

Date

Name

Address

City, State Zip

NOTICE OF DATA BREACH

Dear Patient,

We are writing to inform you about a recent privacy 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 November 15, 2024, California Correctional Health Care Services (CCHCS) discovered a disclosure of your personal information. It was reported that on or about November 5, 2024, two (2) boxes containing documents, which may include your medical and dental information, is currently missing. The box was last recorded as being handled by our courier service after leaving our mailroom, and its exact location is unknown.

What Information Was Involved

The personal information contained in the boxes may have included your name and medical and dental treatment information.

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 investigate this case by referring this matter to our internal Investigative Services Unit (ISU) to determine the whereabouts of the missing boxes. Additionally, we are working with the courier services and other involved parties to locate it as quickly as possible. If necessary, we will escalate the matter to law enforcement.

Since the investigation is ongoing, we are committed to keeping you informed and will contact you with any updates as they become available.

While we are not aware of any misuse of your information, we encourage you to monitor your records for any unusual activity and contact us if you notice anything suspicious about your information.

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 Information Security Incident (ISIR) 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
Policy and Risk Management Services (PRMS)
Attention: Privacy Office
P.O. Box 588500, Suite C-3
Elk Grove, CA 95758-8500

Sincerely,

CCHCS Privacy Officer

cc: HCCAB

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Dear Parolee,

We are writing to inform you about a recent privacy incident that may have affected your personal information. While we have no evidence to suggest that your personal information has been misused, we are taking this matter seriously and are committed to transparency in this matter.



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The personal information contained in the box may have included your name, and medical and dental treatment information.

What We Are Doing

CCHCS takes the privacy and security of personal information belonging to our former patients very seriously and regret this incident occurred. We apologize for any inconvenience this incident may cause you.

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What You Can Do

Please be assured that we are committed to helping you protect your personal information and ensuring that your information is safe and secure. Keep a copy of this "Notice of Data Breach" letter for your records in case of future problems with your California Department of Corrections and Rehabilitation (CDCR) medical and dental records.

To request a copy of your CDCR medical records send an Authorization for Release of Protected Health Information to the Health and Imaging Records Center where the health record resides. A legal form of identification will need to be sent along with the release. All requested health record documents will be sent to the paroled/discharged patient.

Mail requests to:
Health and Imaging Records Center
P.O. Box 588500
Elk Grove, CA 95758

Fax Request to: (916) 229-0608

Or Email: releaseofinformation@cdcr.ca.gov

For additional information on requesting Health Records after a patient's release from prison, please contact the CCHCS Health and Imaging Records Center, at (916) 379-4545.

For further information on how to protect yourself, please refer to the enclosure "Breach Help – Consumer Tips from the California Attorney General."

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We understand you may have questions regarding details of this incident that are not contained in this letter. You may contact the CCHCS Privacy Office at (877) 974-4722 or via email at CCHCSPrivacyOffice@cdcr.ca.gov. When inquiring, please reference the CCHCS ISIR number.

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