

Sample Breach Notification Letter to Patients

Dear [Patient Name]:

I am writing to you with important information about a recent breach of your personal information by XYZ Internal Medicine, P.C. Our investigation into this breach revealed the following:

DESCRIPTION OF THE EVENT INCLUDING:

- *A brief description of what happened, including date of breach and date of discovery.*
- *A description of the unsecured PHI involved in the breach (e.g., full name, SSN, DOB).*
- *The steps the patient may take to protect himself/herself.*
- *The steps the practice is taking to investigate and to prevent additional breaches of data.*
- *Contact information to obtain additional information (i.e., practice privacy/compliance officer, practice website, email, phone number).*

Because of the nature of the information breach, we suggest you immediately place a fraud alert on your credit files to protect yourself from the possibility of identity theft. To initiate a fraud alert, contact one of the three major credit reporting agencies listed below. It is not necessary to contact all three—the one you contact will notify the other two. You will then receive letters from the agencies instructing you on how to obtain a free copy of your credit report.

- Equifax (888)766-0008 or www.fraudalert.equifax.com
- Experian (888) 397-3742 or www.experian.com
- TransUnion (800) 680-7289 or www.transunion.com

In the event anyone attempts to open a credit account in your name, the lender will be alerted that you could be a victim of fraud. The lender should then take appropriate measures to verify your intent to open the account. Please note a fraud alert should not prevent you from using your existing credit cards.

Once you receive your credit report, review it carefully to verify that all information (name, address, Social Security number, etc.) is correct and there are no accounts you did not open. Monitor your credit reports for several months. An initial fraud alert is valid for 90 days.

XYZ Internal Medicine, P.C., is very sorry for any stress and concern this breach may cause you and your family. We respect the private nature of your health information and always strive to protect it from authorized or unnecessary disclosure. We are reviewing our processes and procedures and will take steps to develop safeguards to prevent such events from recurring.

If you have any questions about your health information or this matter, please contact _____, at (555)123-4567, Ext. 123.

Sincerely,

Compliance or Privacy Officer
XYZ Internal Medicine, P.C.



Send all inquiries, address changes and correspondence to:
Physician Connection, P.O. Box 9118, Des Moines, IA 50306

Toll-Free 1-800-718-1007, ext. 9187
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