## **APPENDIX E: Sample Breach Notice: Medical Information Only**

[Agency Letterhead]

[Date]

[Addressee] [Mailing Address] [City] [State] [Zip Code]

[Salutation]

**Subject: NOTICE OF DATA BREACH** 

What Happened?	[Describe what happened in general terms, see example below]
	We are writing to you because of a recent security incident that occurred on [date of incident] at [name of organization]. An employee inadvertently e-mailed a document containing your personal information to the wrong person.
What Information Was Involved?	[Describe what specific notice-triggering data element(s) were involved, see example below] <sup>1</sup>
	Please note, the information was limited to [specify, (e.g., your name and medical treatment)] and did not contain any other information, such as Social Security number, Driver's License number, or financial account numbers which could expose you to identity theft. Nonetheless, we felt it necessary to inform you since your medical information [or medical history, medical condition, or medical treatment or diagnosis] was involved.
What We Are Doing:	[Note apology and describe what steps your agency is taking, has taken, or will take, to investigate the breach, mitigate any losses, and protect against any further breaches, see example below]
	We regret that this incident occurred and want to assure you that we are reviewing and revising our procedures and practices to minimize the risk of recurrence.
What You Can Do:	Keep a copy of this notice for your records in case of future problems with your medical records. You may also want to request a copy of your medical records from your [provider or plan], to serve as a baseline.
Other Important Information:	Enclosure "Breach Help –Consumer Tips from the California Attorney General"
For More Information:	For information about your medical privacy rights, you may visit the website of the California Department of Justice, Privacy Enforcement and Protection at <a href="https://www.oag.ca.gov/privacy.">www.oag.ca.gov/privacy.</a>
AgencyContact:	Should you need any further information about this incident, please contact [name of the designated agency official or agency unit handling inquiries] at [toll-free phone number].

[Signature of State Entity Head or Delegate]

[Title]

<sup>&</sup>lt;sup>1</sup> Additional language will be necessary if other notice triggering information was involved. If the breach does not involve Social Security number, driver's license/California Identification Card, or financial account numbers, say so and refer to the following language.