

# Exhibit E

Settlement Administrator - #####  
c/o Kroll Settlement Administration LLC  
PO Box XXXX  
New York, NY 10150-XXXX

FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
CITY, ST  
PERMIT NO. XXXX

**ELECTRONIC SERVICE REQUESTED**

NOTICE OF CLASS ACTION  
SETTLEMENT

**If you received this  
Notice, you have been  
identified as someone  
eligible for benefits  
from a class action  
settlement regarding  
a Data Incident.**

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

**Postal Service: Please do not mark or cover**

<<FirstName>> <<LastName>>

<<BusinessName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

<<Country>>

A Settlement has been reached with American Addiction Centers, Inc. (“Defendant”) in a class action related to a Data Incident that occurred on or about September 26, 2024, which resulted in the unauthorized access to or acquisition of Settlement Class Members’ Private Information (names, addresses, phone numbers, dates of birth, medical record numbers or other identifiers, Social Security numbers, treatment information, and health insurance information). Defendant notified potentially impacted patients between November and December 2024 regarding the Data Incident. Defendant denies all of the Plaintiffs’ claims and maintains it did not do anything wrong.

**Am I included?** You are receiving this Notice because Defendant’s records identify you as included in the Settlement Class. The Settlement Class consists of all persons whose Private Information was potentially compromised in the Data Incident, including all individuals to whom Defendant sent an individual notification letter regarding the Data Incident.

**What does the Settlement provide?** If approved by the Court, Defendant will establish a \$2,750,000 Settlement Fund. After deducting Court-approved attorneys’ fees and expenses, Class Representative Service Award payments, and Settlement Administration Costs, the balance of the Settlement Fund will be used to provide settlement benefits to all Valid Claims submitted by Participating Settlement Class Members. Participating Settlement Class Members may file a Claim Form to receive (1) Credit Monitoring, (2) reimbursement of documented expenses, and (3) an estimated \$50 *pro rata* cash payment.

**How do I get the Participating Settlement Class Member Benefits?** You must file a Claim Form online at [www.\[website\].com](http://www.[website].com) by 11:59 p.m. CT, or print a Claim Form from the Settlement Website and mail it to the address on the form postmarked by **Month XX, 202X**.

**What are my other options?** If you do nothing, you will not receive any Settlement benefits, you will remain a member of the Settlement Class and you will give up your rights to sue Defendant for the claims resolved by this Settlement. If you do not want any Settlement benefits but you want to keep your right to sue Defendant for the claims resolved by this Settlement, you must opt-out of the Settlement. If you do not opt-out of the Settlement, you may object to it and ask the Court for permission to speak at the Final Approval Hearing. The deadline to opt-out or object to the Settlement is **Month XX, 202X**.

**The Court’s Final Approval Hearing.** The Court will hold a hearing on **Month XX, 202X** to decide whether to approve the Settlement, up to \$916,666.67 in attorneys’ fees and costs, and a \$2,000 payment to each of the Class Representatives. You or your lawyer may attend the hearing at your own expense.

**Want more information?** Visit [www.\[website\].com](http://www.[website].com) for complete details about the Settlement and how to act on your rights and options. You may also call (xxx) xxx-xxxx for more information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pre-Paid  
Postage

Settlement Administrator - #####  
c/o Kroll Settlement Administration LLC  
PO Box XXXX  
New York, NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>



VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

**CLAIM FORM**

Claims must be postmarked no later than **Month xx, 202x.**

You **MUST** submit a Claim Form online to receive your payment electronically.

**You MUST submit a Claim Form online or use the full Claim Form on the Settlement Website to make a Claim for reimbursement of documented expenses.**

Select one or both of the following:

☐

**Credit Monitoring Services:** I want to receive two years of one-bureau Credit Monitoring services.

☐

**Cash Payment:** I want a *pro rata* cash payment estimated to be \$50.

By signing below, I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection.

Signature: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_