



STATE BREACH NOTIFICATION CHECKLIST

Civil Code Section 1798.29

CONFIDENTIAL

Program: _____ Completed by: _____

Date Completed: _____

#	YES	NO	TYPE OF MEDIUM BREACHED
1.	<input type="checkbox"/>	<input type="checkbox"/>	Computerized data (includes e-mails, faxes)
2.	<input type="checkbox"/>	<input type="checkbox"/>	Encrypted.
3.	<input type="checkbox"/>	<input type="checkbox"/>	Paper
4.	<input type="checkbox"/>	<input type="checkbox"/>	Oral

#	YES	NO	DATA ELEMENTS BREACHED
1.	<input type="checkbox"/>	<input type="checkbox"/>	First name or first initial and last name of Individual(s).
2.			If "Yes, to #1", please enter the number of individuals.
3.	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Number(s).
4.	<input type="checkbox"/>	<input type="checkbox"/>	Driver's license number(s).
5.	<input type="checkbox"/>	<input type="checkbox"/>	California Identification Card number(s).
6.	<input type="checkbox"/>	<input type="checkbox"/>	Account number, credit or debit card number, in combination with any required security code , access code , or password that would permit access to an individual's financial account.
7.	<input type="checkbox"/>	<input type="checkbox"/>	Any information regarding an individual's medical history, mental or physical condition, or medical treatment or diagnosis by a health care professional.
8.	<input type="checkbox"/>	<input type="checkbox"/>	An individual's health insurance policy number or subscriber identification number, any unique identifier used by a health insurer to identify the individual, or any information in an individual's application and claims history, including any appeals records.