

[NAME OF PHYSICIAN/PRACTICE GROUP]

[ADDRESS]

[PHONE NUMBER/EMAIL]

**NOTICE OF BREACH OF HEALTH INFORMATION**

[Date]

[Name]

[Address]

[Address]

Dear \_\_\_\_\_:

1. This Notice of Breach of Health Information ("Notice") is being sent to you because you are a current or former patient or personal representative of a current or former patient of

\_\_\_\_\_  
[INSERT NAME OF PHYSICIAN OR PRACTICE GROUP]

This Notice is intended to inform you that unsecured personal health information about the individual named in Paragraph 2 below that is maintained in our office files was unintentionally or inadvertently disclosed to an unauthorized third party.

For the purposes of this Notice, "unsecured personal health information" means personal health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of encryption or other approved technology or methodology.

This Notice is being sent to you no later than 60 calendar days following our discovery of the breach. A breach will be treated as discovered by us as of the first day on which the breach is known to us.

2. Name of patient whose information was breached: \_\_\_\_\_.

3. The following is a brief description of what happened:

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

---



---

[attach additional sheets, if necessary]

4. Date of breach, if known: \_\_\_\_\_.
5. Date of discovery of breach: \_\_\_\_\_.
6. The breach involved the following types of information:

[Check all that apply]

<u>Personal Information</u>	<u>Health Information</u>
<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Date of Birth <input type="checkbox"/> Social Security Number <input type="checkbox"/> Drivers license or identification card number <input type="checkbox"/> Financial information (credit card number, bank account number, etc) <input type="checkbox"/> Health insurance information (insurance carrier, insurance card number, etc.)  <input type="checkbox"/> Other Personal or Health Information (describe): _____ _____ _____	<input type="checkbox"/> Basic Information (age, sex, height, etc.) <input type="checkbox"/> Disease or medical conditions <input type="checkbox"/> Medications <input type="checkbox"/> Treatments or procedures <input type="checkbox"/> Immunizations <input type="checkbox"/> Allergies <input type="checkbox"/> Information about children <input type="checkbox"/> Test results <input type="checkbox"/> Hereditary conditions <input type="checkbox"/> Mental health information <input type="checkbox"/> Information about diet, exercise, weight <input type="checkbox"/> Correspondence between patient and health care provider(s) <input type="checkbox"/> Living wills, advance directives, or medical power of attorney <input type="checkbox"/> Organ donor authorization

7. As a result of the breach, we recommend that you take the following precautionary steps:
  - a. Contact your health insurance carrier, financial institutions, credit reporting agencies and/or other health care providers to notify them of the breach.
  - b. Monitor personal and financial accounts and statements for unusual or suspicious activity.
  
8. In order to investigate and mitigate possible effects of the breach and prevent future breaches, we are taking some or all of the following actions:
  - a. Monitoring patient records for further evidence of improper activity.
  - b. Changing passwords or security codes.

- c. Closing patient accounts or re-opening patient accounts with new account numbers or file numbers.
- d. Notifying appropriate law enforcement or other governmental agencies, as required by law.

9. If you have any questions or concerns regarding this Notice, please feel free to contact us at:

---

---

---

---

[insert name of physician or practice, postal address, telephone number, website and/or email address, where applicable]

10. This Notice is intended to comply with the *Health Information Technology for Economic and Clinical Health Act (Title XIII of the American Recovery and Reinvestment Act of 2009)*, enacted February 17, 2009, and *Breach Notification for Unsecured Protected Health Information; Interim Final Rule*, published in the Federal Register on August 24, 2009. This Notice will be distributed to all affected individuals following any breach of unsecured protected health information occurring on or after September 23, 2009.