

Columbia University circulated a letter to former Hadden patients to notify them of the existence of the settlement fund. Please be advised that three law firms in New York have filed putative class action lawsuits on behalf of former patients, such as yourself, which allege violations of law, including under the Adult Survivors Act and/or New York City’s Gender Motivated Violence Protection Law. If you are a former patient of Hadden and experienced some form of abuse by Hadden, we encourage you to consult with an attorney of your choosing to ensure that you understand your rights before proceeding.¹

GENERAL INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

The Hadden Settlement Fund (the “Settlement Fund”) is purely voluntary; no individual is required to participate. You do not need to have a lawyer to complete this Questionnaire and apply to the Settlement Fund, but you are free to consult with a lawyer of your choosing. See below for further information about counsel.

To apply to the Settlement Fund, you must be a former patient of Robert Hadden (“Hadden”) who experienced inappropriate sexual behavior, misconduct or abuse, physical or otherwise (hereinafter referred to as “Former Patient”), and you must complete a Questionnaire, submit the Questionnaire and other required documents pursuant to the instructions below, and sign the Questionnaire. Before beginning this process, please know that you are not eligible to participate in the Settlement Fund if:

- You have settled a legal claim against Columbia University (“University”), New York Presbyterian Hospital (“Hospital”), current and former University or Hospital Board of Trustees, subdivisions, departments, committees, boards and their members; and any and all predecessors, successors, assigns, subsidiaries, and affiliates of the University or Hospital (collectively, the “University and/or Hospital”) related to Hadden; **or**
- You have filed a legal claim related to Hadden or signed an engagement letter with a lawyer as part of any class action against the University and/or Hospital.

Settlement payments are anticipated to be paid within sixty (60) days after all of the following has occurred: (a) Simone Lechuk (the “Claims Administrator”) determines a Former Patient’s settlement payment amount, if any, (b) the Former Patient decides to accept it, signs a

¹ Notice required pursuant to an order by the Supreme Court of the State of New York.

Settlement Agreement and Release (a “Release”), and (c) the medical lien resolution process with respect to the Former Patient is complete as further outlined below.

You may submit your completed Questionnaire in your preferred language. The Claims Administrator has English and Spanish language versions of the Questionnaire available at www.haddensettlementfund.com/claim. If you need the Questionnaire in a different language, email the Claims Administrator at info@haddensettlementfund.com and the Claims Administrator will accommodate your request. You may submit your Questionnaire in your preferred language.

If you need or want assistance with the Questionnaire:

- *Pro bono* (free of charge) counsel is available to you. Please email Kirkland & Ellis LLP (“Pro Bono Counsel”) at HaddenAssistance@Kirkland.com. You do not need to contact or receive permission from the Claims Administrator prior to reaching out to counsel, including Pro Bono Counsel. Pro Bono Counsel will only assign female attorneys to assist you and many of the women are trauma informed. These pro bono lawyers have not (and do not) represent the University and/or Hospital, or the Claims Administrator. Pro Bono Counsel is not associated with any lawsuit involving Hadden.
- You may also consult with counsel of your choosing. However, to the extent that such counsel charges fees and costs, you are solely responsible for those fees and costs. The Settlement Fund will not reimburse you for attorney’s fees and costs and no settlement offer will include a provision for attorney’s fees and costs.

The information you include on the Questionnaire—including your name—will be kept confidential from the public to the maximum extent permitted by law. The Claims Administrator will not publicly identify anyone who submits a Questionnaire, but she may submit your name and birth date to the University and/or Hospital to verify that you were a patient of Hadden if she is otherwise unable to confirm from other sources that you are a former patient. In addition, the Claims Administrator will use identifying information to determine through a third-party vendor (not the University and/or Hospital) if there are medical liens related to your injury as further outlined below.

Applying to the Settlement Fund does not guarantee that you will receive a settlement payment. The Claims Administrator will ultimately determine whether a settlement payment is warranted and, if so, the amount. The University and/or Hospital will not be consulted about individual claim decisions. If you ultimately accept a financial settlement from the Settlement Fund:

- You will be required to sign a Release and the University and/or Hospital will, at that time, receive certain personal information about you. (Signing a Release means you will be giving up rights to litigate against these entities for legal claims relating to Hadden. If you wish, you are free to consult with an attorney of your choosing prior to entering into a Release. The Release will not limit your ability to speak publicly about your experience with Hadden’s abuse or its effects, if you choose.)
- Certain of your information will also be provided to the University and/or Hospital to comply with federal and state legal reporting obligations.

Please submit your Questionnaire online at www.haddensettlementfund.com/claim. The claims process is intended to be fully electronic and absent extenuating circumstances, hard copy submissions will not be accepted. If you need to submit the Questionnaire in hard copy, please email the Claims Administrator at info@haddensettlementfund.com to receive further instructions.

As part of applying to the Settlement Fund you may request (but are not required to) a meeting with the Claims Administrator. These meetings will take place by video or in-person in New York City and will generally last thirty (30) minutes. During this meeting you may share additional information with the Claims Administrator that you think will help her in making a determination about your claim. Additionally, if the Claims Administrator feels speaking with you will help her obtain additional, helpful information about your claim, she will request a phone or video meeting. While the Claims Administrator may make this request of certain Former Patients it is not a mandatory part of this process and if you decline the Claims Administrator's request for a meeting, then your claim will be considered based on the information you submitted. Any Former Patient who meets with the Claims Administrator is welcome to have a support person (which may include counsel of your choosing or Pro Bono Counsel if you have either) attend the meeting with her. The Claims Administrator will schedule meetings at mutually convenient times, considering a person's location and time zone.

Please answer each question in the Questionnaire as completely as possible. If you need more space, feel free to attach additional pages, but please make sure to provide a short / summary answer on the Questionnaire in the first instance. It is very helpful to the Claims Administrator to have all of your basic information provided in the form of the Questionnaire and certain fields are mandatory. If you do not know the specific answer to a question, please try to give the best information possible based on your memory of events. Please do not answer any of the questions with "please see attached" or similar language. If a question does not apply to you, you may write "not applicable" or other similar language.

Your application will be deemed fully submitted and ready for review by the Claims Administrator only after you have (a) answered all required fields on the Questionnaire; (b) submitted the Questionnaire online with supporting documentation, if any; (c) signed and completed the "Consent and Authorization for Use and Release of Information" form required as part of the medical lien process; and (d) signed and completed the "Proof of Representation" form as part of the medical lien process.

Liens/Bankruptcy

As a mandatory part of the process, the Claims Administrator will confirm that there are no medical liens related to your injury that must be repaid prior to disbursement of funds to you. The Claims Administrator will confirm that there are no healthcare liens asserted against you related to an injury covered by the settlement with respect to: (a) Medicare Parts A and B; (b) Medicare Parts C and D, including private insurance companies that administer Medicare Parts C and D coverage; (c) State Medicaid; and (d) Military benefits (TRICARE or Veterans Affairs). Federal and state law give Medicare, Medicaid, the U.S. Department of Veterans Affairs, TRICARE and other governmental agencies a right to recover some or all of a settlement payment as reimbursement if they paid for medical care related to an injury that is covered by a settlement. The Claims Administrator cannot accept your representation that there are no medical liens asserted by these entities and must instead independently verify whether there are medical liens. If it is determined that there is a medical lien,

the Claim Administrator's medical lien resolution specialists will review the lien and attempt to negotiate a resolution with the lien holder on your behalf. Any lien amount that must be paid will affect the size of a disbursement of funds to you.

In addition, each Former Patient must indicate whether they have filed for bankruptcy or had an involuntary bankruptcy petition filed against them at any time between the date of the abuse by Hadden and the date the Questionnaire is submitted. A Former Patient with a bankruptcy filing should contact their bankruptcy counsel to understand how to proceed. A prior bankruptcy will not disqualify you from applying to the Settlement Fund but may require you to re-open your bankruptcy case.

Conclusion

Given the difficult nature of the content of the Questionnaire, please take care of yourself. Please take breaks and seek support as needed; however please note that you must submit your claim in a single session and there is no ability to save your work and come back later to finish your claim submission. You are encouraged to preview the questions asked and information requested in the Questionnaire by downloading the complete Questionnaire available at www.haddensettlementfund.com/claim. Although you may be inclined to set the Questionnaire aside and come back to it weeks or months later because of the upsetting information sought, please make sure to complete and submit the Questionnaire by February 13, 2025 11:59PM EST. Some of the questions in the Questionnaire may seek information that you are unsure of how to convey, or you might not understand why the answer is relevant; however, please know that the questions are critical to determining your eligibility for the Settlement Fund and your potential financial settlement, and the goal is to elicit information and not re-traumatize you. Remember, there is no right answer; there is only your answer.