



# Federal Trade Commission

The nation's consumer protection agency

## Notice of Breach of Health Information

OMB Control No: 3084-0150

Are you in the business of offering or maintaining personal health records? Does your company offer products or services that interact with personal health records – for example, an online weight tracking program that sends information to a personal health record or pulls information from it? If that describes your line of work – and if you're not covered by the Health Insurance Portability & Accountability Act (HIPAA) – the law requires you to take steps if you've had a breach involving information in a personal health record not secured in a certain way. Under the law, [16 C.F.R. Part 318](#), you must:

1. Notify everyone whose information was breached;
2. In many cases, notify the media; and
3. Notify the Federal Trade Commission (FTC).

The FTC has designed this form to make it easier for you to report a breach to us. For more on notifying the people whose information was breached, visit [www.ftc.gov/healthbreach](http://www.ftc.gov/healthbreach).

### **For all breaches**

Complete this form. Include your own contact information. Don't include any personally identifiable information involved in the breach.

You have two options for submitting the form.

(1) Send it to:

Federal Trade Commission  
Associate Director – HBN  
Division of Privacy & Identity Protection  
600 Pennsylvania Avenue, N.W.  
Mail Stop CC-8232  
Washington, DC 20580

Verify that the form arrived at the FTC by using a mailing method that gives you proof of delivery.

- (2) Transmit your submission through our secure file transmission system. To do so, you must send an email to [ElectronicFilings@ftc.gov](mailto:ElectronicFilings@ftc.gov) (link sends e-mail) with the subject line "HBN – Request to Submit Document." Do not include any details about the breach or the notification form in this request. You should receive a reply email within two business days with instructions for the secure electronic submission of encrypted documents.

**Timelines** These timelines refer to when you must notify the FTC of the breach. If the [law](#) requires you to contact the people whose information was breached, you must notify them as soon as you can – and no later than 60 days after discovering the breach.

***For breaches involving the records of 500 or more people***

Complete this form and send it to the FTC within 10 business days of discovering the breach.

***For breaches involving the records of fewer than 500 people***

Complete this form and send it to the FTC by the 60th day of the calendar year following the breach. For example, if you discover a breach involving fewer than 500 people on June 30, 2009, send this form to the FTC no later than 60 days into the calendar year of 2010. If you experience two breaches like this in one calendar year – one on June 30th and another on November 1st – complete a separate form for each breach, staple them together, and send them to the FTC no later than 60 days into the calendar year of 2010.

**Questions?** Call the FTC at (202) 326-2252 or send a letter to the address above.

**Paperwork Reduction Act Statement:** Under the Paperwork Reduction Act, as amended, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Your company or organization**

Name of your company or organization:		Website:
Address:		
City	State	Zip
Contact person at your company or organization:		
Contact telephone:	About how many employees does your company or organization have? - Please Select Organization Size -	
Contact email address:	What products or services do you offer?	

**Information about the breach**

Type of breach:

- Lost or stolen laptop, computer, flash drive, disk, etc.
- Stolen password or credentials
- Unauthorized access by an employee or contractor
- Hacker
- Other (describe)

Date(s) the breach happened (if you know): From: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Have you made the breach public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date the breach was discovered: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	If YES, when did you make it public?
How many individuals were affected by the breach?	

Comments:

Type of information involved (check all that apply):

<p><i>Personal Information</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name</li> <li><input type="checkbox"/> Address</li> <li><input type="checkbox"/> Date of birth</li> <li><input type="checkbox"/> Social Security Number</li> <li><input type="checkbox"/> Drivers license or identification card number</li> <li><input type="checkbox"/> Financial information (credit card number, bank account number, etc)</li> <li><input type="checkbox"/> Health insurance information (insurance carrier, insurance card number, etc.)</li> <li><input type="checkbox"/> Other Personal or Health Information (describe):</li> </ul>	<p><i>Health Information</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic information (age, sex, height, etc.)</li> <li><input type="checkbox"/> Disease or medical conditions</li> <li><input type="checkbox"/> Medications</li> <li><input type="checkbox"/> Treatments or procedures</li> <li><input type="checkbox"/> Immunizations</li> <li><input type="checkbox"/> Allergies</li> <li><input type="checkbox"/> Information about children</li> <li><input type="checkbox"/> Test results</li> <li><input type="checkbox"/> Hereditary conditions</li> <li><input type="checkbox"/> Mental health information</li> <li><input type="checkbox"/> Information about diet, exercise, weight, etc.</li> <li><input type="checkbox"/> Correspondence between patient and providers</li> <li><input type="checkbox"/> Living wills, advance directives, or medical power of attorney</li> <li><input type="checkbox"/> Organ donor authorization</li> </ul>
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What steps are you taking to investigate the breach?

What steps are you taking to mitigate losses?

What steps are you taking to protect against further breaches?

List any law enforcement agencies you've contacted about the breach.

### Breach notification

Have you notified the people whose information was breached?

YES. We notified them on:

Attach a copy of the letter to this form. Don't include any personally identifiable information, other than your own contact information.

NO. Our investigation isn't complete.

If you determine you need to notify them, as soon as you can – and no later than 60 days after discovering the breach – you must: 1) Notify the people whose information was breached; and 2) Send a copy of the letter to the FTC. Don't include any personally identifiable information, other than your own contact information.

If you determine you don't need to notify the people whose information was breached, send a letter to the FTC at the address below explaining why notification isn't necessary.

Has anyone at your business or organization received information that someone has been harmed by this breach? For example, has a customer called you to complain about identity theft? Or are you aware of any public disclosure of information that resulted from the breach?       YES       NO

If YES, describe the harm you've found out about. Don't include any personally identifiable information.

For FTC use:

Reference Number: \_\_\_\_\_