*Use Agency Letterhead*

Breach Notification Letter

Date:

Client Name:

Address:

Dear [*Insert client name*]:

I am the Privacy/Compliance Officer for [insert agency name] and I am writing to you today to inform you that a breach of potential protected health information has occurred. This breach occurred on [insert date of discovery].

***Address each of the following within the letter: (source: 45 CFR, 164.404)***

1. A brief description of what happened, including the date of the breach and the date of the discovery, if known. (*notification must occur no later than 60 calendar days after discovery)*
2. A description of the types of unsecured PHI that was involved (such as client name, SSN, DOB, diagnosis, address, etc.)
3. Any steps that the client needs to take to protect themselves from potential harm resulting from the breach.
4. A brief description of what the agency is doing to investigate the breach, mitigate the harm to individuals and to protect against any future breaches.
5. Contact information for clients to ask questions or learn additional information. This shall include a toll-free number, an email address, web site or postal address.

***The notice must be:***

1. Written in plain language and at an appropriate reading level.
2. Written in the language the client will understand (e.g. English, Spanish, etc.)
3. Written in accordance with the American with Disabilities Act of 1990
4. Sent by first class mail to the last know address of the individual. It can be sent electronically only if the individual agrees to this. If it is deemed urgent because of possible imminent misuse, then the agency can contact the individual by telephone (but must follow up by mail).

***If Identify Theft is a potential risk, here is some sample language you can include:***

We believe there may be a risk that your disclosed information could be used for purposes of identity theft. In order to help protect you from this, we recommend you contact one of the following major credit bureaus below to place a fraud alert on your credit report. This can assist in preventing anyone from opening additional accounts in your name. When the credit care bureau confirms your fraud alert, the other two credit bureaus will automatically be notified to place alerts on your credit report.

* Equifax: 1-800 525-6285: <http://www.equifax.com/> : Equifax Security Freeze, P.O. Box 105788, Atlanta, GA 30348
* Experian: 1-888-397-3742: <http://www.experian.com/> : P.O. Box 9532, Allen TX 75013
* TransUnion: <http://www.transunion.com>? : Fraud Victim Assistance Division, P.O. Box 6790, Fullerton, CA 92834-6790

By requesting a fraud alert, you will receive a follow-up letter that will explain how you can receive a free copy of your credit report. When you receive your credit reports, examine it closely for signs of any accounts that are not yours.

[*If the agency is paying for the credit monitoring, then please put that information here]*

Protecting our client’s privacy is very serious and important to us. We understand this has been an inconvenience and sincerely apologize for the concern this has caused you. We believe it is important to keep you fully informed of any potential risks resulting from this incident.

Please feel free to contact me if you have any questions or concerns *[insert phone number and email address].*

Sincerely,

*Insert Name and Title*