

NEW YORK STATE SECURITY BREACH REPORTING FORM

Pursuant to the Information Security Breach and Notification Act (General Business Law §899-aa)

Name and address of Entity that owns or licenses the computerized data that was subject to the breach:

Street Address: _____
City: _____ State: _____ Zip Code: _____

Submitted by: _____ Title: _____ Dated: _____
Firm Name (if other than entity): _____
Telephone: _____ Email: _____
Relationship to Entity whose information was compromised: _____

Type of Organization (please select one): Governmental Entity in New York State; Other Governmental Entity;
 Educational; Health Care; Financial Services; Other Commercial; or Not-for-profit.

Number of Persons Affected:

Total (Including NYS residents): _____ NYS Residents: _____
If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? Yes No

Dates: Breach Occurred: _____ Breach Discovered: _____ Consumer Notification: _____

Description of Breach (please select all that apply):

- Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape);
 Internal system breach; Insider wrongdoing; External system breach (e.g., hacking);
 Inadvertent disclosure; Other specify: _____

Information Acquired: Name or other personal identifier in combination with (please select all that apply):

- Social Security Number
 Driver's license number or non-driver identification card number
 Financial account number or credit or debit card number, in combination with the security code, access code, password, or PIN for the account

Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:

- Written Electronic Telephone Substitute notice

List dates of any previous (within 12 months) breach notifications: _____

Identify Theft Protection Service Offered: Yes No

Duration: _____ Provider: _____
Brief Description of Service: _____

**PLEASE COMPLETE AND SUBMIT THIS FORM TO
EACH OF THE THREE STATE AGENCIES LISTED BELOW:**

Fax or Email this form to:

New York State Attorney General's Office

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway - 3rd Floor

New York, NY 10271

Fax: 212-416-6003

Email: breach.security@ag.ny.gov

New York State Division of State Police

SECURITY BREACH NOTIFICATION

New York State Intelligence Center

31 Tech Valley Drive, Second Floor

East Greenbush, NY 12061

Fax: 518-786-9398

Email: risk@nysic.ny.gov

New York State Department of State Division of Consumer Protection

Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, New York 12231

Fax: (518) 473-9055

Email: security_breach_notification@dos.ny.gov