{COVERED ENTITY NAME}

MEDIA NOTICE OF BREACH

Purpose: This Form is used to develop a policy and procedure for the health plan to report a breach of electronic protected health information to the media in a state or jurisdiction. It includes a sample letter to the media. Retain this Form in the health plan’s records for at least six (6) years from the date below.

**SECTION A: Policy**.

It is the policy of the health plan that the plan will maintain a log of all breaches of electronic protected health information (“ePHI”). The plan uses Form 11, Log of Individuals Affected by Breach, for this purpose. If a breach affects 500 or more individuals in a state or jurisdiction, the plan will report the breach to prominent media outlets serving that state or jurisdiction. If the breach affects multiple groups of 500 participants in separate states or jurisdictions, the plan will notify multiple prominent media outlets in the different states or jurisdictions.

**SECTION B: Procedure**.

**1. Identification of Number of Affected Individuals.** The Security Official will identify the number of individuals affected by a breach. The Security Official will maintain a log of affected individuals by using Form 11, Log of Individuals Affected by Breach. If 500 or more individuals in a particular state or jurisdiction are listed, the Security Official will notify prominent media outlets in that state or jurisdiction. If multiple groups of 500 or more individuals are affected, the Security Official will notify multiple media in the different states or jurisdictions.

**2. Notice to Media Outlets.** The Security Official will identify the prominent media outlets in each state or jurisdiction in which 500 or more individuals were affected by a breach of electronic protected health information. The Security Official will use the attached letter to send to the prominent media to describe the breach. The Security Official will send the notice without unreasonable delay and in no case later than 60 calendar days after discovery of a breach.

Prominent media outlets can include newspapers and television news coverage. We will use our best judgment for what constitutes a "prominent" media outlet. If the area where the breaches occurred is an entire state, a major, general-interest newspaper with a daily circulation throughout the state would likely be sufficient. A monthly newspaper or daily newspaper of specialized interest (such as sports or politics) would not be a prominent media outlet.

Name of Security Official:

Signature:

Date:

**[LETTER TO PROMINENT MEDIA OUTLETS UPON LARGE BREACH; RE-TYPE ON PLAN LETTERHEAD OR OTHERWISE INSERT PLAN CONTACT INFORMATION]**

[Insert Name of Media Outlet]

Attn: [Insert person to notify]

[Insert address]

Dear [Insert name]:

The undersigned is the Security Official of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert plan name; (the “Plan”). The Plan is subject to the breach notification rules of the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). HIPAA requires that the Plan provide notice to a prominent media outlet in a state or jurisdiction if the plan discovers a breach of electronic protected health information affecting 500 or more individuals in that state or jurisdiction. The Plan believes that such a breach occurred. Please consider this letter notice to you of this situation, as described below.

1. Overview. [Describe what happened, including the date of the breach and the date of the discovery of the breach, if known.]

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2. Types of ePHI. [Describe the types of unsecured ePHI that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number or disability code)]

3. Steps to Protect Yourself. [Describe the steps the individual should take to protect himself or herself from potential harm resulting from the breach; e.g., using a credit monitoring service, especially if a Social Security number was included in the breached ePHI]

4. Plan’s Investigation. [Describe the Plan’s investigation of the breach, its efforts to mitigate losses and to protect against any further breaches]

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5. Contact Procedures. Please contact the following to ask questions or learn additional information:

[Insert name or title of contact person]

[Insert toll-free phone number, email address, web site or postal address]

Regards,

[Insert Security Official name]

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