

APPENDIX F: Sample Breach Notice: Health Insurance Information Only

[Agency Letterhead]

[Date]

[Addressee]

[Mailing Address]

[City] [State] [Zip Code]

[Salutation]

Subject: NOTICE OF DATA BREACH

What Happened?	<p>[Describe what happened in general terms, see example below]</p> <p>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.</p>
What Information Was Involved?	<p>[Describe what specific notice-triggering data element(s) were involved, see example below]¹</p> <p>Please note, the information was limited to [specify, (e.g., your name and health plan number)] 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 health insurance information [or policy, plan number, or subscriber identification number] was involved.</p>
What We Are Doing:	<p>[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]</p> <p>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.</p>
What You Can Do:	<p>Keep a copy of this notice for your records in case of future problems with your medical records. We also recommend that you regularly review the explanation of benefits statement that you receive from [us, your health insurance plan, or your health insurer]. If you see any service that you believe you did not receive, please contact [us, your health insurance plan, your health insurer] at the number on the statement [or provide a number here]. If you do not receive regular explanation of benefits statements, contact your provider or plan and ask them to send such statements following the provision of services provided in your name or under your plan number.</p>
Other Important Information:	<p>Enclosure "Breach Help –Consumer Tips from the California Attorney General"</p>
For More Information:	<p>For information about your medical privacy rights, you may visit the website of the California Department of Justice, Privacy Enforcement and Protection at www.oag.ca.gov/privacy.</p>
Agency Contact:	<p>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].</p>

[Signature of State Entity Head or Delegate]

[Title]

¹ 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.