

15624

{Insert or print on Practice Letterhead}

{INSERT DATE OF LETTER}

Dear {INSERT PATIENT NAME}:

I am writing on behalf of {INSERT PRACTICE NAME} to notify you that on August 1, 2019, the organization that hosts our electronic health record system informed us that an electronic fax we intended to send to a specialist medical practice had instead been transmitted to a real estate agent's office. This occurred because an incorrect fax number had been loaded into the system we use to generate the fax. **This event did not impact our electronic medical record system or information you may have sent or received using the MyChart patient portal.**

Information included the guarantor's health insurance account number, and pertinent health information related to the referral to the specialist. It **did not** include social security numbers, credit card numbers, bank account numbers, or debit card numbers.

#### **Steps Taken to Address This Incident**

While we do not believe that your information has been misused as a result of this incident, we want to make you aware of it and our efforts to help safeguard your information. The incorrect fax number has been removed from our information system and replaced with a correct number. Our service provider has also initiated remediation steps to validate all external contact information for other provider organizations. We also will notify the Massachusetts Office of Consumer Affairs, the Massachusetts Attorney General's office, and the federal Department of Health and Human Services about this event.

#### **Steps You Can Take To Protect Yourself**

We do not believe that this breach places you at increased risk of identity theft. We recommend, however, that you scrutinize the "explanation of benefits" forms you receive from your insurer for any indication that your insurer was billed for health services that you did not actually receive. If you have concerns in this regard, you certainly can contact us for more information.

#### **In Closing**

We sincerely apologize for any inconvenience or concern this situation may cause you. We want you to know that {PRACTICE NAME}'s first priority is to our patients and we take seriously protecting your privacy. Please be assured that we are taking every reasonable precaution to prevent unauthorized access to or disclosure of your medical information.

If you have any questions or concerns at all, please do not hesitate to contact {Insert appropriate phone number of the practice} and ask for {Insert name of appropriate point of contact in the practice}.

Sincerely,

{Insert name and title of signatory}