

# 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 - 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 Division of State Police**

SECURITY BREACH NOTIFICATION

New York State Intelligence Center

630 Columbia Street Ext

Latham, NY 12110

Fax: 518-786-9398

Email: [risk@nysic.ny.gov](mailto: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](mailto:security_breach_notification@dos.ny.gov)