

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: _____

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(State Technology Law §208)

**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 Office of Information Technology Services

Enterprise Information Security Office

SECURITY BREACH NOTIFICATION

1220 Washington Avenue

State Office Campus

Building 7A, 4th Floor

Albany, NY 12242

Fax: 518-322-4976

Email: 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

To access the most recent online version of the NYS Security Breach Reporting Form:

<http://its.ny.gov/eiso/breach-notification>