**SAMPLE BREACH NOTIFICATION TEMPLATE**

* This sample template may be used as a guide to notify patients impacted by a breach of PHI.
* Instructions in *italics* include breach notification requirements from **45 C.F.R. § 164.404**, *Notification to individuals*.

An electronic version of this document is available on the TMC Client Portal.

Name of Practice:

Address:

Phone number:

Toll Free Info Line (if required):

Dear [Patient Name]:

This letter is to inform you of a breach of your protected health information.

*Provide a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.*

The following information was inappropriately accessed or shared:

*A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved).*

***Do not include the PHI involved.***

We are committed to the protection of your personal information and apologize for this event. We are taking the following steps to help prevent this from happening in the future:

*A brief description of what the covered entity (or business associate) involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches.*

Please closely monitor your credit reports and investigate and charges to any accounts that you have not authorized. By law, you can get a free copy of your credit report every 12 months from each credit reporting company at www.annualcreditreport.com.

*Any steps individuals should take to protect themselves from potential harm resulting from the breach. While not required by federal law, the CE may consider offering credit monitoring. Some state laws require 1 year of credit monitoring.*

Please feel free to contact us with any questions or concerns you may have about this situation. You may reach us at the number listed above, or [fill in other method].

*Contact procedures for individuals to ask questions or learn additional information, which may include a toll-free telephone number (if required – see the TMC Incident Assessment Guide), an e-mail address, website, or postal address.*

Sincerely,

Privacy Officer/Office Manager