

Date

Name

Address

City, State Zip

NOTICE OF DATA BREACH

Dear Patient,

We are writing to inform you about a recent security incident that may have affected your protected health information. We take the security and privacy of your personal information seriously, and we want to provide you with the details of this incident.

What Happened

On or about February 26, 2024, California Correctional Health Care Services (CCHCS) discovered a disclosure of your personal information. It was reported that on or about February 26, 2024, a staff member inadvertently emailed an attachment containing your Protected Health Information (PHI) to an unauthorized recipient outside the Department. Although this information was sent to an unauthorized recipient, it appears they did not view or access the attachment.

What Information Was Involved

The personal information contained in the file was limited to your last name, CDCR number, and medical information, such as their risk/priority level, order name/type and reason for appointments and dates.

What We Are Doing

CCHCS takes the privacy and security of personal information belonging to our patients seriously and deeply regret that this incident occurred. We apologize for any inconvenience this incident may cause and are committed to taking all necessary actions to protect your privacy.

CCHCS has taken immediate steps to contain and mitigate any further risk to your personal information, such as, instructing the unauthorized recipient to delete any emails containing your PHI from their email folders immediately and confirming they did not further disclose the email. Furthermore, the staff member involved in the incident was required to take Privacy Awareness and Information Security Awareness training.

What You Can Do

You may submit a Health Care Grievance (Form CDCR 602 HC), regarding this breach to your institutional Health Care Grievance Office. The health care grievance process is required to exhaust administrative remedies about disputes over applied health care policies, decisions, and actions that may have a material adverse effect on a patient's health care or privacy. You must provide the privacy breach incident number, [REDACTED], when filing a health care grievance.

Other Important Information

Enclosed for your reference is a brochure entitled "Breach Help – Consumer Tips from the California Attorney General."

Note: You may also wish to keep a copy of this notice for your records.

For More Information

You may refer to the California Code of Regulations, Title 15, Chapter 2, Subchapter 2, Article 5, which outlines the health care grievance process. For information about your medical privacy rights, and if you have the ability to do so, you may visit the website of the State of California, Department of Justice, Office of Attorney General (OAG), Privacy Enforcement and Protection at <https://oag.ca.gov/privacy>.

Agency Contact

If you have additional inquiries, you may contact the CCHCS Privacy Office at (877) 974-4722 or write to:

California Correctional Health Care Services
CCHCS Office of Legal Affairs (COLA)
Attention: Privacy Office
P.O. Box 588500, Suite D-3
Elk Grove, CA 95758-8500

Sincerely,

CCHCS Privacy Officer

cc: HCCAB