

APPENDIX H: Sample Breach Notice: Hybrid (SSN and Health Information)

[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]</p> <p>The document contained your [specify, (e.g., your name and health plan number)] along with your social security number.</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. You may also want to request a copy of your medical records from your [provider or plan], to serve as a baseline.</p> <p>Because your Social Security number was involved, in order to protect yourself from the possibility of identity theft, we recommend that you place a fraud alert on your credit files and order copies of your credit reports by following the recommended privacy protection steps outlined in the enclosure. Check your credit reports for any accounts or medical bills that you do not recognize. If you find anything suspicious, follow the instructions found in step four of the enclosure.</p> <p>Since your health insurance information was also involved, we recommend that you regularly review the explanation of benefits statement that you receive from [name of health insurance provider]. If you see any service that you believe you did not receive, please contact us 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:	Enclosure "Breach Help –Consumer Tips from the California Attorney General"
For More Information:	For more information about privacy protection steps and 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 .
Agency Contact:	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]