITY NUMBER, FINANCIAL ACCOUNT NUMBER, DRIVER LICENSE NUMBER, MEDICAL INFORMATION, HEALTH INSURANCE POLICY NUMBER, AND USERNAME OR EMAIL ADDRESS AND PASSWORD.

Information Type: ACCOUNT #
DRIVER'S LICENSE
MEDICAL INFORMATION
SSN

*Regarding information breached, if electronic, was the information protected in some manner: YES

If YES, please describe the security measures protecting the information: ACCESS TO THE INFORMATION WAS PROTECTED BY COMPLEX PASSWORDS AND USER PERMISSIONS.

*Describe any measures taken to prevent a similar Security Breach from occurring in the future: FOLLOWING THE DISCOVERY OF THE INCIDENT, TRIAD SECURED ITS SYSTEM AND EMAIL TENANT. TRIAD IMMEDIATELY RETAINED A THIRD-PARTY TEAM OF COMPUTER SPECIALISTS TO ANALYZE ITS EMAIL TENANT AND INVESTIGATE THE FULL NATURE AND SCOPE OF THE INCIDENT. FURTHERMORE, TRIAD RESET APPLICABLE CREDENTIALS AND IMPLEMENTED ADDITIONAL TECHNICAL SAFEGUARDS AS WELL AS REVIEWED ITS POLICIES AND PROCEDURES RELATING TO DATA SECURITY TO PREVENT A SIMILAR INCIDENT FROM OCCURRING IN THE FUTURE.

*Date affected NC residents were/will be notified: 02/11/2026

Describe the circumstances surrounding the delay in notifying affected NC residents 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 attach or mail 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

Please note if the business demonstrates that the cost of providing notice would exceed two hundred fifty thousand dollars (\$250,000) or that the affected class of subject persons to be notified exceeds 500,000, or if the business does not have sufficient contact information or consent to satisfy subdivisions (1), (2) , or (3) of this subsection, for only those affected persons without sufficient contact information or consent, or if the business is unable to identify particular affected persons, for only those unidentifiable affected persons. Substitute notice shall consist of all the following:

- Email notice when the business has an electronic mail address for the subject persons
- Conspicuous posting of the notice on the Web site page of the business, if one is maintained
- Notification to major statewide media

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

Contact Information
Affiliation with entity
experiencing breach:

ATTORNEY

Organization Name:

CIPRIANI & WERNER, PC

Prefix:

*First Name:

AMANDA

Middle Name:

*Last Name:

RUGGIERI

Suffix:

Title:

Address:

Apt/Suite/building:

City:

State:

Zip Code:

*Telephone:

(610) 213-0105

Fax:

Email:

ARUGGIERI@C-WLAW.COM