

# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act

(State Technology Law §208)

**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; [ ] 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, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Information Technology Services**  
**Enterprise Information Security Office**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 5, 1st Floor  
Albany, NY 12226  
Email: [eiso@its.ny.gov](mailto:eiso@its.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, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)