

APPENDIX F: Sample Breach Notice - Health Insurance Information Only*

[*Salutation*]

We are writing to you because of a recent security incident at [*name of organization*].

[*Describe what happened in general terms, specifically what kind of personal information was involved, and what you are doing in response. If the breach does not involve Social Security number, driver's license/California Identification Card, or financial account numbers, say so. Refer to the following language.*]

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 health insurance information [*or policy, plan number, or subscriber identification number*] was involved.

We 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.

You may want to order copies of your credit reports and check for any medical bills that you do not recognize. If you find anything suspicious, call the credit reporting agency at the phone number on the report. You can order your reports from the three credit reporting agencies for free each year by calling 1-877-322-8228 or going to the Annual Credit Report website at www.annualcreditreport.com

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. For information about your medical privacy rights, we recommend you visit the website of the California Office of Information Security and Privacy Protection at www.privacy.ca.gov

We regret that this incident occurred and want to assure you we are reviewing and revising our procedures and practices to minimize the risk of recurrence. 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*].

[*Closing*]

* Additional language will be necessary if other notice triggering information was involved.